

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 CANADA and
NISHNAWBE ASKI NATION**

Interested Parties

**AFFIDAVIT OF JANICE CIAVAGLIA
AFFIRMED ON JULY 22, 2022**

I, Janice Ciavaglia, of the City of Ottawa, in the Province of Ontario, **AFFIRM AND SAY THAT:**

1. I am the Chief Executive Officer of the Assembly of First Nations (“AFN”) and, in this capacity, I have been extensively briefed upon and directly involved in the negotiations with respect to the compensation of survivors of Canada’s

discriminatory funding of the First Nations Child and Family Services Program (FNCFS), as well as in its narrow interpretation of Jordan's Principle.

2. I, along with AFN staff who are subject matter experts, have provided significant support and direction to the AFN legal team in these negotiations and related litigation. As such, I have knowledge of the matters to which I hereafter depose. Where I have relied on the information of others in making this affidavit, I have identified the source of the information and I verily believe this information to be true.
3. The AFN is a national organization which advocates on behalf of First Nation citizens in Canada, which includes more than 1,008,955 people living in 634 First Nation communities and in cities and towns across the country. The AFN is mandated by the AFN Charter to represent and protect the rights and interests of First Nations peoples in Canada, as set out in its Charter.
4. The AFN has been involved in FNCFS policy for a number of years. In particular, the AFN's Social Development Sector has been heavily involved in conducting and coordinating research and advocating for changes in the federal government's First Nations Child and Family Services Program ("FNCFS Program") and Jordan's Principle.
5. I want to begin my affidavit by acknowledging the First Nations children and families who are at the heart of this matter: Jordan River Anderson and his family whose sacrifices gifted us Jordan's Principle – while the Creator lent us Jordan for only a short time, his spirit continues in our hearts and his legacy is felt by hundreds of thousands of First Nations children; the representative plaintiffs who have courageously come forward to share their experiences to stand up for the rights of First Nations children and youth; the children who were taken from their families, homes and Nations and were stripped of their cultures, communities and identities, including those who never returned home; the children who were deprived of the essential services that they needed and were forced to leave their homes and communities to access their basic needs; and the children and families who are no longer with us to see the harms they faced being acknowledged.

6. I also want to acknowledge that compensation alone cannot and will not bring back the lost childhoods of generations of First Nations children or the time lost with their families. It can also not bring about healing or justice for these children and their families, nor is it reflective of true reconciliation. There is no amount of compensation that could accomplish this. Compensation pursuant to the Final Settlement Agreement is, however, an effort to acknowledge and begin to redress the significant harm that decades of discriminatory policies and practices have had on First Nations children, families and communities. It is a first step towards a new chapter in First Nations Child and Family Services and Jordan's Principle that is free from discrimination.
7. I further want to acknowledge the decades of work by First Nations leadership, Elders, advocates and youth that have laid the foundation for this historic moment, and who have touched the lives of tens of thousands of First Nations families.

BACKGROUND

AFN Advocacy

8. The AFN has been a leading advocate in FNCFS Program reform. Since 1998, the AFN has been involved in the development of various joint AFN-Canada reports and reviews, such as the National Policy Review, published in 2000, and two reports known as the Wen:De reports published in 2005, as well as the First Nations component of the Canadian Incidence Studies. These identified significant deficiencies and inequities inherent in the then Department of Indian Affairs and Northern Development (now Indigenous Services Canada) funding for the FNCFS Program and the adverse impacts on First Nations children and families, including the ongoing overrepresentation of First Nations children in care.
9. Despite the overwhelming evidence of inherent problems within the FNCFS Program, Canada made two modifications to the program which did not adequately improve the program. As a result of Canada's inaction, Phil Fontaine, the then National Chief, instructed the AFN to file a complaint under the *Canadian Human Rights Act*. The AFN and First Nations Child and Family Caring Society of Canada's ("Caring Society") joined together and jointly filed the 2007 complaint with the

Canadian Human Right Tribunal (the Panel) alleging discrimination in the provision of a service. The Panel issued its landmark ruling in this matter on January 26, 2016 (“Merits Decision”), substantiating the complaint. Canada was ordered to cease its discriminatory practices, reform its policies to adequately address the Panel’s findings, and apply the full meaning and scope of Jordan’s Principle.

The Federal Court Class Actions

10. On March 4, 2019, a class action was commenced in the Federal Court of Canada seeking compensation for children who suffered comparable discrimination related to child apprehensions and the discriminatory application of Jordan’s Principle, beginning April 1, 1991, bearing Court file No. T-402-19 (the “Moushoom Class Action”). The representative plaintiffs included Xavier Moushoom, Jeremy Meawasige by his Litigation Guardian, Jonavon Joseph Meawasige and Jonavon Joseph Meawasige.
11. Following this panel’s compensation decisions (2019 CHRT 39), the then Minister of Indigenous Services Canada, the Honourable Mark Miller, attended the AFN’s Special Chiefs Assembly in December of 2019. Minister Miller announced that Canada was prepared to enter into negotiations on compensation, wished to certify the Moushoom Class Action and settle litigation.
12. The AFN became concerned that it would be sidelined in discussions related to long-term reform and compensation should negotiations occur only in the context of the Moushoom Class Action. As a result on January 15, 2020, the AFN Executive Committee instructed the AFN Secretariat to initiate its own class action regarding child welfare discrimination from 1991 to the present day, and the denial or delay in receiving essential services under Jordan’s Principle. Attached as **Exhibit “A”** is a copy of the Executive Motion authorizing AFN to commence its own class action.
13. On January 28, 2020, the AFN and the representative plaintiffs Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson by his Litigation Guardians Carolyn Buffalo and Dick Eugene Jackson, filed a proposed class action in the Federal Court under Court File Number T-141-20, for removed children dating

back to 1991 and for Jordan's Principle discrimination dating back to 2007 (the "AFN Class Action").

14. In 2020, the AFN and Moushoom agreed to consolidate their respective class actions and negotiate a resolution in the best interests of the combined class. The AFN and Moushoom class actions collectively the "Consolidated Class Action" were formally consolidated on July 7, 2021 by Madam Justice St-Louis. Attached as **Exhibit "B"** is a copy of the consolidation order. The Consolidated Class Action was ultimately certified on November 26, 2021, by Madam Justice Ayles.
15. Canada initially refused to consent to survivors impacted by Canada's discrimination in its provision of services and products *prior* to its recognition of Jordan's Principle in December 2007. Accordingly, on July 16, 2021, the AFN and Zacheus Joseph Trout filed a proposed class action in the Federal Court ("Trout Action") representing the Jordan's Principle claimants from April 1, 1991 to December 12, 2007.
16. Canada eventually consented to the certification of the Trout Action, which was certified by the Federal Court on February 11, 2022. The Trout Action now extended potential eligibility for compensation from beyond the Panel's timeline with respect to Jordan's Principle. The Certification Order can be found at Schedule B of the Final Settlement Agreement.

Related CHRT Proceedings

17. The Panel's decision in 2019 CHRT 39 on compensation ("Compensation Decision") was subsequently clarified in a number of related decisions.
18. On July 17, 2020, the Panel released an interim order, 2020 CHRT 20, on the Caring Society's motion to expand eligibility of Jordan's Principle to non-Status individuals. The Panel held that the following classes of individuals could access services under Jordan's Principle:
 - (a) First Nations children registered under the *Indian Act*, living on or off-reserve;
 - (b) First Nations children eligible to be registered under the *Indian Act*, living on or off-reserve;

- (c) Non-status First Nations children without *Indian Act* status who are ordinarily resident on-reserve;
 - (d) First Nations children without *Indian Act* status who live off-reserve but are recognized as members by their Nation, and who have urgent and/or life-threatening needs;
 - (e) First Nations children recognized by their First Nations as a citizen/member whether they have Indian Status or not, and live on or off-reserve; and
 - (f) A non-status child whose parent has status under s. 6(2) of the *Indian Act*, whether living on or off-reserve.
19. The Panel asked the parties to work together to resolve the following issues and return to the Panel by October 19, 2020 with their resolutions:
- (a) Further clarification on the definition of a First Nations child for eligibility under Jordan's Principle (a definition that does not limit eligibility for First Nations children off reserve to just those children with status or recognition by their self-government nation). The parties agreed on four categories:
 - (i) The child is registered or eligible to be registered under the Indian Act, as amended from time to time;
 - (ii) The child has one parent/guardian who is registered or eligible to be registered under the Indian Act;
 - (iii) The child is recognized by their Nation for the purposes of Jordan's Principle; or
 - (iv) The child is ordinarily resident on reserve; and
 - (v) A mechanism to identify citizens or members of First Nations in regard to Jordan's Principle eligibility.
20. Moreover, the Panel addressed requests by the Chiefs of Ontario (COO) and Nishnawbe Aski Nation (NAN) to broaden the scope of eligibility under the Compensation Decision in its decision in 2020 CHRT 15. The Panel rejected a request to extend compensation to First Nations children living off-reserve in Ontario

who were removed by Children's Aid Societies as there was insufficient evidence put before the Panel on that specific issue. Further, the Panel stated it did not contemplate if off-reserve First Nations children in Ontario were unnecessarily removed from their homes because it was not argued, proven, or requested until this matter. The Panel noted that reopening matters to adduce new evidence and arguments could jeopardize the compensation process entirely and it could significantly delay the payment of compensation.

21. Similarly, COO and NAN requested an order that 5 caregivers beyond parents and grandparents be eligible for compensation if a child was removed from their care. This request was also dismissed by the Panel. However, the Panel agreed with NAN that when determining resourcing requirements specific considerations of remote First Nations should form part of the Compensation Framework. The Caring Society, AFN, and Canada were ordered to work with NAN on a possible amendment to the draft compensation framework.

The CHRT Compensation Framework

22. On September 6, 2019, this Panel issued its seminal Compensation ordering Canada to compensate First Nations children and families subjected to Canada's discriminatory conduct via the FNCFS Program and failure to properly implement Jordan's Principle
23. From February 2020 to October 2020, the AFN, the Caring Society, and Canada worked collaboratively to finalize the Compensation Framework. On October 2, 2020, Canada filed a draft Compensation Framework on behalf of Canada, the Caring Society, and the AFN to the Panel. The AFN filed a draft compensation notice plan on behalf of the Parties on October 15, 2020, with the Panel. On October 20, 2020, the Panel posed questions to the Parties on the proposed Compensation Framework. On December 14, 2020, the Panel accepted the Parties' Responses and explanations to the questions it had on the Framework and approved the draft in principle with the understanding that the final version would be approved by the Panel. The final Compensation Framework was filed with the Panel on December 23, 2020. On February 12, 2021, this Panel directed that compensation be paid out

pursuant to the Compensation Framework in 2021 CHRT 7 (“Compensation Payment Decision”).

24. On October 4, 2019, Canada sought a Judicial Review of both the Compensation Decision and the Compensation Payment Decision (Federal Court File No. T-1621-19). Between June 14-18, 2021, the Federal Court heard Canada’s application for Judicial Review of the Compensation Entitlement Decision, the Compensation Distribution Decision, and this Panel’s orders regarding eligibility under Jordan’s Principle (2020 CHRT 20 and 2020 CHRT 36). On September 29, 2021, the Federal Court (2021 FC 969) dismissed Canada’s applications in their entirety.
25. On October 29, 2021, Canada appealed the Federal Court’s order (2021 FC 969) upholding the Compensation Entitlement Decision and the Compensation Payment Decision to the Federal Court of Appeal (Federal Court of Appeal File No. A-290-21).

THE PATH TOWARD A FINAL SETTLEMENT AGREEMENT

Negotiations

26. Beginning on November 22, 2020, the parties to the Consolidated Class Action and the Caring Society engaged in mediation in accordance with the Federal Court Guidelines for Aboriginal Law Proceedings. The Honourable Leonard Mandamin was appointed as mediator. The negotiations covered compensation for discrimination under the FNCFS Program and the narrow application of Jordan’s Principle and long-term reform aspects of the Panel’s decisions and orders. The Caring Society was a participant in both aspects of the mediation. The mediated negotiations were conducted between November 2020 and September of 2021.
27. Beginning in early November 2021, the Parties engaged in intensive settlement discussions regarding compensation and the long-term reform of the FNCFS Program and Jordan’s Principle. The parties appointed the Honourable Murray Sinclair to oversee the negotiations. This work was an effort to establish a framework for commitments that would form part of a final settlement agreement.

28. During the compensation negotiations, the parties received a report commissioned by Moushoom class counsel and Canada from experts on the subject of child and family services administrative data. The experts were Dr. Nico Trocme and Marie Saint Girons, and Peter Gorham.
29. The purpose of this report was to assist AFN, Moushoom and Canada in their negotiations by providing estimates of the number of First Nations children who were taken into care in Canada between 1 April 1991 and 1 March 2019 and who remained in care for specific timeframes. Attached and marked as **Exhibit “C”** is a copy of the Trocme Gorham Report.
30. The national level data provided to the experts was not uniform and did not readily permit splitting the number of children between temporary and permanent care. The experts presented estimates of the total number of children who were taken into care as well as the number of children in care based on six-month intervals. The experts were able to provide estimates on the number of First Nations children in care as of 31 March in each year for the of 1991 to 2018 at both the national level and the regional levels.
31. The experts relied on data provided by Indigenous Services Canada (“ISC”) in preparing their joint report. I am advised by AFN class counsel and believe to be true that ISC communicated to the experts and plaintiffs’ counsel that the data often came from third-party sources and was in some cases incomplete and, at times, inaccurate.
32. The experts estimated that there were 106,200 Removed Child Class Members from 1991 to March 2019. Moreover, the experts advised that this class size should be adjusted to 115,000 to cover the period from March 2019 to March 2022. The estimated Removed Child Class size was determined based on data provided by ISC and modelling done by the experts named above, taking into consideration gaps in the data.
33. With respect to the Jordan’s Principle Class estimates, Canada provided estimates of 58,385 and 69,728 for the period from December 12, 2007 to November 2, 2017. The Jordan’s Principle Class estimates were based on the fourth fiscal quarter of

the 2019-2020 fiscal year (i.e., January 1, 2020 to March 31, 2020) from GCCase, which is the case management system that the Government of Canada employs for Jordan's Principle tracking. The data from this quarter was used as a proxy to estimate the number of eligible claimants under the Jordan's Principle Class by multiplying the number of children from that period for the cohort of 2007 to 2017.

34. This method of estimation was chosen for a number of reasons, including that prior to 2017, Canada failed to adequately or accurately track the numbers of Jordan's Principle cases. This method was also chosen because, prior to December 2019, Canada did not have a coordinated way of collecting and managing Jordan's Principle data. In December 2019, Canada completed its roll-out of GCCase. The period from January 1, 2020 to March 31, 2020 is the first fiscal quarter that GCCase was used in Jordan's Principle.
35. Further, data from later in 2020 was significantly impacted by the COVID-19 pandemic, which gave way to an influx in requests for supports. The data extracted for these estimates excludes COVID-19 related Jordan's Principle requests.
36. Furthermore, data from prior to 2020 relies on a dated scope and eligibility for Jordan's Principle; as of February 2019, Canada was ordered to consider all First Nations children eligible for Jordan's Principle, regardless of their residency on- or off-reserve and was also to consider non-status children who are recognized by their Nation for the purposes of Jordan's Principle.
37. This estimate also does not account for duplication in requests (i.e., a single child with multiple, separate requests) or overlap between group requests (i.e., a single child is counted under two or more group requests). To address the concerns of overlap, the estimate provided a range of three scenarios that made assumptions of 0% overlap, 20% overlap and 50% overlap, which is useful to understand the total range of possible numbers of children who may be eligible for compensation.
38. The Trout Class size is similarly difficult to approximate, as Jordan's Principle did not exist during this period of time. The Trout Class size was estimated by taking the 65,000 estimate for the Jordan's Principle class and multiplying it by the number

of years that the Trout Class Period is greater than the Jordan's Principle Class Period (a multiple of 1.6). This results in an estimated class size of 104,000.

39. Despite these limitations, the AFN believes that the estimates provided are sufficient and reasonable for the purposes of estimating the numbers of children eligible under the Jordan's Principle and Trout classes.
40. On December 31, 2021, the AFN, Moushoom and Canada executed an Agreement-in-Principle ("Compensation AIP") on compensation and a separate AIP on long-term reform. Canada committed \$20 billion for compensation for First Nations children and families impacted by the discriminatory funding practices of the federal FNCFS Program and its improper implementation of Jordan's Principle, as well as an additional \$19.807 billion for long-term reforms of the programs. The Compensation AIP also noted that the estimated class size was based on a report developed by experts and the data relied on was based on data received by ISC and modelling taking into account gaps in the data.
41. On January 4, 2022, the AFN, Moushoom and Canada publicly announced that they reached agreement on compensation. Throughout the negotiations leading to the AIP, the Caring Society was invited to join the discussions although not a party to the Class Action.
42. Following the execution of the Compensation AIP, the AFN, Moushoom class counsel and Canada continued their settlement negotiations from January 2022 to June 20, 2022. The AFN, Moushoom Class Counsel and Canada began to negotiate and draft the Final Settlement Agreement for compensation engaging in a respectful process which allowed the parties to develop and voice their positions.
43. With respect to the principles that would guide the negotiation, I have been advised by AFN class counsel and do verily believe that the AFN and Moushoom class counsel agreed on a series of objectives: (a) maintain and increase the awards under the Compensation Decision to the greatest extent possible; (b) ensure proportionality of compensation based on objective factors serving as proxies for harm; (c) ensure that where compromise was required, it would favour the children who suffered; (d) ensure a trauma-informed and culturally sensitive process; (e)

avoid any need for interview or cross-examination of survivors; (f) create an easy and accessible claims process; (g) provide significant supports throughout the claims process; and (h) ensure all settlement funds are directed to survivors and their families.

Consultations with AFN Representative Plaintiffs and First Nations

44. Throughout the negotiations with Canada, the AFN Executive Committee was kept informed about the negotiations process, as was the Social Development portfolio holder Manitoba Regional Chief Cindy Woodhouse, who was also present during negotiations. The AFN Executive Committee provided decisions throughout the process, including agreeing to sign the AIP and Final Settlement Agreement.
45. I have been advised by Dianne Corbiere, AFN Class Counsel, and I believe it to be true that the Representative Plaintiffs in AFN's Class Action were asked to provide input on the negotiation positions for the Final Settlement Agreement. I have also been advised that AFN external counsel met with one or more of the Representative Plaintiffs at least 30 times from January 2020 to July 2022 to provide updates on the pleadings, mediation, and negotiations of the Compensation AIP and the Final Settlement Agreement.
46. At my instruction, the AFN provided periodic reports with First Nations leadership across Canada. In particular, during the period of September 2021 to June 2022, AFN Counsel, Stuart Wuttke and Dianne Corbiere, met with First Nations leadership to provide updates of the status on the negotiations, the structure of the settlement, and the substance of what was intended to be included in the Final Settlement Agreement. There was approximately 50 briefings provided to either the AFN Executive, AFN regional chiefs meetings and Chief's Assemblies. Attached to this my Affidavit and Marked as **Exhibit "D"** is a list of the meetings and dates.
47. An essential element of the negotiation was that implementation of the Final Settlement Agreement would be First Nations-led. The First Nations leadership provided advice as well as insights from the lessons learned from the Indian Residential Schools Settlement and other class actions. The feedback received included the need to have a claims process that is trauma-informed, simple and

accessible for the class members, and which prioritizes compensation for First Nations children. The First Nations leadership emphasized the importance is distributing compensation to individuals as soon as possible.

48. First Nations youth also played an integral role in this process. The design of the supports to be established under the Cy-pres Fund was based on recommendations from a report written by First Nations youth with lived experience, specifically the Assembly of Seven Generations (A7G) “Children Back, Land Back” report, to support class members who are not entitled to direct compensation to connect with their family, or their First Nation, or cultural/land-based activities and recreation, among other supports. Attached as **Exhibit “E”** is the “Children Back, Land Back” report.
49. The AFN advocated for the insights of First Nations leadership and youth to be reflected in the Final Settlement Agreement. The AFN worked with counsel to ensure that the Final Settlement Agreement was structured in a manner that was culturally relevant, trauma-informed and responsive to the concerns of First Nations about the compensation process.
50. When the Final Settlement Agreement was finalized, it was provided to the AFN Executive Committee for approval, as well as the Representative Plaintiffs. Following the AFN Executive Committee’s and Representative Plaintiffs’ approval, the Final Settlement Agreement was presented to the Chiefs-in-Assembly and their proxies at the AFN Annual General Assembly on July 6, 2022. The AFN Representative Plaintiffs presented detailed background to the Final Settlement Agreement and how, in their view, the settlement is in the best interest of the class members.
51. The AFN and Mouhsoom class counsel also consulted with the Caring Society and provided it with an advance and embargoed copy of the draft Final Settlement Agreement. Counsel to Caring Society, Sarah Clarke and David Taylor, were provided with briefings on the draft Final Settlement Agreement on April 21 and April 25, 2022 and given the opportunity to comment. Given their feedback is covered

under confidentiality, I am unable to provide any specifics on our exchange with the Caring Society.

The Final Settlement Agreement on Compensation

52. The Final Settlement Agreement on compensation was signed by the AFN, Moushoom Counsel and Canada on June 30, 2022. A copy of the signed Final Settlement Agreement is attached and marked as **Exhibit “F”**.
53. Under the Final Settlement Agreement, Canada agreed to pay \$20,000,000,000 (\$20 billion) in compensation. This figure is over four times the amount of total compensation distributed to claimants under the Indian Residential Schools Settlement Agreement (“IRSSA”) and would make this the largest class action settlement in Canadian history. The IRSSA, by way of reference, provided \$1.622 billion in base compensation, \$57 million in personal education credits and an additional \$3.233 billion for enhanced compensation pursuant to the Independent Assessment Process. Attached and marked as **Exhibit “G”** are a copy of statistical reports of the IRSSA.
54. In drafting the Final Settlement Agreement, the AFN, Moushoom class counsel and Canada sought to uphold the spirit and intent of the Panel’s Compensation Decision, the subsequent orders and the Compensation Framework, while recognizing compensation would be fixed at \$20 billion.
55. As the timeframe under the Final Settlement Agreement covers 1991 to 2022, more individuals will be eligible for compensation than under the current CHRT Orders. The Final Settlement Agreement provides for the following classes: (i) the Removed Child Class and their families, (ii) the Jordan’s Principle Class and their families, and (iii) the Trout Class and their families.
56. The Removed Child Class and Removed Child Family Class includes all First Nations individuals who, at any time during the period between April 1, 1991 and March 31, 2022, while they were under the Age of Majority, were removed from their home by child welfare authorities or voluntarily placed into care, and whose placement was funded by ISC.

57. The Removed Child Family Class covers all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Removed Child Class at the time of removal. However, only the parent(s) or Grandparent(s) will receive direct compensation. Other family class members may be entitled to indirect compensation through the Cy-pres fund.
58. With respect to Jordan's Principle, the Final Settlement Agreement defines the class as all First Nations individuals who, during the period between December 12, 2007 and November 2, 2017, did not receive from Canada, whether by reason of a Denial or a Service Gap, an Essential Service relating to a Confirmed Need, or whose receipt of said Essential Service relating to a Confirmed Need was delayed by Canada, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a Service Gap or jurisdictional dispute with another government or governmental department while they were under the Age of Majority.
59. The Jordan's Principle Family Class includes all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Jordan's Principle Class at the time of Delay, Denial or Service Gap. Amongst the Jordan's Principle Family Class, however, only the Caregiving Parents or Caregiving Grandparents may receive direct compensation.
60. The Final Settlement Agreement also includes the Trout Class. This group includes First Nations individuals who, during the period between April 1, 1991 and December 11, 2007, while they were under the age of majority, did not receive from Canada an Essential Service relating to a Confirmed Need, or whose receipt of said Essential Service was delayed by Canada, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a Service Gap or jurisdictional dispute with another government or governmental department.
61. The Trout Family Class includes all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Trout Child Class at the time of Delay, Denial or Service Gap. Amongst the Trout Family Class, only the Caregiving Parents or Caregiving Grandparents may receive direct compensation if otherwise eligible under this Agreement.

Compensation

62. Article 6 of the Final Settlement Agreement sets out the basic compensation parameters that individuals may be entitled to. The AFN, Moushoom Counsel and Canada sought to achieve proportional compensation commensurate to the harm suffered. To achieve this, the parties have taken a more limited approach to compensation than what was ordered by the Panel, in some respects, and expanded other factors, while staying true to the spirit of the Compensation Decision and subsequent Orders.

Removed Child Class Compensation

63. Base Compensation payable to an Approved Removed Child Class Member will be grounded on the first removal, and compensation will not be multiplied by the number of times in care. An Approved Removed Child Class Member will be entitled to receive Base Compensation of \$40,000.

64. In addition to the base compensation, the AFN and Moushoom class counsel were of the view that several factors based in tort-like harms needed to be included in the compensation scheme to ensure that those who suffered greater harms would be entitled to additional compensation.

65. The enhancement factors are proxy measures of harm that are objective and can be ascertained from an individual's child and family services records and thus would not require individual testimony or additional documentation, in alignment with the principle of non-traumatization. These enhancement factors were chosen given the disproportionately negative impact that they may have on an individual. The enhancement factors include:

- i. **Age at removal:** This enhancement factor recognizes that First Nations children who are removed from their families at birth or during infancy are deprived of a crucial developmental stage for bonding to the parent(s) or caregiver(s), which can result in long-term impacts to an individual's wellbeing, along with increased risk of recurring involvement in child and family services and youth justice.

- ii. **Time spent in care:** This enhancement factor acknowledges that the longer a child stays in care, the less likely they are to exit care permanently. This factor is also related to more frequent moves, higher likelihood of recurring involvement with child and family services, and adverse impacts on child/youth mental wellness.
- iii. **Age when exiting care:** This enhancement factor recognizes the adverse, systemic barriers that First Nations youth who age out of care (i.e., reaching the age of majority while in care) often experience. Until this Panel's recent orders on immediate measures, as discussed elsewhere in this affidavit, the FNCFS Program did not support youth to navigate independent living once they exit care, and these youth are subsequently at an increased risk to experience homelessness, poverty, employment insecurity, involvement with the justice system, and long-term mental wellness challenges.
- iv. **Removal for the purpose of receiving an essential service:** This enhancement factor acknowledges that First Nations children who were removed from their families in order to access an essential service were doubly discriminated against by Canada's failure to properly implement Jordan's Principle and the underfunding of the FNCFS Program. It further acknowledges the risks inherent to being involved in child and family services.
- v. **Removal from a northern or remote community:** This factor acknowledges that First Nations children removed from northern and/or remote communities are at a high risk of losing connections to their families, culture, languages and communities due to the challenges associated with returning home. Child and family services literature demonstrates that children who lack access to family, language and culture are at risk of greater adverse outcomes for their holistic wellbeing.
- vi. **Spells in care and/or number of placements:** This enhancement factor recognizes the long-term negative effect that frequent or recurring

placements or moves in care over can have on a child's wellbeing due to an environment of instability.

66. The amounts of these additional enhancements will be determined in the near future. The Plaintiffs are in the process of designing a system of weighting the Removed Child Enhancement Factors for the Removed Child Class, which will be guided by input of experts.
67. I have been advised by Moushoom class counsel and do verily believe that while the Final Settlement Agreement does not address the unknown factors, including the weight given to an enhancement factor and the number of eligible factors, the experts, Nico Trocmé and Peter Gorham, will be engaged on developing the methodology for determining same in the following fashion:
 - (a) First, the relative weight of each enhancement factor will be assigned a percentage of the \$2.65 billion set aside for enhancement factors (e.g., 20% time-in-care, 10% age of removal, etc.); and
 - (b) Second, once it is possible to know or forecast the number of class members who are eligible to receive that enhancement factor, then a dollar figure may be assigned to it.
68. As an example, I have been advised by class counsel and do verily believe that time-in-care factor adequately illustrates the current methodology that is being considered and how it may be applied.
69. The experts, Nico Trocmé and Peter Gorham, may, for example, determine that 20% of the \$2.65 billion should be set aside for the time-in-care enhancement factor, given its importance as a proxy for harm relative to the other factors. If greater harm results from a longer time in care, the enhancement factor may be scaled to reflect this fact. The enhancement payments could be allotted according to the following categories or levels: 1 up to 3 years in care will benefit from the first enhancement level; 3 up to 6 years in care will benefit from the second enhancement level, which shall be double the first enhancement level; more than 6 years in care will benefit from the third enhancement level, which shall be triple the first enhancement level.

Using these figures would result in the following approximate breakdown for this enhancement factor:

Table 1: Time-in-care enhancement example

| Time in care | Number of individuals | Amount of increase per claimant |
|--|-----------------------|---------------------------------|
| 1 up to 3 years | 26638 | \$ 6,000.00 |
| 3 up to 6 years | 11695 | \$ 12,000.00 |
| 6 years or more | 12778 | \$ 18,000.00 |
| Total | | \$ 530,169,491.53 |
| Percentage of 2.65 billion set aside for enhancement payments | | 20% |

70. The same design process could occur for each enhancement factor as the information regarding the number of survivors who qualify for a specific enhancement factor is obtained. As approximately half of Removed Child Class members will already have attained the age of majority by the time the settlement receives Federal Court approval, this information is expected to be determinable during the initial claims period of three years. The initial claims during this period should permit actuarial analysis for the purpose of recommending to the SIC the amounts for each enhancement factor. Attached and marked as **Exhibit “H”** is a copy of the report by Peter Gorham.
71. The Final Settlement Agreement estimates a Budget of \$7.25 billion for the Removed Child Class.

Caregiving Parents or Caregiving Grandparents of Removed Child Class

72. Amongst the Removed Child Family Class, only the Caregiving Parents or Caregiving Grandparents may receive direct compensation. Brothers and sisters are not entitled to direct compensation but may benefit indirectly from this Agreement through the Cy-près Fund.
73. The eligibility of compensation of the Removed Family Class is tied to the apprehension of the child. Thus, if a child was removed from the care of his/her parents, then the parents would be eligible for compensation. Where the child was removed from the care of the grandparent(s), then the grandparent(s) would be entitled to claim compensation.

74. The AFN and Moushoom class counsel had a divergence of view on whether non-biological parents should be entitled to compensation. We opted for mediation on this issue and sought the assistance of Justice Tony Mandamin (retired) on June 21, 2022. Justice Mandamin noted that neither the Panel or the Federal Court fully considered or ruled on the issue of stepparents. He noted that the inclusion of stepparents is not detracting from this Panel's orders but is in fact adding an enhancement to the orders. The proposal that a minimum of three years in a parental role prior to the apprehension provides appropriate limits on the potential class. Finally, Justice Mandamin noted that no First Nations language has a word that aligns with the European concept of a stepparent. Therefore, a First Nations' perspective would not limit parent to a biological parent but will include persons who stepped into the role. The mediator's recommendation was accepted by the AFN and Moushoom Counsel.
75. The AFN was also concerned that where children continue to be in state care individuals who were appointed to stand in a parent role do not inadvertently become entitled to compensation. The Final Settlement Agreement directly stipulates that a foster parent is not entitled to compensation under this agreement and is not entitled or permitted to claim compensation on behalf of a child under this agreement.
76. In addition, the Base Compensation of an Approved Removed Child Family Class Member will not be multiplied based on the number of removals or times in care for a Child or the number of Children in care. No Approved Removed Child Family Class Member will receive more than one Base Compensation.
77. A Caregiving Parent or Caregiving Grandparent who has committed Abuse that has resulted in the Removed Child Class member's removal is not eligible for compensation in relation to that Removed Child. The application form will provide an option for Removed Child Claimants to state whether a parent should be entitled to compensation. Where an Approved Removed Child claimant advises that a parent should not receive compensation, the caregiving parent/grandparent will be required to submit a statutory declaration setting out particulars of the child's removal from the home. However, a Caregiving Parent or Caregiving Grandparent is not barred

from receiving compensation if the Caregiving Parent or Caregiving Grandparent is otherwise eligible for compensation as a member of another class defined under this Agreement.

78. The Final Settlement Agreement estimates a Budget of \$5.75 billion for the Removed Child Family Class.
79. The Final Settlement Agreement does limit a maximum compensation amount of two Base Compensation payments per Child among Caregiving Parents and Caregiving Grandparents of a Child, regardless of number of times in care or removals. We had to consider the present reality of First Nations families where the biological parents may not be together and the role of adoptive and stepparents. It would not be fair, in our opinion, to just limit compensation to biological parents. An additional factor is that some First Nations individuals do not get a formal divorce upon the dissolution of marriage. Thus, it is entirely possible that a child may reside with a biological parent and a stepparent or adoptive parent. It is also possible that both biological parents may share custody of a child. Given this complex backdrop, AFN and Moushoom class counsel developed customized eligibility, according to the following priority list:
 - (a) Category A: Caregiving Parents who are biological parents; then
 - (b) Category B: Caregiving Parents who are adoptive parents or Stepparents (where they have stood in a parental role for three, prior continuous years at the time of removal), if applicable; then
 - (c) Category C: Caregiving Grandparent(s).
80. The Final Settlement Agreement has budgeted the Base Compensation for an Approved Removed Child Family Class Member to be \$40,000.
81. Given that we have a compensation amount that is capped at \$20 billion dollars, the AFN, Moushoom and Canada had to make some tough choices to accommodate our shared goal of putting child claimants first. The current cap would have made it difficult or impracticable to mirror the Panel's compensation order on the family class, which has the potential to oversubscribe the total compensation amount. The Final Settlement Agreement provides that an Approved Removed Child Family Class

Member may receive an increased Base Compensation in the event that more than one Child of the Approved Removed Child Family Class Member has been removed. Such Base Compensation is budgeted to be \$60,000.

82. Priorities in relation to compensation under the Removed Child Family Class are set out in section 6.04.01 of the Final Settlement Agreement.
83. This approach to the Removed Child Family Class seeks to provide compensation to caregiving parents and grandparents which will, dependent upon the number of family class members coming forward, accord with the provisions of the Compensation Decision. However, in order to ensure the integrity of the overall fund, this cannot be guaranteed until information as to the actual class size, based on the number of applications received and approved becomes available.

Jordan's Principle & Trout Child Class

84. There is significant uncertainty with respect to the Jordan's Principle class. This uncertainty was highlighted by the Parliamentary Budget Officer ("PBO"). The PBO noted in his February 23, 2021 Report that an estimated 33,000 became eligible to receive compensation pursuant to this Panel's orders at a cost of \$1.3 billion dollars. However, the PBO also noted that the parties to this proceeding included a broader compensation eligibility criteria under the Compensation Framework, which now included those children who were deprived of a service as a result of the gap in service. This addition expanded entitlement for compensation to an additional 90,000 individuals. The inclusion of this additional group is estimated to increase compensation by an additional \$10 billion dollars. Finally, the PBO stated that his figures were estimates as Canada did not systematically track Jordan's principle claims until June 2017. The PBO's report entitled *Compensation for the Delay and Denial of Services to First Nations Children* on February 23, 2021, is attached to my Affidavit as **Exhibit "I"**.
85. Canada sought a Judicial Review of the Panel's Compensation Order and Compensation Framework. The Federal Court of Canada dismissed the Judicial Review. However, the matter is now before the Federal Court of Appeal.

86. Settling on the eligibility criteria for Jordan's Principle is further encumbered by its evolving definition. Jordan's Principle has gone through a range of delineations. At first, Jordan's Principle addressed inter-governmental disputes between the federal and provincial governments in situations where an on-reserve child had multiple disabilities (health related). This evolved to eliminating the requirement that the First Nations child on-reserve must have multiple disabilities that require multiple service providers (health and mental health) and applied to all jurisdictional disputes, including those between federal government departments. Jordan's Principle has since continued to evolve into a child-first principle that applies equally to all First Nations children, whether resident on or off reserve, and included additional services beyond health and mental health (education, housing, etc). Given this evolution and the varying service standards, it is not possible to apply today's definition and coverage of Jordan's Principle to potential claimants in 2007.
87. Given the overall cap on compensation and the uncertainties surrounding the size of the class, it was not possible to compensate all individuals in the Jordan's Principle classes and sub-classes with a base payment of \$40,000. Accordingly, the Final Settlement Agreement establishes mechanisms to ensure that those who suffered less harms will receive up to \$40,000. Those who suffered greater harm will receive a minimum of \$40,000. The AFN is of the view that those individuals who had cashed in their pensions, retirement funds and lifesavings to care for a child should be entitled to more than \$40,000 base compensation. The remaining funds in the budget will be shared pro rata (in equal shares) by the lesser impacted group.
88. The approach of the AFN, Moushoom and Canada was extensively discussed as the parameters of eligibility in the class will ultimately determine what compensation can be paid. As there is an overall cap on compensation, our discussions focused on a determination of who experienced pain and suffering
89. The Final Settlement Agreement provides compensation for the Jordan's Principle and Trout Class, which will be determined based on those Class Members' Confirmed Need for an Essential Service if:

- a) a Class Member's Confirmed Need was not met because of a Denial of a requested Essential Service;
 - b) a Class Member experienced a Delay in the receipt of a requested Essential Service for which they had a Confirmed Need; or
 - c) a Class Member's Confirmed Need was not met because of a Service Gap even if the Essential Service was not requested.
90. An Approved Jordan's Principle Class Member will receive a minimum of \$40,000 in compensation where they have established a confirmed need for an Essential Service and have established a confirmed need for an other essential service and suffered higher levels of impact than other Jordan's Principle Claimants. These higher levels of impact may include conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive Claims Forms and a questionnaire designed in consultation with experts. Subject to the Federal Court's approval later this fall, the selection of which Claimants qualify under this category will be based on objective factors such as the severity of impact on the Child and the number of eligible Claimants.
91. An Approved Trout Child Class Member will receive a minimum of \$20,000 in compensation where they have established a Confirmed Need for an Essential Service and have established a confirmed need for an other essential service and suffered higher levels of impact than other Trout Child Claimants. These higher levels of impact include, conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive Claims Forms and a questionnaire designed in consultation with experts. Subject to the Court's approval, the selection of which Claimants qualify under this category will be based on objective factors such as the severity of impact on the Child and the number of eligible Claimants.
92. The Trout Child Class Members will receive less compensation than other Jordan's Principle claimants mainly because they do not benefit from the Tribunal's prior rulings and therefore face greater risk and litigation uncertainty than the Jordan's

Principle Class. The AFN and Moushoom recognize these individuals were harmed in the same manner as those Jordan's Principle children and they should receive some compensation.

93. The remaining Approved Jordan's Principle Class Members and Trout Child Class Members who do not meet the aforementioned criteria may be eligible for up to, but not more than \$40,000 and \$20,000 in compensation respectively. The approach taken regarding those class members who did not experience significant impacts provides that they will be paid compensation amounts depending on what amounts remain in the budgeted fund following payment to those significantly impacted.
94. Moreover, mindful of the need to avoid re-traumatization, we have added enhancement factors as appropriate proxies for harm which will be based on the opinion of professionals in the field. The AFN has formed a committee of professionals who routinely deal with Jordan's Principle cases - a Circle of Experts. At our first meeting, these professionals advised that creating a list of essential services was not practical or recommended. In the next few months, the experts will be providing us with a recommended process to assess Jordan's Principle claims. This will ensure compensation is designed to enable proportionate compensation to the Jordan's Principle Class and the Trout Child Class.
95. Supporting documentation will be required as proof of a recommendation by a Professional for the treatment, service or equipment. Proof from a Professional must specify the essential service, the reason for the need, and when the need existed.
96. The Final Settlement Agreement has estimated a budget of \$3 billion for the Jordan's Principle Class and \$2 billion for the Trout Class.

Jordan's Principle & Trout Family Class

97. The approach to the Jordan's Principle and Trout Family classes is dealt with as well, recognizing the need to also provide compensation to those classes to the extent funds are available after those most affected have been paid.
98. The Final Settlement Agreement provides that only Caregiving Parents or Caregiving Grandparents of the Approved Jordan's Principle Class Members and

Approved Trout Child Class Members who have established a Claim under Article 6.06(11), Article 6.06(12), or Article 6.07(4) may be entitled to compensation. These Articles refer to those class members who experienced the greatest amount of hardship as a result of being deprived of an essential service. All other Approved Jordan's Principle Class Members and Approved Trout Child Class Members will not receive direct compensation under this Agreement.

99. The Approved Jordan's Principle and Trout Family Class will receive a fixed amount of \$2.0 billion dollars in compensation under this Agreement. There will be no reallocation to these classes of any surpluses or revenues.

Trust Fund

100. The Final Settlement Agreement establishes a trust fund to hold the settlement funds pending payment of compensation and for class members under the age of majority who may be eligible for payment. Class members under the age of majority will have the opportunity to submit an application up to three (3) years after they reach the age of majority.
101. As we estimate that half of the approved Removed Child Class are under the age of majority, the funds held in trust will be invested to ensure the compensation funds will grow over the next twenty-one years. This growth in the Trust Fund will assist in ensuring that sufficient funds will be available to pay all compensation under the Final Settlement Agreement.
102. The compensation payable to an approved Removed Child Class Member or an approved Jordan's Principle Class Member who has not reached Age of Majority by the date of the settlement will be adjusted to account for the period of time until they become an adult. The Settlement Implementation Committee will determine a consistent method for calculating such adjustments. We note that \$40,000 today will not have the same purchasing power in ten, fifteen or twenty years from now.
103. The AFN, Moushoom Counsel and Canada are aware that some children may unfortunately have or develop terminal illnesses or other critical life-altering events. Under exceptional circumstances, an approved Removed Child Class Member or

an approved Jordan's Principle Class Member who has not reached Age of Majority may receive early payment of compensation funds.

104. Where there is a Trust Fund surplus for one or more of the classes, this money may be redistributed to the class members. To do so, the Settlement Implementation Committee must bring a motion before the Court to approve the proposed redistribution of any Trust Fund Surplus. The Settlement Implementation Committee is being given the responsibility to make binding decisions and directions that the Administrator will have to follow in processing applications.

Estates of Deceased Class Members

105. One area where the Settlement Agreement has taken a more limited approach to compensation than what was ordered by this Panel is with respect to the estates of deceased class members.
106. The Final Settlement Agreement allows estates of the deceased members of the Removed Child Class, Jordan's Principle Child Class or Trout Child Class to file an application on behalf of the child under Article 13 – Payments to Deceased Individuals. Applications will be accepted on behalf of a deceased child class member, regardless if the child class member passed away prior to or during the application process.
107. In contrast, estates of the family classes will not be eligible for compensation, unless an application for compensation was filed by the member of the family class prior to their death.
108. Finally, the AFN and Moushoom were mindful of one complaint of claimants in other First Nations class actions whereby claims on behalf of estates required a probate under provincial legislation or the Indian Act. This added additional costs to those estates which was problematic where the compensation the estate was entitled to was minimal. Thus, the Final Settlement Agreement contains provisions to deal with succession of deceased claimants. A probate will not be required in most circumstances. Thus, payments by estates claimants will follow a priority level of heirs akin to the provisions of the *Indian Act*.

Claim Process

109. On June 24, 2022, the Federal Court approved the notice of settlement approval hearing to the class in relation to the approval hearing which is scheduled to commence September 19, 2022. Notices to the class are currently being finalized and will be posted on the compensation website, where it will be readily accessible to survivors. The notice plan by which distribution to the claimants will occur is to be approved by the Federal Court on August 8, 2022.
110. In terms of the administration of the claims process, the Final Settlement Agreement has taken the guidelines of this Panel and the Compensation Framework to guide its development, although deviations were made to ensure the Final Settlement Agreement stayed within the cap limit of compensation and provided compensation to as many Claimants as possible.
111. I have been advised by class counsel and do verily believe that with respect to the appointment of an Administrator of the claims process, a request for proposals has already been disseminated. The selection of the Administrator will take place soon and be approved by the Federal Court on August 8, 2022.
112. It is noteworthy that, since the Panel issued the Compensation Decision, many reports have been published that have affected the work of the AFN, Moushoom and Canada in this process.
- (a) The Parliamentary Budget Officer released its report *Compensation for the Delay and Denial of Services to First Nations Children* on February 23, 2021. This report estimates the financial cost of complying with the Compensation Decision, as it relates to children who experienced delays and denials of services, which should have been available under Jordan's Principle. Estimates were highly uncertain due to data limitations. Further, the report highlighted that the total cost of complying with the order based on the interpretation of that order set out in the Compensation Framework and process leading to that framework is estimated to be \$15 billion after accounting for overlap, although estimates are uncertain.

(b) Recently, on January 22, 2022, the report prepared by the University of Toronto and McGill for ISC entitled *Review of Data and Process Considerations for Compensation Under 2019 CHRT 39*, highlighted a number of issues that included data gaps for child welfare and Jordan's Principle compensation. Along with this information, the report provided recommendations for supports and processing claims, attached to my affidavit as **Exhibit "J"**.

113. In terms of the design of the Final Settlement Agreement Claims Process, it follows a number of guiding principles and is intended to be expeditious, cost-effective, user-friendly, culturally sensitive, trauma-informed, and non-traumatizing to participants.

114. Importantly, the AFN, Moushoom and Canada designed the claims process to avoid the need for a case-by-case assessment, and a system like that of the Independent Assessment Process compensation in the IRSSA. This is a critical component, as First Nations Claimants in other class actions have had numerous issues with an inquisitorial process, which can be culturally insensitive and re-traumatizing. Some of these concerns are outlined in news articles attached herein to my affidavit at **Exhibit "K"**.

115. I believe the Final Settlement Agreement is more comprehensive than the Compensation Decision and Compensation Framework with respect to the claims process.

(a) For the Removed Class, the intention is for the Administrator to provide claimants with a prefilled application based on data and information provided by ISC. Claimants will be able to verify, correct or make changes to the application form prior to its submission.

(b) For the Jordan's Principle and Trout Classes, applicants will be required to complete the application and provide necessary supporting documentation to the Administrator. A First Nations Council Confirmation is also required for Jordan's Principle Class Claimants who meet the definition of a First Nation person under the Final Settlement Agreement solely by virtue of being recognized as a member or citizen by their First Nation via agreement, treaty

or First Nations custom, traditions or law for the period of January 26, 2016 and November 2, 2017.

116. Under the Final Settlement Agreement Claims Deadline, Claimants will be required to submit a claims application within the following timelines:

- (a) Three (3) years following the delivery of the initial notice of approval of settlement for Class Members who have reached the age of majority;
- (b) For class members under the age of majority, three (3) years after reaching the age of majority; or
- (c) a reasonable extension of the Claims Deadline for individual Class Members approved on request by the Administrator on the grounds the Claimant faced extenuating personal circumstances where the Claimant was unable to submit a Claim as a result of physical or psychological illness or challenges, including homelessness, incarceration or addiction, or due to unforeseen community circumstances such as epidemics, community internet connectivity, pandemics, natural disasters, community-based emergencies or service disruptions at a national, regional or community level.

117. In addition, the Final Settlement Agreement provides for exceptional early compensation to children with a terminal or non-curable life-threatening condition.

Supportive Elements for Claimants

118. In addition to the above, the AFN, Moushoom and Canada have ensured that the Final Settlement Agreement provides a number of supportive elements for Claimants. These have been reasonable additions to the Final Settlement Agreement, which go beyond the Compensation Order and Compensation Framework.

119. Under Article 7 Cy-Pres Fund of the Final Settlement Agreement, the AFN, Moushoom and Canada have created a Cy-Pres fund in the amount of \$50 million, in a separate trust. While not provided for under the Final Settlement Agreement, I have been advised by class counsel and do verily believe that these funds are expected to be endowed from interest generated on the settlement funds. This fund

will be made available to Class Members who received no direct compensation payment, with the objective of providing culturally sensitive and trauma-informed supports to survivors.

120. Further, a number of significant supports will be incorporated in the Final Settlement Agreement to ensure Claimants are able to file their claim and to ensure they have mechanisms for receiving health supports in this process. These supports were the subject of negotiation of a specific taskforce that, starting in February 2022, worked in parallel to the compensation negotiations, comprised of members of my AFN team, along with class counsel and individuals with relevant experience from Canada.
121. These supports will be made available to claimants throughout the claims process of the Final Settlement Agreement and are outlined in Article 8 – Supports to Class in Claims Process. The supports include: mental health supports; health care professionals to deliver support to class members who suffer or may suffer trauma; assistance to claimants in completing Claims Forms; enhancing the Hope for Wellness Help Line; financial literacy; and investment advice.
122. Canada will also directly pay service providers for mental health and cultural supports and, any direct fees charged to claimants to support access to records to support Claimant eligibility from provinces, territories, and agencies. Lastly, Canada will also provide the AFN with \$2.5 million over 5 years to administer a help desk, employ liaisons to provide claimants with culturally safe assistance and information.
123. The AFN, Moushoom and Canada are hopeful that the acceptance of the Final Settlement Agreement will move forward, and that compensation will begin to flow to those children and family members that have been impacted greatly in the child welfare system. The AFN believes the Final Settlement Agreement provides appropriate and adequate compensation to those most affected and should be taken as satisfying the CHRT compensation order and framework.
124. Finally, the Final Settlement Agreement is conditioned upon this Panel's confirmation that it satisfies its Compensation Order.

Long-Term Reform

125. The AFN is committed to ongoing discussions related to long-term reform. Building upon the Agreement-in-Principle on long-term reform, the AFN has participated in discussions on a suite of reforms that will eventually replace the FNCFS Program. The AFN has also attended regional meetings of First Nations to discuss the need to reform to the FNCFS Program. Many First Nations are supportive of reform. In particular, First Nations are interested in the rollout of prevention funding. At the recent AFN Annual General Assembly, the First Nations-in-Assembly passed AFN Resolution 04/2022 which mandates prevention funding to flow to First Nations who are best positioned to respond to the needs of their communities in a holistic manner. Attached to this my affidavit and marked as **Exhibit “L”** is a copy of the Resolution on long-term reform.

126. I make this Affidavit in support of the Motion before this Panel and for no improper purpose.

127. This affidavit was completed remotely in accordance with the *Commissioners for Taking Affidavits Act* – Ontario Regulation 431/20 Administering Oath or Declaration Remotely, with the commissioner located in Ottawa and the deponent located in Banff.

Affirmed before me, at the City of Ottawa, in the Province of Ontario, this 22nd day of July, 2022.



a Commissioner of Oaths / Notary Public

Adam Williamson
LSO#62751G

)
)
)
)
)
)
)
)

Janice Ciavaglia

**This is Exhibit "A" referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G



AFN EXECUTIVE COMMITTEE TELECONFERENCE

January 15, 2020

Draft Record of Decisions

Participants:

National Chief Perry Bellegarde
Regional Chief Kevin Hart, MB
Regional Chief Bobby Cameron, SK
Regional Chief RoseAnne Archibald, ON
Regional Chief Norman Yakeleya, NT
Regional Chief Terry Teegee, BC
Regional Chief Kluane Adamek, YT
Regional Chief Ghislain Picard, QC
Interim Regional Chief Andrea Paul, NS/NL
Rosalie LaBillois, Youth Council

AFN Staff:

Jon Thompson, A/CEO
Alex Freedman
Stuart Wuttke
Julie McGregor
Don Kelly
Joyce McDougall

Observers:

Arturo Calvo
Chief Leroy Denny

Motion #2:

The Executive Committee directs the AFN Secretariat to file a class action claim in the Federal Court of Canada regarding child welfare discrimination from 1991 to the present day, and the denial or delay in receiving essential services under Jordan's Principle. The AFN shall uphold the integrity of the compensation order issued by the Canadian Human Rights Tribunal in the class action process and incorporate those individuals from 1991 to 2006 into the base amount of \$40,000 for compensation. The Executive Committee directs the class action not focus solely on compensation, but broader reforms to the federal government's First Nation Child and Family Services program and Jordan's Principle.

Prior to filing the class action, the AFN shall advise the Moushoom group regarding the filing of AFN's class action as a courtesy. The AFN shall also seek the written assurance from the federal government that the AFN class action will be certified.

Moved by: Regional Chief Kevin Hart, MB
Seconded by: Regional Chief Norman Yakeleya, NT
Motion carried.

**This is Exhibit "B" referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd,
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G

Federal Court



Cour fédérale

Date: 20210707

**Docket: T-402-19
T-141-20**

Ottawa, Ontario, July 7, 2021

PRESENT: Madam Justice St-Louis

BETWEEN:

**XAVIER MOUSHOOM AND JEREMY MEAWASIGE (BY HIS LITIGATION
GUARDIAN, MAURINA BEADLE)**

Plaintiffs

AND

THE ATTORNEY GENERAL OF CANADA

Defendant

BETWEEN:

**ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN
OSACHOFF, AND MELISSA WALTERSON**

Plaintiffs

AND

**HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA**

Defendant

ORDER
(Consolidated, Leave to Commence Actions, and other Relief)

UPON MOTION, by the plaintiffs for an Order:

- (a) granting leave *nunc pro tunc* to the plaintiffs in Court File No. T-141-20 under this Court's Order dated May 28, 2019 in Court File No. T-402-19 ("**Preclusion Order**") to commence the proposed class proceeding in Court File No. T-141-20;
- (b) consolidating the actions in Court File No. T-402-19 and Court File No. T-141-20 ("**Consolidated Proceeding**");
- (c) adding Jonavon Joseph Meawasige, Noah Buffalo-Jackson, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson as plaintiffs to the Consolidated Proceeding;
- (d) appointing Jonavon Joseph Meawasige as representative and litigation guardian for the plaintiff Jeremy Meawasige;
- (e) appointing Carolyn Buffalo as representative and litigation guardian for the plaintiff Noah Buffalo-Jackson;
- (f) granting leave to serve and file the Consolidated Statement of Claim in the Consolidated Proceeding substantially in the form enclosed as **Schedule "A"** hereto;
- (g) amending the style of cause in the Consolidated Proceeding accordingly, as drafted in Schedule "A" hereto;

- (h) stating that the removal of the Jordan's Class members and corresponding Family Class members with claims dated between April 1, 1991 and December 11, 2007 in Court File No. T-402-19 and/or Court File No. T-141-20 from the Consolidated Proceeding is without prejudice to those class members' rights to commence a new action and to advance any arguments available to them notwithstanding this Order and notwithstanding the Consolidated Proceeding;
- (i) granting the Assembly of First Nations ("AFN") and Zacheus Joseph Trout leave under the Preclusion Order to commence a proposed class action on behalf of the class members whose claims are separated from the Consolidated Proceedings as particularized in the draft claim substantially in the form enclosed as **Schedule "B"** hereto ("**Separated Proceeding**");
- (j) stating that this Order is without prejudice to the defendant's right to contest certification and/or defend against the claims in the Separated Proceeding as it would have been immediately prior to the issuance of this Order, subject to paragraph (h), above;
- (k) extending the Preclusion Order to:
 - i. the Consolidated Proceeding in Schedule "A" from the date it is issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel; and

- ii. the Separated Proceeding from the date it is issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel;

(l) and other relief;

AND UPON being advised that the defendant consents in whole to the motion as filed;

AND UPON hearing amicus curiae and counsel's submissions;

AND UPON being satisfied of the appropriateness of the relief sought:

1. **THIS COURT ORDERS** that leave is granted *nunc pro tunc* to the plaintiffs in Court File No. T-141-20 to commence the proposed class proceeding in Court File No. T-141-20.
2. **THIS COURT ORDERS** that the actions in Court File No. T-402-19 and Court File No. T-141-20 are consolidated.
3. **THIS COURT ORDERS** that Jonavon Joseph Meawasige, Noah Buffalo-Jackson, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson are added as plaintiffs to the Consolidated Proceeding.
4. **THIS COURT ORDERS** that Jonavon Joseph Meawasige is appointed as representative and litigation guardian for the plaintiff Jeremy Meawasige.
5. **THIS COURT ORDERS** that Carolyn Buffalo is appointed as representative and litigation guardian for the plaintiff Noah Buffalo-Jackson.

6. **THIS COURT ORDERS** that leave is granted to serve and file the Consolidated Statement of Claim substantially in the form enclosed as Schedule “A” hereto.
7. **THIS COURT ORDERS** that the style of cause of the Consolidated Proceeding is amended accordingly, as drafted in Schedule “A”.
8. **THIS COURT ORDERS** that the separation of the claims in the Separated Proceeding from the Consolidated Proceeding is without prejudice to the rights of the class members in the Separated Proceeding to commence a new action and to advance any arguments available to them immediately prior to the issuance of this Order, notwithstanding this Order and notwithstanding the Consolidated Proceeding.
9. **THIS COURT ORDERS** that leave is granted to the plaintiffs AFN and Zacheus Joseph Trout to commence a proposed class action on behalf of the Separated Classes substantially in the form enclosed as Schedule “B” hereto.
10. **THIS COURT ORDERS** that this Order is without prejudice to the defendant’s rights to contest certification and defend against the Separated Proceeding, subject to paragraph 8 of this Order.
11. **THIS COURT ORDERS** that this Court’s Order dated May 28, 2019 in Court File No. T-402-19, which precludes the commencement of another proposed class proceeding in this Court in respect of the allegations in this proceeding without leave of the Court, be and is extended and shall apply to:

- (a) the Consolidated Proceeding in Schedule “A” as of the date issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel; and
- (b) the Separated Proceeding as of the date issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel.

"Martine St-Louis"

Judge

**This is Exhibit "C" referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G

Report on the
Estimated Class Size –
First Nations Children in Care 1991 to 2019
Xavier Moushoom v. Attorney General of Canada

Peter Gorham, F.C.I.A., F.S.A.
JDM Actuarial Expert Services Inc.
313 Powell Rd., Whitby, ON L1N 2H5
(905) 999-4763

Prof. Nico Trocmé, MSW, PhD, RSW
Director of the School of Social Work
Philip Fisher Chair in Social Work
3506 University Street, Montreal, Québec H3A 2A7
(514) 398-7068

Marie Saint-Girons, MSW
Research Assistant, Centre for Research on Children and Families
McGill University, School of Social Work
3506 University Street, Montreal, Québec H3A 2A7
(514) 588-8925

18 January 2021

Table of Contents

| | | |
|------------|---|----|
| A. | Purpose..... | 4 |
| B. | Background..... | 6 |
| | Status of Children in Care | 6 |
| | Data for First Nations Children in Care | 7 |
| C. | The Care Models | 8 |
| | The Duration Model | 8 |
| | The Status of Children in Care Model..... | 9 |
| | Mean Estimation Model..... | 9 |
| | Summary..... | 10 |
| D. | Data Review and Analysis | 11 |
| | Total Children in Care by Year | 11 |
| | Child Level Data | 14 |
| | Ontario Data | 14 |
| | BC Data | 16 |
| | Canada Data..... | 16 |
| | Applicability of the Data to the Class | 17 |
| | Analysis | 18 |
| | Time in Care Statistics..... | 20 |
| E. | Assumptions..... | 22 |
| | Duration Model | 22 |
| | Survivorship to 2019..... | 25 |
| F. | Changes from January 2020 Preliminary Report..... | 26 |
| G. | Class Size Estimates | 27 |
| H. | Certification..... | 30 |
| Appendix 1 | Curriculum Vitae of Peter Gorham, F.S.A, F.C.I.A. | 31 |
| Appendix 2 | Curriculum Vitae of Professor Nico Trocmé, M.S.W., Ph.D., R.S.W., F.R.S.C.... | 32 |
| Appendix 3 | Curriculum Vitae of Marie Saint-Girons, M.S.W. | 33 |
| Appendix 4 | Documents Utilised | 34 |

| | | |
|------------|--|----|
| Appendix 5 | Development of the Survivorship Table | 36 |
| Appendix 6 | Supplementary Analyses | 41 |
| Appendix 7 | Certificate Concerning Code of Conduct – Peter Gorham | 46 |
| Appendix 8 | Certificate Concerning Code of Conduct – Nico Trocmé | 47 |
| Appendix 9 | Certificate Concerning Code of Conduct – Marie Saint-Girons..... | 48 |

A. Purpose

1. This is a joint expert report prepared by experts separately retained by the plaintiffs and defendants in the matter of Xavier Moushoom and the Attorney General of Canada (the “**Moushoom Matter**”).
2. Peter Gorham is president and actuary with JDM Actuarial Expert Services Inc. He regularly provides actuarial consulting services as well as actuarial expert testimony. He is a fellow of the Canadian Institute of Actuaries and of the Society of Actuaries. He received his Actuarial Fellowship in 1980 and has provided pension, benefits and actuarial consulting services for approximately 42 years. A copy of his curriculum vitae is attached as Appendix 1.
3. Prof. Nico Trocmé is the Director of the School of Social Work and the Philip Fisher Chair in Social Work at McGill University. He has been leading studies on Canadian provincial and First Nations child welfare services since the early 1990s and has authored over 200 scientific publications based on this research. He has acted as a child welfare policy and program consultant to several provincial governments and First Nations organizations and has presented expert evidence at various inquests and tribunals. A copy of his curriculum vitae is attached as Appendix 2.
4. Our work was greatly enhanced through the contributions and insights provided by Marie Saint-Girons, Research Assistant, Centre for Research on Children and Families, McGill University. She currently supports the coordination of the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect 2019 (FN/CIS-2019), a national study examining the overrepresentation of First Nations children in the child welfare system across Canada. A copy of her curriculum vitae is attached as Appendix 3.
5. We understand and acknowledge that as experts, we have a duty to provide evidence in this proceeding as follows:
 - a. to provide opinion evidence that is fair, objective and non-partisan;
 - b. to provide opinion evidence that is related only to matters that are within our area of expertise; and
 - c. to provide such additional assistance as the court may reasonably require, to determine a matter in issue.
6. We acknowledge that the duty referred to above prevails over any obligation that we may owe to any party by whom or on whose behalf we are engaged. Copies of Form 53 acknowledging those duties are attached as Appendix 7, Appendix 8, and Appendix 9.

7. The purpose of this report is to assist counsel for the plaintiffs and counsel for the defendants in their exploratory discussions by providing various estimates of the number of First Nations children who were taken into care in Canada between 1 April 1991 and 1 March 2019 and who remained in care for various specified durations. We were specifically requested:
 - a. to the extent possible, provide separate estimates of the number of children who were taken into permanent care and those taken into non-permanent care;
 - b. to the extent possible, provide estimates of the number of children based on total time in care using six-month intervals; and
 - c. provide summary statistics of the average time in care based on age at entering care and age at leaving care.
8. The data to which we had access did not readily permit splitting the number of children between temporary and permanent care. We have therefore only presented estimates of the total number of children who were taken into care as well as the number of children in care based on six-month intervals of total time in care.
9. The intended users of this report are the two parties to this matter together with their respective counsel. This report is not suitable nor intended in its current form to be filed with the courts. The report should not be provided to anyone who is not an intended user except as may be required by law. The findings herein should not be relied upon by any party other than an intended user.

B. Background

10. In 2018, Canada settled a number of class actions regarding First Nations children who had been taken into care between 1951 and 31 March 1991 (the “**Sixties Scoop**”).
11. An expert report was prepared by Gorham for purposes of settlement discussions in the Sixties Scoop matter (the “**Gorham Report for Sixties Scoop**”). That report set out the estimated number of First Nations children that entered care in each fiscal year 1951 to 1990.
12. The Moushoom Matter covers First Nations children who ordinarily live on reserve and who were taken into care between 1 April 1991 and 1 March 2019.
13. The Moushoom Matter also includes issues related to Jordan’s Principle. This report does not cover any aspect of the allegations involving Jordan’s Principle. This report is solely focussed on providing an estimate of the number of First Nations children who ordinarily live on reserve and who were taken into care between 1 April 1991 and 1 March 2019.
14. Trocmé and Gorham were requested by plaintiff’s and defendant’s counsel to work together in reviewing available information and preparing a preliminary estimate of the class size in the Moushoom Matter. We met numerous times via online conference call to review and discuss the data and the methodology to be used in preparing our estimate. Most of our work was focussed on two key items, the care models to be used and analysis of data to prepare a distribution of duration in care for First Nations children.

Status of Children in Care

15. We were asked to provide an estimate of the number of children taken into permanent care and those taken into other than permanent care.
16. The data maintained by Indigenous Services Canada (“**ISC**”) differentiates between three types of status of children in care – permanent, voluntary and temporary.
17. Most of the data that we had available for analysis does not indicate the status of the children in care. The data on children in care beginning 1 April 2013 does provide the status of care for each child. However, we were advised by ISC that the status of the child in care is entered into the system by the childcare worker assigned to the child and is not verified. Consequently, the status is believed to be susceptible to errors. ISC was unable to provide any indication of the extent of such errors.

18. Since we had very little data about the type of care by children, we have not split the estimates of children entering care by temporary, voluntary and permanent. If requested, we could provide that information based on an assumption that the split by type of care in 2013 to 2018 is the same split that applied prior to 2013.

Data for First Nations Children in Care

19. We were provided with **aggregate data** from ISC showing
 - a. the total number of First Nations children ordinarily resident on reserve in care as of 31 March in each year from 1970 to 1977, 1981 and from 1992 to 2017; and
 - b. the total number of care days in each fiscal year from 1969-70 to 2016-17 with the exception of 2012-13.
20. Unless otherwise specified, whenever we refer to a year, we are referring to the fiscal year starting on April 1st of that year.
21. Because a child that is in care for five years will be included in the data at least five times, one cannot simply add these numbers together to get the total number of children in care during the class period 1 April 1991 to 1 March 2019. Consequently, we created a model to follow children through their time in care. By adding up the estimated number of children that entered care in each year, we determined an estimated total number of children in care during the period 1991 to 2019.
22. ISC also provided us with three sets of **data files regarding individual children in care**. This data was used to determine a distribution of time in care and of ages entering and leaving care for First Nations children.
 - a. The **Ontario Data** provided information about each First Nations child in care in Ontario for each fiscal year (1 April to 31 March) 2000, 2002, and 2004 to 2012. That data included information about children who first entered care prior to 2000 and who were in care in any of the above years. There is no information about the status of children in care.
 - b. The **BC Data** provided information about each First Nations child in care in British Columbia from April 2011 to August 2019. The data includes children who entered care for the first time prior to 2011 and who were in care at any time on or after April 2011. The status of children in care is included for some of the children.
 - c. The **Canada Data** provided information about each First Nations child in care in all provinces and territories beginning 1 April 2013. This data showed the first and last dates that an expense had been submitted for a specific child between 1 April 2013 and 31 March 2018 as well as the status of children in care.

C. The Care Models

23. We created three care models: the Duration Model, the Status of Children in Care Model and a Mean Estimation Model. Each one models the children's time in care from their entry into care until they exit care.
24. The purpose of each model is to estimate the number of children that enter care. The total of the children entering care is the estimated class size.
25. The Duration Model is the one we considered provided the best and most reliable estimates and the one we used for presenting results in this report. The other two models were utilised as a check on the reasonableness of the Duration Model.

The Duration Model

26. The Duration Model does not consider the status of children in care. This model only considers the time in care statistics that we developed from the Ontario and Canada Data (see paragraphs 69 -79).
27. For this model, we cannot just start modelling from 1991. We need to develop a distribution of the children in care as of 1 April 1991 for the model to work.
28. Consequently, we started with the children in care in 1970. We assumed that the distribution of children by duration in 1971 was approximately similar to the duration we determined for 2000 to 2005. Having an accurate distribution for 1970 is not necessary, as any errors will have worked their way out of the projections by 1991.
29. From 1970 to 1990, the children were modelled moving through care every six-months in the same way as described in paragraphs 81 to 83. In this manner, the number entering care in each year 1970 to 1990 was determined and they formed the basis of the 31 March 1991 distribution of children by time in care – from newly entered to 21 years in care.
30. The Duration Model looks at each six-month period separately. Every six months, children are moved through care.
 - a. Some of the children who entered care during the prior period leave care. The rest are moved to the category 6 – 12 months in care.
 - b. Some of the children who had been 6 to 12 months in care during the prior period leave care and the rest are moved to the category 12-18 months in care.
 - c. This process is repeated for each six-month category until all the children that were in care in the prior period have either left care or moved to the next category.

- d. At this point, the number of children who remain in care are added together and compared with the total number that were reported to have been in care. The difference is the number entering care during that period.
31. The main assumption used for the Duration Model is the distribution of time in care – the probability that a child will exit care during a specified six-month period.

The Status of Children in Care Model

32. The Status of Children in Care Model was developed from the Care Model utilised in the Gorham Report on Sixties Scoop. That model split the total number of children in care in each year between an assumed number in permanent care and the balance in non-permanent care (called temporary care in the Gorham Report on Sixties Scoop). The children in permanent care were then modelled using assumptions about time in care to produce an estimate of the number of children entering permanent care in each year. No modelling was performed, or required, of the children in temporary care for purposes of the Gorham Report on Sixties Scoop.
33. For the Status of Children in Care Model, we first allocated the total number of children in care in each year between those assumed to be in permanent and temporary care.
34. An initial distribution of children by the number of years in temporary care was developed in the same manner as described in paragraphs 27 to 29. An initial distribution of children in permanent care based on their age was developed by assuming the distribution was the same as produced by the Sixties Scoop model for 1990-91. An initial distribution of children in voluntary care based on their age was produced by assuming the same distribution applied to them as for those in permanent care.
35. The children assumed to be in temporary care were modelled using a process similar to the Duration Model described above.
36. The children assumed to be in permanent or voluntary care were modelled using a similar process, but based on their age rather than the time in care.

Mean Estimation Model

37. Based on the analysis of the Ontario Data, we determined the mean time in care by year as well as the median and decile breaks for time in care.

38. The Mean Estimation model applied the average number of days in care to the total days in care for all children to give a very rough estimate of the total number of children.

Summary

39. Both the Status of Children in Care Model and the Mean Estimation model were used solely for the purpose of a reasonableness check of the results from the Duration Model.
40. Results from the Status of Children in Care Model and the Mean Estimation model are not used other than as a reasonableness check and are not reported on herein. All results contained in this report are based on the Duration Model.

D. Data Review and Analysis

41. We reviewed each of the data files for reasonableness and completeness having regard to the nature of our work. Complete accuracy is not required since we are dealing with thousands of children and small errors will disappear in the rounding. In particular, an error that is material on an individual basis is unlikely to affect the results within the overall group of children. However, systematic errors could become material if not adequately addressed.

Total Children in Care by Year

42. We reviewed the number of First Nations children in care as of 31 March in each year 1991 to 2018 at both the national level and the regional levels.
 - a. We confirmed that the national totals are the sum of the regional totals.
 - b. We reviewed the changes in the numbers from year to year for reasonableness. Anomalous regional patterns in year-to-year changes are discussed below and highlighted in italic and in yellow in tables 48a and 48b.
43. **Atlantic Region:** There was a significant increase in the number of children in care between 2004 and 2006 from 623 to 1,085. That total then declined by 2008 to the previous levels. Assuming no error in those numbers, the change in the total number of care days during that period suggests the spike was over a few months and was for children who remained in care for a very short period of time.
44. **Quebec Region:** The number of children in care as of 31 March increased from 814 in 2001 to 1,084 in 2005. The number decreased to 593 in 2006 before returning to historic levels in 2007 and later years. There was no significant change in the total number of care days during that period. There appears to be an error in either, or both, the count of children as of 31 March and the number of care days during the years 2002 to 2005. We are unable to determine either an appropriate correction or a reasonable explanation for these numbers. Depending on which data are incorrect, our use of these numbers may cause an overstatement in the estimate of class size.
45. **Manitoba Region:** The number of children in care on 31 March increased gradually from 1,551 in 2004 to 2,517 in 2010 and then remained at that level. The total number of care days also increased over that period, leading us to conclude that these numbers are likely accurate.
46. **Saskatchewan Region:** The number of children in care on 31 March increased from 1,123 in 2006 to 2,124 in 2007 and then returned to historic levels in 2008. There was also a less dramatic one-year increase of 150,000 in the total number of care days. We

were unable to determine if this represents a short period with a significant increase of children taken into care or if it is a one-year error in reporting. We have utilised the numbers as shown which, if there was a reporting error, may result in overstating the estimated class size.

47. **Alberta Region:** The number of children in care increased from 905 in 1992 to 1,587 in 1995 and then decreased for two years before increasing to 1993 in 2000. The total care days moved in a similar manner, leading us to conclude that these numbers are likely accurate.
48. Table 48a shows the number of children in care as of 31 March in each year by region. Table 48b shows the total number of care days in each fiscal year. The highlighted and italicised numbers are those discussed above.

Table 48a – First Nations Children in Care as of 31 March in Each Year

| Year | Atlantic | Quebec | Ontario | Manitoba | Saskatchewan | Alberta | BC and Yukon | National |
|------|----------|--------|---------|----------|--------------|---------|--------------|----------|
| 1991 | - | - | - | - | - | - | - | - |
| 1992 | 283 | 488 | 1,323 | 1,382 | 470 | 905 | 607 | 5,458 |
| 1993 | 216 | 557 | 668 | 1,337 | 383 | 1,119 | 551 | 4,831 |
| 1994 | 239 | 508 | 492 | 1,276 | 285 | 1,527 | 527 | 4,854 |
| 1995 | 273 | 420 | 472 | 1,318 | 411 | 1,587 | 643 | 5,124 |
| 1996 | 327 | 567 | 733 | 1,203 | 357 | 1,268 | 844 | 5,299 |
| 1997 | 366 | 626 | 670 | 1,064 | 536 | 1,381 | 697 | 5,340 |
| 1998 | 390 | 615 | 747 | 1,317 | 765 | 1,583 | 803 | 6,220 |
| 1999 | 491 | 737 | 931 | 1,270 | 951 | 1,895 | 945 | 7,220 |
| 2000 | 572 | 782 | 1,048 | 1,363 | 980 | 1,993 | 1,024 | 7,762 |
| 2001 | 632 | 814 | 1,245 | 1,468 | 1,070 | 1,652 | 1,138 | 8,019 |
| 2002 | 611 | 858 | 1,304 | 1,585 | 1,012 | 1,704 | 1,000 | 8,074 |
| 2003 | 591 | 890 | 1,463 | 1,406 | 1,117 | 1,782 | 976 | 8,225 |
| 2004 | 623 | 1,005 | 1,545 | 1,551 | 1,133 | 2,090 | 902 | 8,849 |
| 2005 | 813 | 1,084 | 1,536 | 1,594 | 1,099 | 1,810 | 900 | 8,836 |
| 2006 | 1,085 | 1,005 | 1,513 | 1,669 | 1,123 | 1,933 | 824 | 9,152 |
| 2007 | 760 | 593 | 1,440 | 1,769 | 2,124 | 1,580 | 827 | 9,093 |
| 2008 | 541 | 720 | 1,427 | 2,176 | 1,166 | 1,744 | 822 | 8,596 |
| 2009 | 537 | 714 | 1,458 | 2,403 | 1,114 | 1,762 | 818 | 8,806 |
| 2010 | 535 | 685 | 1,502 | 2,517 | 1,207 | 1,486 | 754 | 8,686 |
| 2011 | 607 | 839 | 1,537 | 2,474 | 1,139 | 1,779 | 866 | 9,241 |
| 2012 | 670 | 846 | 1,585 | 2,459 | 1,123 | 1,833 | 907 | 9,423 |
| 2013 | 748 | 888 | 1,566 | 2,659 | 1,076 | 1,801 | 744 | 9,482 |
| 2014 | 596 | 789 | 1,502 | 2,223 | 1,169 | 1,664 | 732 | 8,675 |
| 2015 | 587 | 793 | 1,381 | 2,291 | 1,113 | 1,550 | 713 | 8,427 |

| Year | Atlantic | Quebec | Ontario | Manitoba | Saskat- chewan | Alberta | BC and Yukon | National |
|------|----------|--------|---------|----------|-------------------|---------|-----------------|----------|
| 2016 | 553 | 882 | 1,350 | 2,298 | 1,106 | 1,607 | 749 | 8,545 |
| 2017 | 525 | 925 | 1,378 | 2,583 | 1,142 | 1,763 | 763 | 9,079 |

Table 48b – Total Care Days for First Nations Children by Fiscal Year Ending 31 March

| Year | Atlantic | Quebec | Ontario | Manitoba | Saskat- chewan | Alberta | BC and Yukon | National |
|------|----------|---------|---------|----------|-------------------|---------|-----------------|-----------|
| 1991 | 61,772 | 149,567 | 243,836 | 438,466 | 134,817 | 407,559 | 215,325 | 1,654,457 |
| 1992 | 64,887 | 145,537 | 234,978 | 431,334 | 118,964 | 568,525 | 229,592 | 1,802,668 |
| 1993 | 73,738 | 137,847 | 242,054 | 396,165 | 120,283 | 622,432 | 277,391 | 1,870,294 |
| 1994 | 74,122 | 138,335 | 281,746 | 371,067 | 121,399 | 506,900 | 315,656 | 1,808,179 |
| 1995 | 73,076 | 178,148 | 235,254 | 371,980 | 169,294 | 483,507 | 228,629 | 1,754,736 |
| 1996 | 87,924 | 176,114 | 251,930 | 409,130 | 233,619 | 526,915 | 297,365 | 1,986,203 |
| 1997 | 91,130 | 185,468 | 310,782 | 406,621 | 288,374 | 538,197 | 358,171 | 2,186,174 |
| 1998 | 98,561 | 189,590 | 355,913 | 428,549 | 337,108 | 588,624 | 369,670 | 2,366,381 |
| 1999 | 96,927 | 251,493 | 415,860 | 434,341 | 383,617 | 578,271 | 375,068 | 2,543,857 |
| 2000 | 105,207 | 185,474 | 448,822 | 459,511 | 386,926 | 564,307 | 385,081 | 2,542,635 |
| 2001 | 112,514 | 181,151 | 491,502 | 441,166 | 396,305 | 583,172 | 351,624 | 2,553,056 |
| 2002 | 108,136 | 194,222 | 546,862 | 475,270 | 421,204 | 698,439 | 336,649 | 2,781,510 |
| 2003 | 108,864 | 206,201 | 557,616 | 521,248 | 426,892 | 598,812 | 321,185 | 2,820,859 |
| 2004 | 188,905 | 191,309 | 559,142 | 545,717 | 426,975 | 619,729 | 302,851 | 2,821,555 |
| 2005 | 175,832 | 215,637 | 539,728 | 589,840 | 582,264 | 680,727 | 302,131 | 3,084,693 |
| 2006 | 174,366 | 242,607 | 530,205 | 704,876 | 421,968 | 706,784 | 316,991 | 3,068,168 |
| 2007 | 144,737 | 249,482 | 532,665 | 733,330 | 429,997 | 731,641 | 360,657 | 3,214,957 |
| 2008 | 177,185 | 273,843 | 545,423 | 759,041 | 409,829 | 636,088 | 307,928 | 3,208,027 |
| 2009 | 197,624 | 284,982 | 570,333 | 775,343 | 445,257 | 672,976 | 297,561 | 3,242,495 |
| 2010 | 196,043 | 289,617 | 584,932 | 772,379 | 412,151 | 47,634 | 280,620 | 2,592,676 |
| 2011 | 205,343 | - | - | - | - | - | - | - |
| 2012 | - | 277,588 | 547,557 | 854,422 | 421,443 | 621,395 | 270,602 | 3,215,898 |
| 2013 | 215,093 | 306,295 | 517,632 | 856,021 | 420,173 | 586,692 | 264,982 | 3,174,050 |
| 2014 | 216,220 | - | - | - | - | - | - | 3,185,330 |
| 2015 | - | - | - | - | - | - | - | 3,283,074 |
| 2016 | - | - | - | - | - | - | - | - |
| 2017 | - | - | - | - | - | - | - | - |

49. We recommend that the data issues discussed above for the Atlantic, Quebec and Saskatchewan Regions be investigated by ISC in an attempt to explain these significant changes or find correct numbers.

Child Level Data

50. In addition to the aggregate annual totals described above, we received and reviewed three data files including more detailed child-level data.
51. The data we received included one or both name and First Nation registration number. For our work, the name and registration number were deleted and replaced by a random ID code.

Ontario Data

52. The Ontario data includes one record per First Nations child for each fiscal year they were in care.
53. The Ontario Data provided us with the means to follow children from their first entry into care through to their final exit from care. We were able to distinguish between children in continuous care and those who had multiple periods of care. For most of the children in care at the end of the Ontario Data (31 March 2013), we were able to match them up with their information in the Canada Data and thereby extend the period of time in care we could analyse.
54. In reviewing the Ontario Data, we identified a number of errors that we were able to correct satisfactorily in most cases.
 - a. Some dates of birth were clearly wrong and in most situations there were other records for the child with a correct date of birth.
 - b. For each fiscal year, there were about 60 children for whom no date of exit was included and there were no records for that child in subsequent years. On inspection, we concluded that they had most likely exited care during that year and we estimated an exit date by using a random number. The distribution of assumed exit dates was uniform throughout the year. For children who were in their first or second year of care, this would likely result in a small overstatement of the time in care. In our opinion, this is not material for the purposes of the report.
 - c. For fiscal year 2001, there was no data available.
 - i. We assumed that a child in care at the end of fiscal year 2000 who was also in care at the beginning of 2002 had remained in care continuously throughout 2001. That may overstate the time in care for any children who left and returned to care in 2001.
 - ii. Children who entered care in 2001 and who remained in care in 2002, could be identified in the 2002 data. The 2002 data included their most recent date of entry and we assumed that they had remained in care continuously from their

entry to the end of 2001. That may overstate the time in care for any children who left and returned to care in 2001.

- iii. There were about 400 children who had no exit date in the 2000 data and who were not in care in 2002. We assumed that about 60 of them had left care during the 2000 fiscal year and no exit date had been entered and that the balance had left care during the 2001 fiscal year. We used random numbers to estimate their exit dates.
- iv. There are an unknown number of children who both entered and exited care during the 2001 fiscal year. We have no data for them. Consequently, we did not use the data for any children who entered care in 2001 for any of our analyses of overall duration in care. We were able to use those who entered care in 2001 for a separate analysis of children who were in care for over 12 months.
- d. For fiscal year 2003, there was no data available. We made similar assumptions as described above for 2001.
- e. About 200 registration numbers were found to have been used for multiple children. For about 150 of those, we were able to determine that the children were from the same family and the registration number appeared to be a temporary number. We assumed that these were for children that had not been registered under the Indian Act and we created unique numbers for each of those children. For about 50 of those, the children with the same registration number appeared to be from different families. For a few of the numbers, there were as many as four different children with the same registration number. We created unique numbers for each of these children.
- f. There were about 50 registration numbers where the child's name was the same or similar and the date of birth was different and did not appear to be a typing error¹. We assumed that these were different children and created unique ID numbers for them.
- g. In matching up the Ontario Data with the Canada Data, we found 274 children who were in care on 31 March 2013 in Ontario and for whom there is no exit date but they do not appear in the Canada Data. Upon inspection, we found 232 of those children are in the Canada Data but with a different registration number. We adjusted the ID numbers for them so their data could be combined between the two

¹ For example, 2-3-2002 and 2-3-2005 would likely be a typo if the rest of the information between two records matches. However, 2-3-2002 and 14-8-2003 is much less likely to be a typing error even if the rest of the information is similar.

datasets. For the remaining 42 children, we assumed that they left care during the 2012 fiscal year and we estimated an exit date using random numbers.

55. We compared the number of children in care as of each 31 March based on the Ontario Data with the Total Children in Care reported for Ontario. The numbers are sufficiently close as to be considered equal.
56. After cleaning the Ontario Dataset, there were 8,693 unique children in the sample. Information on gender was missing for 9.4% of the children. For those with gender identified, 49.3% are female and 50.7% are male.

BC Data

57. The BC Data did not add sufficient years of information to be useful for our analyses to date.

Canada Data

58. The Canada Data has one record per First Nations child with information about dates that expenses were submitted for the child. The date of the first expense submitted on or after 1 April 2013 is included and the date of the most recent expense submitted before 1 April 2018. However, we were informed that the data for 1 April 2013 to 31 March 2018 could be incomplete as new information is added and existing information may be modified by the regions.
59. There is little we can do for data checking given the format of the data. As discussed above at paragraph 54.g, we did find 232 children where the registration numbers from the Ontario data in fiscal year 2012 and the registration numbers in the Canada Data were different.
60. We also found 18 cases where there were two records for the same child. After cleaning the Canada dataset, there were 25,686 unique children in the sample. Information on gender was missing for 0.8% of the children. For those with gender identified 49.9% are female and 50.1% are male.
61. The Canada Data has no information about date of entry to or exit from care. The only information is with respect to expense amounts and dates.
 - a. We assumed that a child who had no expense during the period 1 April 2013 to 31 March 2014 was entering care for the first time as of the date of their first expense unless data about that child was included in the Ontario dataset.

- b. We assumed that a child for whom the first expense was prior to 1 April 2014, might have entered care at any time prior to 1 April 2014 and that we could make no assumption about how long they had previously been in care.
- c. We assumed that a child who had no expense after 30 March 2018 had left care as of the date of the last expense.
- d. We assumed that a child for whom there was an expense after 30 March 2018 may have left care or may remain in care as of 1 April 2018 and, with the exception of a subset of children in the Ontario data discussed below (paragraph 70), we could make no assumption about how long they have or may spend in care after 31 March 2018.

Applicability of the Data to the Class

- 62. The results of our work are only useful to the extent that the children included in the data we used match the children included in the class definition. If the data about total number of children in care includes children that are not First Nations and/or do not ordinarily live on reserve, then the estimates we have determined from the data will not be for the same definition as applies in the Moushoom Matter.
- 63. We were advised by ISC that the three data files include only First Nations children who were ordinarily resident on reserve.
- 64. The results presented in this report are based on an assumption that:
 - a. the data includes only First Nations children that ordinarily live on reserve;
 - b. all First Nations children that ordinarily live on reserve and who were taken into care during the time periods of the data are included in the data;
 - c. all First Nations children who were placed in foster care, kinship care, group homes, and institutional care are included;
 - d. the data does not include children who were placed in informal kinship programs;
 - e. the data about duration in care as developed from the Ontario Data is representative of the duration in care for all of Canada.
- 65. The maximum age of eligibility for care differs by province. During the class period, the maximum age has changed in some provinces. The duration statistics we have used herein is based on the Ontario maximum age for the class period. Differences by province from time to time in the maximum age for care could affect the results. We do not have sufficient data to be able to determine how much of an effect that may have on the results.

66. We note that the data for 2013 to 2018 only include children for whom an expense was submitted. To the extent that there may be children who did not have an expense paid by Canada during this period, such as children in informal kinship care arrangements, they are not included in our estimates.
67. In both the Ontario and the Canada datasets, despite the correction described above, we found further inconsistencies in the child ID codes. Mismatched ID codes meant that two episodes in care experienced by the same child would be counted as two different children placed in out-of-home care. Mismatched ID codes leads to overestimating the number of children, and underestimating cumulative time spent in care. We corrected for those mismatches that we were able to detect by using other identifying information.
68. We also found that entry and exit dates did not always match information about numbers of days in care. While we were able to correct some of these inconsistencies, we suspect that we were unable to correct for all of them. We assume that the days in care numbers, which are most directly associated with payments, are accurate but that there remain errors with some entry and exit dates. Class size and time in care estimates rely therefore on the assumption that the days in care data are accurate. The entry and exit date inconsistencies primarily affect our ability to examine patterns of multiple placements; we therefore were not able to pursue such analyses as fully as we had hoped.

Analysis

69. We looked at the children who entered care for the first time in fiscal year 2000, 2002, and 2004 in Ontario and for each child determined the total time in care. Given that we were able to merge the Ontario and Canada datasets, we had information on these children until at least 13 years after their first entry.
70. Some of the children who remained in care at the end of the Ontario Data and who we were able to follow within the Canada Data, appeared to remain in care as of 31 March 2018 (subject to comments in paragraphs 58 to 61 above). For those children remaining in care as of 31 March 2018, we assumed the following using a normal distribution:
 - a. Those that had been in care for more than half of their life since first entering care, would remain in care continuously until they reached the average age for leaving care, based on the averages and standard deviations described below (paragraph 71).

b. Those that had been in care for less than half of their life since first entering care are assumed to have either reached a point where they will remain in care continuously until they reach the average age for leaving care or they will remain in care proportionate to their past time in care. Combining those assumptions, we estimated the remaining time in care by assuming these children would on average be in care for half of the future time up to the average age for leaving care.

71. We calculated the average age at which children exit care by time since first entry in care for cohorts that had spent more than 13 years in care as shown in Table 71. Note that this is the total time since first entry and not the actual time in care.

Table 71 – Average Age of Leaving Care

| Total Years Since First Entered Care | Average Age Leaving Care | Standard Deviation Age Leaving Care |
|---|---------------------------------|--|
| 17 or more | 19.5 | 1.0 |
| 15 or more | 19.1 | 1.4 |
| 13 or more | 18.6 | 1.9 |

72. Having made the above estimates of future time in care, we had a series of data that we could analyse to determine the distribution of time in care for children in the Ontario and Canada datasets. In particular, this would include information on those who remain in care for the longest periods.

73. The number of moves in and out of care could not be calculated in a systematic manner from the datasets provided. Most of the children for whom we have data had not reached their maximum age for care by the final year of data. However, we were able to estimate which children were continuously in care and which children had more than one period of care on the basis of available entry and exit dates relative to the total number of days in care reported by ISC. For the 2000-2004 entry cohorts examined:

- a. About 62% of the children appeared to have been continuously in care – that is, only one period of care. On average, they were in care for 19 months with a median time in care of 5 months².
- b. The rest of the children (38%) were assumed to have multiple periods of time in care.

² The median is the value where half of the children were in care for less time and half in care for more time. A median of 5 months means that 50% of the children who were in care continuously, left care on or before five months and 50% remained in care longer than seven months.

74. We analyzed the percentage of children leaving care after 4.5 years or more in care and found that the rates do not vary significantly between the 2000-2004 entry cohorts examined.
75. We also looked at children who entered care for the first time between 2006 and 2010 as well as those we deemed had entered care for the first time in fiscal year 2014 and 2015. We found that, although there was some variability in the percentage of children who leave care within the first few years after entry between fiscal years 2000, 2002 and 2004, the percentages do not vary significantly between the cohorts with subsequent years of first entry.
76. We concluded that:
- a. we could use the average calculated cumulative percentages of children leaving care after 5 years from the 2000-2004 entry cohorts examined to estimate the equivalent percentages for children who entered care for the first time between 2005-2010.
 - b. we could use the average calculated cumulative percentages of children leaving care after 18 months from the 2000-2010 entry cohorts examined to estimate the equivalent rates for children who we deemed had entered care for the first time in 2014 and 2015.

Time in Care Statistics

77. Table 77 presents the results of the analysis of the Ontario and Canada Data with respect to the rate at which First Nations children leave care based on the total time in care. Children with more than one period in care are included based on the actual number of months in care excluding any time not in care. For example, a child that spent 18 months in care over a five-year period is included as 18 months.

Table 77 – Percent of First Nations Children Who Have Exited Care by Months in Care

| Total Months in Care | Year First Entered Care | | | | | | | | | | |
|----------------------|-------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 2000 | 2002 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2014 | 2015 |
| 6 | 36.8% | 41.8% | 44.2% | 43.4% | 40.2% | 47.4% | 44.2% | 39.9% | 39.4% | 43.3% | 41.8% |
| 12 | 51.7% | 55.8% | 58.9% | 60.9% | 53.0% | 59.5% | 58.8% | 52.6% | 55.5% | 59.4% | 59.2% |
| 18 | 64.1% | 65.0% | 67.0% | 68.0% | 62.0% | 65.1% | 65.6% | 63.0% | 65.2% | 67.9% | 68.5% |
| 24 | 70.4% | 70.0% | 73.8% | 75.6% | 68.6% | 69.9% | 70.8% | 68.5% | 72.4% | 73.8% | |
| 30 | 74.2% | 73.6% | 76.0% | 78.6% | 70.6% | 72.7% | 76.9% | 71.6% | 76.5% | | |
| 36 | 76.8% | 77.1% | 78.5% | 81.0% | 74.4% | 75.6% | 80.4% | 75.3% | 80.6% | | |
| 42 | 78.6% | 79.5% | 80.6% | 82.6% | 78.0% | 77.7% | 83.3% | 77.5% | 82.1% | | |
| 48 | 80.7% | 80.9% | 83.9% | 84.0% | 79.8% | 78.7% | 84.4% | 81.0% | 84.6% | | |
| 54 | 82.1% | 81.5% | 85.9% | 85.5% | 80.8% | 80.2% | | | | | |
| 60 | 83.9% | 83.6% | 86.5% | | | | | | | | |

| | | | |
|-----|--------|--------|--------|
| 72 | 86.4% | 86.3% | 87.6% |
| 84 | 88.2% | 87.8% | 89.4% |
| 96 | 89.8% | 90.5% | 91.2% |
| 108 | 90.8% | 91.7% | 91.9% |
| 120 | 92.3% | 93.1% | 92.8% |
| 132 | 93.4% | 93.7% | 93.4% |
| 144 | 94.6% | 94.1% | 94.1% |
| 156 | 95.5% | 94.8% | 94.7% |
| 168 | 96.0% | 95.7% | 95.4% |
| 180 | 96.8% | 97.3% | 96.5% |
| 192 | 97.4% | 97.7% | 97.2% |
| 204 | 98.4% | 98.2% | 98.1% |
| 216 | 99.1% | 98.5% | 99.1% |
| 228 | 99.7% | 98.9% | 99.4% |
| 240 | 99.8% | 99.0% | 99.4% |
| 252 | 100.0% | 100.0% | 100.0% |

78. We did not calculate time-in-care statistics for 2011 to 2013 as the timeframe was too short.
79. However, we did calculate the statistics for 2014 and 2015 since these were the only years for which we had data for all regions of Canada. Our primary purpose was to see if there was any noticeable difference between the time-in-care for the earlier years for Ontario and the time-in-care for all of Canada. We concluded that it is likely that Ontario time-in-care statistics are reasonably similar to those for all regions of Canada.
80. Further analysis of the data is contained in Appendix 6.

E. Assumptions

Duration Model

81. The Duration Model starts with the distribution of children by time in care as of 1 April 1991. That distribution was developed by starting with children entering care in 1970 and modelling them through to 1991.
 - a. The total number of children in care as of 31 March in each year was assumed to be equal to the counts provided by ISC for those years in which a count was provided (1971 to 1977 and 1981). For the other years, the number was estimated based on the total number of care days in the year, as provided by ISC, divided by 365, together with an adjustment. The adjustment was based on the relationship between total care days and number of children in care on 31 March in the years for which both numbers were available. Those are the same number of children in each of those years as used in the Status of Children in Care Model and in the Gorham Sixties Scoop Report.
 - b. The children in care as of 1 April 1970 were distributed by time in care based approximately on the average distribution from 2000 to 2004. Any errors in that distribution will likely have worked their way out of the data by 1991.
 - c. Children were modelled moving through care using the duration assumptions and methods described below (paragraph 82 to 83).
 - d. The number of children entering care in each fiscal year 1970 to 1990 was calculated so the total number of children in care in each year matched the number as reported by ISC.
 - e. By the time the model reaches 31 March 1991, all of the durations from newly entered through to 21 years in care have been populated with numbers of children in care.
82. The Duration Model looks at each 6-month period separately.
 - a. The number of children who exit care in each six-month period is calculated based on the total number who originally entered care multiplied by the percentage of those children who are assumed to leave care during that six-month period.
 - b. The number of children who remain in care is calculated to be equal to the number that were in care in the prior six-month period, minus the number that exited care.
 - c. Once the number of children remaining in care has been determined for each duration from 6-months to 20-years, the number entering care is calculated to be

the total number of children assumed to be in care for that period minus the number that remain in care from prior periods.

83. The rate at which children exit care was assumed to vary over time, recognising that policies and practices for care were subject to change. The rates that we assumed were based on the results of our data analyses and in particular the Time-in-Care statistics presented above (Table 77).
- The Time-In-Care statistics for 2005 to 2010 were only valid for the first 5 years of time in care. For periods of five-years and longer, we assumed that the average of the percentages from 2000 to 2004 applied.
 - The Time-In-Care statistics for 2014 to 2015 were only valid for the first 24 months and 18 months respectively of time in care. For the longer periods, we assumed that the average of the percentages from 2000 to 2010 applied.
 - We did not have complete data for years prior to 2000. We made approximate assumptions for the percentage of children exiting care by duration for 1991 and 1970. We reviewed the results for various assumptions and determined that there was little difference in results between assuming (1) the 2002 rates applied for all years prior to 2000 and assuming (2) rates that we extrapolated from the post-2002 rates.
 - Having developed a table of duration in care for each year of entry from 2000 to 2015, the rates were then averaged in three-year groupings, resulting in an average rate for 2002, 2006, 2010 and 2015. For years prior to 2002, the 2002 rates were used. For the intervening years, rates were interpolated on a linear basis. For years after 2015, the 2015 rates were used.

Table 83 – Assumed Rates of Exiting Care by Duration

| Percent of Children Entering Care by Year That Exit by Total Months in Care | | | | |
|---|-------|-------|-------|-------|
| Months | 2002 | 2006 | 2010 | 2015 |
| 6 | 40.9% | 43.7% | 41.2% | 42.6% |
| 12 | 55.5% | 57.8% | 55.6% | 58.6% |
| 18 | 65.4% | 65.0% | 64.6% | 67.2% |
| 24 | 71.4% | 71.3% | 70.6% | 72.1% |
| 30 | 74.6% | 74.0% | 75.0% | 74.6% |
| 36 | 77.5% | 77.0% | 78.8% | 77.8% |
| 42 | 79.5% | 79.4% | 80.9% | 80.1% |
| 48 | 81.8% | 80.8% | 83.3% | 82.1% |
| 54 | 83.2% | 82.2% | 84.0% | 83.2% |

| Percent of Children Entering Care by Year That Exit by Total Months in Care | | | | |
|---|--------|--------|--------|--------|
| Months | 2002 | 2006 | 2010 | 2015 |
| 60 | 84.7% | 84.7% | 84.7% | 84.7% |
| 72 | 86.8% | 86.8% | 86.8% | 86.8% |
| 84 | 88.5% | 88.5% | 88.5% | 88.5% |
| 96 | 90.5% | 90.5% | 90.5% | 90.5% |
| 108 | 91.5% | 91.5% | 91.5% | 91.5% |
| 120 | 92.7% | 92.7% | 92.7% | 92.7% |
| 132 | 93.5% | 93.5% | 93.5% | 93.5% |
| 144 | 94.2% | 94.2% | 94.2% | 94.2% |
| 156 | 95.0% | 95.0% | 95.0% | 95.0% |
| 168 | 95.7% | 95.7% | 95.7% | 95.7% |
| 180 | 96.9% | 96.9% | 96.9% | 96.8% |
| 192 | 97.4% | 97.4% | 97.4% | 97.4% |
| 204 | 98.2% | 98.2% | 98.2% | 98.2% |
| 216 | 98.9% | 98.9% | 98.9% | 98.9% |
| 228 | 99.3% | 99.3% | 99.3% | 99.3% |
| 240 | 99.4% | 99.4% | 99.4% | 99.4% |
| 252 | 100.0% | 100.0% | 100.0% | 100.0% |

Adoptions

84. We were provided with information about the number of adoptions of registered First Nations children in Canada. We assumed that all children who were adopted were first in either temporary or permanent care and were included in the data that was provided about children in care. Therefore, we have not estimated the number of adoptions, as all those children are already included in the estimates.

Summary

85. This technique of following children through their years of care should not be taken as suggesting greater accuracy than another method. We utilised this method to reflect the year-by-year fluctuations of children in care and how that could impact on actual duration of care. In the absence of additional information about average years of care, we believe that this method gives better results than simply making an assumption about the average years of care of all children during the period 1991 to 2018.

86. The use of these models explicitly recognises that the number of children in care fluctuated – in some years greatly – and that fluctuation has an impact on the determination of the number of unique children.

Survivorship to 2019

87. To estimate survivorship to 2019, we utilised Canadian population mortality tables from 1971 through to 2016 (the most recent such table available from Statistics Canada). These were combined into a series of cohort tables based on year of birth.
88. The Canadian population mortality was adjusted to reflect differences in mortality between all Canadians and First Nation Canadians. Mortality rates were projected from 2016 to 2019 using a standard projection to recognise ongoing improvements in mortality. The process is described in Appendix 5.
89. The result is a series of mortality rates that reflect the changes in First Nation peoples' mortality year by year during the period 1971 to 2019. By combining these mortality rates, we developed a table of survivorship percentages which gives the percent of children who were born in years from 1971 to 2018 and who are expected to have survived to 2019.

Table 89 - Survival Rates to 2019

| Year of Birth | Year of Entering Care | | | | | |
|---------------|-----------------------|-------|-------|-------|-------|--------|
| | 1991 | 1996 | 2001 | 2006 | 2011 | 2016 |
| 1976 | 93.8% | | | | | |
| 1981 | 95.4% | 95.7% | | | | |
| 1986 | 96.6% | 96.8% | 97.0% | | | |
| 1991 | 96.6% | 97.8% | 97.9% | 98.1% | | |
| 1996 | | 97.7% | 98.7% | 98.8% | 99.0% | |
| 2001 | | | 98.5% | 99.4% | 99.5% | 99.7% |
| 2006 | | | | 98.9% | 99.8% | 99.9% |
| 2011 | | | | | 99.1% | 100.0% |
| 2016 | | | | | | 99.2% |

90. The survivor percentages were applied to each group of children entering care based on the year of entry and assuming that they were on average aged 5 when entering care.

F. Changes from January 2020 Preliminary Report

91. In our preliminary report dated 11 January 2020, we had estimated a class size of about 136,000 children. In this report, our estimate is approximately 30,000 fewer children.
92. We had also noted that our estimates for children entering care from 2015 to 2019 were approximately 2,000 higher than the estimate obtained from an analysis of the Canada Data.
93. In the investigation of this, we found an error in the model that resulted in more children leaving care than was correct based on the assumptions. That resulted in more children entering care under the model.
94. We had also raised issues about the data and some anomalies we noted – most of which remain outstanding with this report. We examined the data further and found about 250 children where errors in the data had resulted in a child being treated as two or in a few situations, three different children.
95. In correcting those errors, the average duration in care was increased, reducing the number of children leaving care in each year and reducing the number of children assumed to enter care. Because of the multiplicative effect of taking about twelve years of data from Ontario and using it to apply to 28 years for all of Canada, this resulted in a large portion of the 30,000 decrease in our estimate.

G. Class Size Estimates

96. Based on the data from 1991 to 2019 regarding adoption and foster care of First Nation Canadians who normally reside on reserve, the number of unique children was estimated using the Duration Model.
97. These estimates are for children who first entered care on or after 1 April 1991. Any child who entered care for the first time prior to 1 April 1991 was excluded from these estimates.
98. Based on the results of our modelling, we estimate that the number of registered Indian children ordinarily resident on reserve³ who were taken into care from 1 April 1991 to 31 March 2019 is between 90,000 and 120,000.
99. In our opinion, it is likely that the number of such children is between 100,000 and 110,000.
100. These estimates are based on the results produced by the Duration Model. As we change the assumptions, the results change. We noted that the results usually lay between 100,000 and 110,000 under various assumptions.
101. Using the assumptions that we have detailed within this report, the Duration Model estimated a total of 106,200 registered Indian children normally resident on reserve entered care from 1 April 1991 to 31 March 2019.
102. The Duration Model made no distinction between children by the status of care. The following table shows our estimate of registered Indian children normally living on reserve who entered care between 1 April 1991 and 31 March 2019, broken down by the length of time in care. We estimate 106,200 children were in care of whom 43,600 exited care with between 0 and 6-months total time in care and the balance of 62,600 were in care for at least 6 months. Of those, 15,400 exited care with between 6 and 12-months total time in care and the balance of 47,200 were in care for at least 12 months.

³ Registered Indian children include all First Nation children with status under the Indian Act as well as children with at least one parent who has status under the Indian Act and who normally lives on reserve.

Table 102 – Children in Care – 1 April 1991 to 31 March 2019

| Number of Months | Number in Care at Least x Months | Survived to 2019 | Deceased by 2019 | Number Leaving in Period | Survived to 2019 for Leaving |
|-------------------------|---|-------------------------|-------------------------|---------------------------------|-------------------------------------|
| 0 months | 106,200 | 105,100 | 1,100 | 43,600 | 43,200 |
| 6 months | 62,600 | 61,900 | 700 | 15,400 | 15,200 |
| 12 months | 47,200 | 46,700 | 500 | 10,600 | 10,500 |
| 18 months | 36,600 | 36,200 | 400 | 6,100 | 6,000 |
| 24 months | 30,500 | 30,200 | 300 | 4,400 | 4,400 |
| 30 months | 26,100 | 25,800 | 300 | 3,500 | 3,400 |
| 36 months | 22,600 | 22,400 | 200 | 3,000 | 2,900 |
| 42 months | 19,600 | 19,500 | 100 | 2,300 | 2,300 |
| 48 months | 17,300 | 17,200 | 100 | 1,700 | 1,700 |
| 54 months | 15,600 | 15,500 | 100 | 1,400 | 1,400 |
| 60 months | 14,200 | 14,100 | 100 | 2,400 | 2,400 |
| 72 months | 11,800 | 11,700 | 100 | - | - |

103. We were requested to split the above table between those who entered care from 1 April 1991 to 23 February 2006 and those entering care from 24 February 2006 to 31 March 2019.

Table 103a – Children in Care – 1 April 1991 to 23 February 2006

| Number of Months | Number in Care at Least x Months | Survived to 2019 | Deceased by 2019 | Number Leaving in Period | Survived to 2019 for Leaving |
|-------------------------|---|-------------------------|-------------------------|---------------------------------|-------------------------------------|
| 0 months | 56,600 | 55,600 | 1,000 | 23,800 | 23,400 |
| 6 months | 32,800 | 32,200 | 600 | 8,400 | 8,300 |
| 12 months | 24,400 | 23,900 | 500 | 5,100 | 4,900 |
| 18 months | 19,300 | 19,000 | 300 | 3,600 | 3,500 |
| 24 months | 15,700 | 15,500 | 200 | 1,500 | 1,500 |
| 30 months | 14,200 | 14,000 | 200 | 1,800 | 1,800 |
| 36 months | 12,400 | 12,200 | 200 | 1,000 | 900 |
| 42 months | 11,400 | 11,300 | 100 | 1,400 | 1,400 |
| 48 months | 10,000 | 9,900 | 100 | 600 | 600 |
| 54 months | 9,400 | 9,300 | 100 | 1,000 | 1,000 |
| 60 months | 8,400 | 8,300 | 100 | 1,100 | 1,100 |
| 72 months | 7,300 | 7,200 | 100 | - | - |

Table 103b – Children in Care – 24 February 2006 to 31 March 2019

| Number of Months | Number in Care at Least x Months | Survived to 2019 | Deceased by 2019 | Number Leaving in Period | Survived to 2019 for Leaving |
|-------------------------|---|-------------------------|-------------------------|---------------------------------|-------------------------------------|
| 0 months | 49,600 | 49,500 | 100 | 19,800 | 19,800 |
| 6 months | 29,800 | 29,700 | 100 | 7,000 | 6,900 |
| 12 months | 22,800 | 22,800 | - | 5,500 | 5,600 |
| 18 months | 17,300 | 17,200 | 100 | 2,500 | 2,500 |
| 24 months | 14,800 | 14,700 | 100 | 2,900 | 2,900 |
| 30 months | 11,900 | 11,800 | 100 | 1,700 | 1,600 |
| 36 months | 10,200 | 10,200 | - | 2,000 | 2,000 |
| 42 months | 8,200 | 8,200 | - | 900 | 900 |
| 48 months | 7,300 | 7,300 | - | 1,100 | 1,100 |
| 54 months | 6,200 | 6,200 | - | 400 | 400 |
| 60 months | 5,800 | 5,800 | - | 1,300 | 1,300 |
| 72 months | 4,500 | 4,500 | - | - | - |

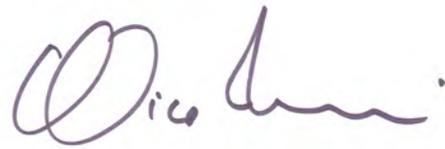
H. Certification

104. We hereby certify that:

- a. in our opinion, subject to the comments made in this report, the data used is sufficient and reliable for the purposes of the report;
- b. in our opinion, the methods employed are appropriate for the purposes of this report;
- c. in our opinion, the assumptions used are, in aggregate, appropriate for the purposes of the work; and
- d. there are no subsequent events other than those discussed in this report that we are aware of that would have an impact on the results presented herein.



Peter Gorham, F.C.I.A., F.S.A.
President and Actuary
JDM Actuarial Expert Services Inc.



Nico Trocmé, MSW, PhD, TS, FRSC
Director, School of Social Work
Philip Fisher Chair in Social Work
McGill University



Marie Saint-Girons, MSW
Research Assistant, Centre for Research
on Children and Families
McGill University, School of Social Work

18 January 2021

Appendix 1 Curriculum Vitae of Peter Gorham, F.S.A, F.C.I.A.

Position & Responsibilities Peter is the President and Actuary of JDM Actuarial Expert Services Inc. (JDM Actuarial). He provides pension and actuarial consulting advice, expert testimony, retirement planning and governance services.

Areas of Specialization Peter has provided expert advice and testimony to the legal profession since 1987. His experience includes determining:

- certification of criminal rates of interest,
- lost benefits for wrongful dismissal,
- the present value of future income and future care costs,
- valuation of life estates,
- present value of future trust plan benefits and present value of past funds under various possible investment scenarios,
- present value of future contingent events.

In the past, Peter has also provided expert evidence for:

- family law pension valuations.

He has provided expert testimony to the Supreme Court of British Columbia, Court of Queen's Bench of Alberta, Court of Queen's Bench of Manitoba, the Ontario Superior Court of Justice, La Cour Supérieure du Québec, the Ontario Unified Family Court, the High Court of Justice of Trinidad and Tobago, the Supreme Court of Bermuda, Ontario Employment Standards Tribunal, Ontario Workplace Safety and Insurance Tribunal, Canada Human Rights Tribunal and the Canadian Institute of Actuaries Disciplinary Tribunal.

Within the pension and actuarial consulting practice, Peter's main areas of expertise include the design, financing, administration and governance of pension and benefit plans. His strengths lie in providing innovative and workable solutions that address a client's needs. He is effective in communicating actuarial concepts in simple and understandable terms.

Peter is an experienced public speaker and an author of numerous articles related to pensions and benefits.

Background Peter is an actuary, receiving his fellowship in 1980. He attended the University of Toronto, graduating with a B.Sc. in Actuarial and Computer Sciences. Prior to founding JDM Actuarial in 2011, Peter spent 13 years as a partner at Morneau Shepell, and prior to that, 20 years with Aon Consulting, (formerly MLH + A inc), serving clients in the area of pension and employee benefits.

Professional & Other Affiliations Fellow of the Canadian Institute of Actuaries
Fellow of the Society of Actuaries
Faculty, Humber College PPAC program
Past-President, Rotary Club of Whitby Sunrise

Appendix 2 Curriculum Vitae of Professor Nico Trocmé, M.S.W., Ph.D., R.S.W., F.R.S.C.

| | |
|--|---|
| Academic & Professional Positions | <p>Director, School of Social Work, McGill University (2014-present) Full Professor, School of Social Work, McGill University (2005-present) Full Professor, Faculty of Social Work, University of Toronto (2004-2005) Associate Professor, Faculty of Social Work, University of Toronto (1998-2004) Assistant Professor, Faculty of Social Work, University of Toronto (1993-1998) Research Fellow, Institute for the Prevention of Child Abuse (1992-1993) Teaching Assistant & Lecturer, Faculty of Social Work, University of Toronto (1988-1992) Social Worker, Sacred Heart Child and Family Services Outpatient Family Therapy (1987-1988) Social Worker, Children’s Aid Society of Metropolitan Toronto (1984-1987)</p> |
| University Education | <p>Ph.D., University of Toronto, Faculty of Social Work, 1992 Master of Social Work, University of Toronto, Faculty of Social Work, 1983 Honours Bachelor of Arts, University of Toronto, Trinity College, 1981</p> |
| Research Expertise | <p>Professor Trocmé is one of Canada’s leading experts on child welfare systems and policies. He is the principal investigator for the Canadian Incidence Study (CIS) of Reported Child Abuse and Neglect (1993, 1998, 2003 & 2008), the lead researcher for a Federal-Provincial-Territorial initiative to develop a common set of National Outcomes Measures in child welfare, directs the Canadian Child Welfare Research Portal (cwrp.ca), and is conducting a research capacity development and knowledge mobilization initiative involving child welfare and First Nations service provider agencies in Quebec.</p> <p>Professor Trocmé is the author of over 200 scientific publications, has been awarded 25 million dollars in funding through grants, contracts and gifts, and has mentored a new generation of Canadian child welfare scholars.</p> <p>Professor Trocmé has acted as a child welfare policy and program consultant to several provincial governments and First Nations organizations and has presented expert evidence at various inquests and tribunals.</p> |
| Professional & Other Affiliations | <p>Fellow of Royal Society of Canada Registered Social Worker, Ordre des travailleurs sociaux et the thérapeutes conjugaux et familiaux du Québec International Society for the Prevention of Child Abuse and Neglect (ISPCAN)</p> |

Appendix 3 Curriculum Vitae of Marie Saint-Girons, M.S.W.

| | |
|---|--|
| <i>Position & Responsibilities</i> | Marie is a researcher at the Centre for Research on Children and Families at McGill University's School of Social Work. She currently supports the coordination of the 2019 cycle of the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS-2019), which documents the overrepresentation of First Nations children in the child welfare system. |
| <i>University Education</i> | Master of Social Work, McGill University, Faculty of Social Work, Montreal, 2018 Honours Bachelor of Science in Psychology, University College London, London, UK, 2013 |
| <i>Areas of specialization</i> | <p>Marie has contributed to a number of studies and reports aimed at describing First Nations child welfare in Canada. She has, amongst other things, acted as a liaison between researchers and First Nations representatives in each province, communicated with over a hundred First Nations child welfare agencies across Canada, provided on-site trainings to Indigenous child welfare workers, produced briefs explaining the legislative and funding policies shaping First Nations child welfare by jurisdiction, and collected data to track the number of First Nations children in the child welfare system throughout the country. She has also helped produce a taxonomy of compensation categories for First Nations families following the 2019 CHRT 39 ruling.</p> <p>Her other areas of specialization include the field of cross-cultural psychiatry and complex trauma. Marie has provided mental health services to immigrant and refugee families in agencies across Montreal.</p> |

Appendix 4 Documents Utilised

1. The following documents and data were provided to us for use in preparing this report. A number of the data files containing information about individual children also contained personal identification information – name, date of birth and registration number. That information was necessary for data verification work and for establishing a link between the various files of information – so that we could follow each child from date of first entry to care up to the most recent exit from care. Once data verification had been completed by Gorham, the personal identification information (name and registration numbers) were replaced by a unique ID number that was randomly generated, so that the data files no longer contained information that could identify an individual. It was that anonymised file that was shared with Trocmé and Saint-Girons for purposes of the work in preparing this report.
 - a. Statement of Claim in the matter of Xavier Moushoom and the Attorney General of Canada, filed 4 March 2019;
 - b. An excel file called “Historic CIC Counts.xls” containing data regarding the number of First Nations children in care from 1981-82 to 2008-09;
 - c. An excel file called “Modern CIC Counts.xls” containing data regarding the number of First Nations children in care from 2007-08 to 2014-15;
 - d. An excel file called “NCR-#9607185-v5-FOSTER_CARE_(CHILDREN_IN_CARE)_COUNTS_2017-07-12.xls” containing data regarding the number of First Nations children in care from 1957-58 to 2014-15;
 - e. An excel file called “1. FNCFS Children in Care 2007-2008 to 2016-2017.xls” containing data regarding the number of First Nations children in care from 2007-08 to 2016-17;
 - f. An excel file called “2. Detailed data 2013-2014 to 2016-2017.xls” containing data regarding the number of First Nations children in care from 2013-14 to 2016-17 together with information about their status;
 - g. An excel file called “3. Detailed trend analysis 2006-2007 to 2012-2013.xls” containing data regarding the cost and number of days of care for First Nations children in care from 2007-08 to 2012-13;
 - h. An excel file called “FNCFS distinct days by child 2013-2018 - PROD - 54152764.xls” containing data for each child within the IMS Database maintained by ISC setting out the date of the first and most recent expense submitted between 1 April 2013 and 31 March 2018;

- i. A series of excel files, one for each fiscal year 2000-01, 2002-03, 2004-05 through to 2012-13 (files for 2001-02 and 2003-04 were not included) containing information on each First Nations child that was in care in Ontario during those years, including dates of entry and exit from care and number of days in each fiscal year in care.
 - j. An excel file called “BC - CFS Child Application Historic 2011-present (Moushoom Litigation).xlsx” containing information on each First Nations child that was in care in British Columbia on or after 1 April 2011 and up to 30 September 2019, including the most recent date of entry to care if entered care prior to 2011, dates of entry and exit from care between 1 April 2011 and 30 September 2019 and the most recent status of children in care; and
 - k. An excel file called “Adoption Breakdown -1958 to 1990.xlsx” containing information on the number of First Nations children that were adopted between 1958 and 1990.
2. The following documents and data were obtained by us and were utilised in the preparation of this report:
- a. “Provincial and Territorial Child Protection Legislation and Policy 2018, public Health Agency of Canada, March 2019.
 - b. “Moving In and Out of Foster Care” by David Rosenbluth, March 1995. In J. H. a. B. Galaway (Ed.), *Child Welfare in Canada: Research and Policy Implications* (pp. 233–244) Toronto: Thompson Educational Publishing, Inc.
 - c. “Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report”, authored by Nico Trocmé, Bruce MacLaurin, Barbara Fallon, Joanne Daciuk, Diane Billingsley, Marc Tourigny, Micheline Mayer, John Wright, Ken Barter, Gale Burford, Joe Hornick, Richard Sullivan and Brad McKenzie, Minister of Public Works and Government Services Canada, 2001;
 - d. “Canadian Incidence Study of Reported Child Abuse and Neglect - 2003: Major Findings”, by Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Joanne Daciuk, Caroline Felstiner, Tara Black, Lil Tonmyr, Cindy Blackstock, Ken Barter, Daniel Turcotte and Richard Cloutier, Minister of Public Works and Government Services Canada, 2001;
 - e. “Canadian Incidence Study of Reported Child Abuse and Neglect - 2008: Major Findings”, authored by Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Vandna Sinha, Tara Black, Elizabeth Fast, Caroline Felstiner, Sonia Hélie, Daniel Turcotte, Pamela Weightman, Janet Douglas and Jill Holroyd, Minister of Public Works and Government Services Canada, 2010;
 - f. There are other documents that will be added in the Final Report.

Appendix 5 **Development of the Survivorship Table**

Period and Cohort Mortality

1. The most readily available mortality tables that span the years of this action are the Canada Life Tables, a series of mortality statistics produced by Statistics Canada from census data. There are tables available from 1901 to 2017 produced every 5 or 10 years (with a few recently produced annually). These tables provide information about mortality of an average Canadian.
2. Over the past century, mortality of Canadians has improved. That has been evident by the increase in life expectancy at birth from about 61 years⁴ in 1931 to about 82 years⁵ in 2016.
3. The Canada Life Tables are period tables – they provide information about mortality rates for a specific year. But individuals experience mortality from different years as they progress through life.
4. A person born in 1991 does not experience 1991 mortality as they age. That person born in 1991 is aged 20 in 2011 and benefits from all the factors that have improved mortality over the prior 20 years. To measure the mortality for a 20-year old in 2011, we should utilise the 2011 rates, not the rates that were measured in 1991 at birth.
5. Cohort mortality tables provide rates that recognise the changes in mortality as one ages. By combining the various period mortality tables produced by Statistics Canada, we can produce a series of cohort tables – one table for each year of birth.
6. Unless we make projections about future changes in mortality, a cohort table can only provide information about the rates up to the current year. While there are several tables available that project future improvements to mortality, they are not required for this matter (other than to project mortality from 2017 to 2020) and I have created cohort mortality tables with rates up to 2020 only.
7. Using the available Canada Life Tables, I constructed a series of period tables for each year from 1971 to 2020. The changes in mortality for the years between each of the Canada Life tables was calculated by me using geometric differences. To estimate mortality improvements since 2017, I utilised the Canadian Pensioner Mortality Projection Rates B for 2017 to 2020. That projection table is based on mortality improvements under the Canada Pension Plan for contributors and pensioners.

⁴ In 1931, life expectancy at birth was about 62 for males and about 60 for females.

⁵ In 2016, life expectancy at birth was about 79.9 for males and about 84.0 for females.

8. Based on the year by year period tables, I combine them to create a series of cohort tables for each birth year 1971 to 2020.

Canada and Indigenous Mortality

9. A number of studies have shown that mortality of Indigenous people differs from that of the average Canadian.
10. I found four articles comparing population mortality for Indigenous Canadians and all Canadians.
 - a. “Abridged Life Tables for Registered Indians in Canada 1976-2000” by Ravi B. P. Verma, Margaret Michalowski (Statistics Canada) and R. Pierre Gauvin (Department of Indian and Northern Development) (the “**Verma Study**”). This study looked at life expectancy for Canadians who identify as Registered Indian and compared that to Canadian life expectancy for all Canadians for the period 1976 to 2000.
 - b. “L’accroissement démographique des groupes autochtones du Canada au XXe siècle” by Norbert Robitaille and Robert Choinière (the “**Robitaille Study**”). This study compared life expectancy and mortality rates for Registered Indian, Inuit and all Canadians over the period 1941 to 1981 (although life expectancy for Registered Indians was only presented for 1961 to 1981).
 - c. “First People Lost: Determining the State of Status First Nations Mortality in Canada Using Administrative Data” by Randall Akee and Donna Feir (“**First People Lost**”), published in February 2018. This report provides ratios of First Nation mortality to all-Canadian mortality by five-year age groups.
 - d. “A Statistical Profile on the Health of First Nations in Canada: vital statistics for Atlantic and Western Canada, 2003-2007” by Health Canada, published in 2014 (the “**Health Canada Report**”). This report provides ratios of First Nation mortality for Western Canada only to all-Canadian mortality by five-year age groups.
11. The first two studies provide the results in terms of life expectancy at birth. When constructing a table of survivorship, we need to determine the underlying mortality rates⁶ rather than directly using life expectancy. A reasonable approximation to the underlying mortality rates can be obtained by applying a multiplier to the rates from another table of mortality⁷.

⁶ Both life expectancy and survivorship are calculated from the individual age-based mortality rates.

⁷ Applying a multiplier to another mortality table fails to recognise differences in relative mortality by age. However, in my experience the error is usually minor in relation to the added precision gained by having a table that gives a

12. The First People Lost and the Health Canada report provide ratios of First Nation mortality rates to the Canadian mortality rates. These ratios can be directly used to determine rates that apply to First Nations Canadians.
13. The Verma Study calculates Registered Indian life expectancy for 1995 to 2000 of 68.2 years for males and 74.5 years for females. The life expectancy for all Canadians for those years is 76.1 years for males and 81.6 years for females.
14. The Robitaille Study calculates life expectancy for Registered Indians every five years from 1961 to 1981. It also presents life expectancy for Inuit and all Canadians for those years and some prior years.

Table 14 – Life Expectancy of Registered Indians, Inuit and All Canadians 1940 to 1981

| Registered Indian | | Inuit | | All Canadians | |
|-------------------|-----------------|---------|-----------------|---------------|-----------------|
| Period | Life Expectancy | Period | Life Expectancy | Period | Life Expectancy |
| | | | | 1940-42 | 65 |
| | | 1941-51 | 30 | 1950-52 | 69 |
| | | | | 1955-57 | 70 |
| 1961-62 | 62 | 1951-61 | 38 | 1960-62 | 71 |
| 1965-68 | 63 | | | 1965-67 | 72 |
| 1971 | 63 | 1961-71 | 55 | 1970-72 | 73 |
| 1976 | 63 | | | 1975-77 | 74 |
| 1981 | 66 | 1971-81 | 65 | 1980-82 | 75 |

15. I have determined that by applying varying mortality multiples to the Canadian Life Tables I can obtain a life expectancy at birth that is similar to the life expectancies for Registered Indians as reported in the Verma and Robitaille Studies.

similar life expectancy to reality. For example, if there is a significant spike in mortality among the population we are looking to model at, say, ages 15 to 30, applying a multiplier to Canadian population rates will recognise those deaths, but they will be spread out over a lifetime rather than between ages 15 and 30.

Table 15 – Life Expectancy⁸ and Mortality Multiples for Registered Indians

| Year | Canadian Life Expectancy | Registered Indian Life Expectancy | Difference in Life Expectancy | Mortality Multiple |
|-----------|--------------------------|-----------------------------------|-------------------------------|--------------------|
| 1961 | 71 | 62 | 9 | 190% |
| 1966 | 72 | 63 | 9 | 190% |
| 1971 | 73 | 63 | 10 | 200% |
| 1976 | 74 | 63 | 11 | 220% |
| 1981 | 75 | 66 | 9 | 205% |
| 1996-2000 | 79 | 71 | 8 | 195% |

16. From 1961 to 2000, Canadian Registered Indians experienced mortality that was about double the mortality of the average Canadian. In my opinion, the fluctuation between 190% and 220% is not significant and could be explained by either data issues or by improvements in mortality being experienced by Registered Indians and all Canadians at different times during that period.
17. Based on the results of the above analysis, I have assumed that from 1961 to 2000, Registered Indians experienced mortality that on average was 200% of the mortality for all Canadians as measured by Statistics Canada.
18. The First People Lost report and the Health Canada report both show ratios that vary by age rather than a single ratio for all ages.
19. The ratios presented in the First People Lost report are smaller than those in the Health Canada report. Smaller ratios will produce a longer life expectancy and fewer expected deaths. Both reports are based on status Indians. The Health Canada Report studied mortality from 2003 to 2007 in the Western provinces only and the First People Lost from 1974 to 2013 (however, the mortality ratios presented in the First People Lost report are for 2010 to 2013 only). The First People Lost report also shows mortality separately for those living on and off reserve.
20. I have compared the results of the various methods of adjusting the Canada Life Tables to reflect First Nation Canadian mortality. Because we are dealing with young people, it is better to utilise the age-based ratios than a single 200% multiplier (which has the effect of redistributing deaths from younger ages to older ages).

⁸ The life expectancy shown is an average for males and females.

21. For this report, I have assumed the ratios from the Health Canada report are most appropriate for estimating the survivors.

The Survivorship Table

22. I applied the mortality ratios to the cohort mortality for the Canadian population to estimate mortality rates for First Nation Canadians. From those mortality rates, I calculated the probability of survival for those entering care during the class period. Sample survival rates to 2019 are shown in Table 22.

Table 22 - Survival Rates to 2019

| Year of Birth | Year Entered Care | | | | | |
|---------------|-------------------|-------|-------|-------|-------|--------|
| | 1991 | 1996 | 2001 | 2006 | 2011 | 2016 |
| 1976 | 93.8% | | | | | |
| 1981 | 95.4% | 95.7% | | | | |
| 1986 | 96.6% | 96.8% | 97.0% | | | |
| 1991 | 96.6% | 97.8% | 97.9% | 98.1% | | |
| 1996 | | 97.7% | 98.7% | 98.8% | 99.0% | |
| 2001 | | | 98.5% | 99.4% | 99.5% | 99.7% |
| 2006 | | | | 98.9% | 99.8% | 99.9% |
| 2011 | | | | | 99.1% | 100.0% |
| 2016 | | | | | | 99.2% |

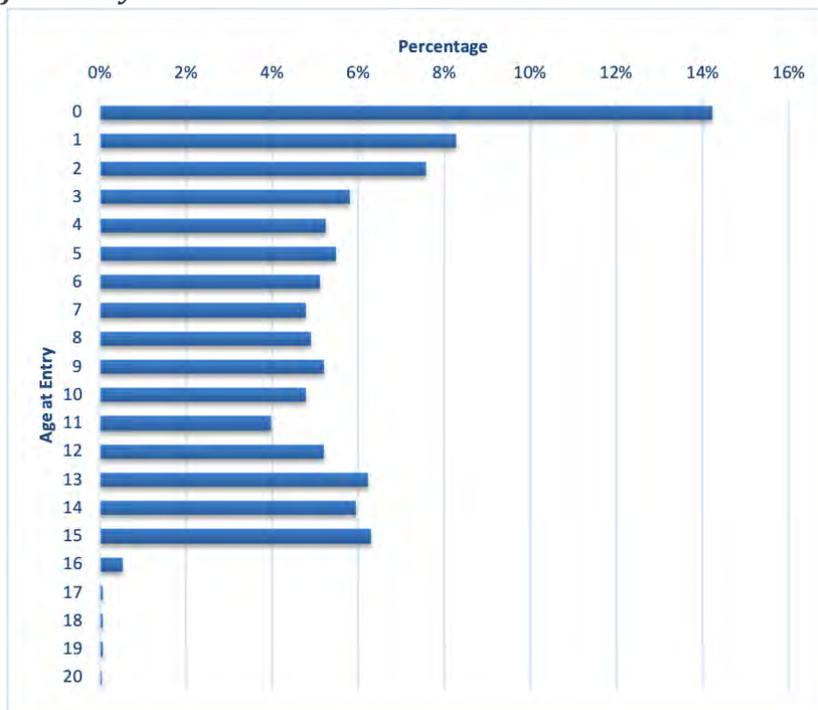
Appendix 6 Supplementary Analyses

We were asked to provide supplementary analyses regarding the following parameters: age at entry, age at exit, time in care and time in care by age at entry and exit. The analyses included below all concern children who entered care in fiscal years 2000, 2002, and 2004 as those were the cohorts for which we were able to obtain the most complete data. The children represented in this sample all come from Ontario.

Age at first entry

1. Figure 1 below shows children's age at the beginning of their first entry into care. According to the results, 14.2% of children had their first episode in care before they turned 1 year old in the 2000-2004 entry cohort. The number progressively decreases until age 11, with only 4% of the cohort entering for the first time at that age. The percentage of children entering care for the first time increases again during adolescence, reaching 6.3% at 15 years of age – before dropping abruptly after 15. This drop-off point is related to the maximum age of protection in Ontario, which was 16 years-old until 2017.

Figure 1 - Percentage of children in care from entry years 2000, 2002, and 2004 by age at first entry into care



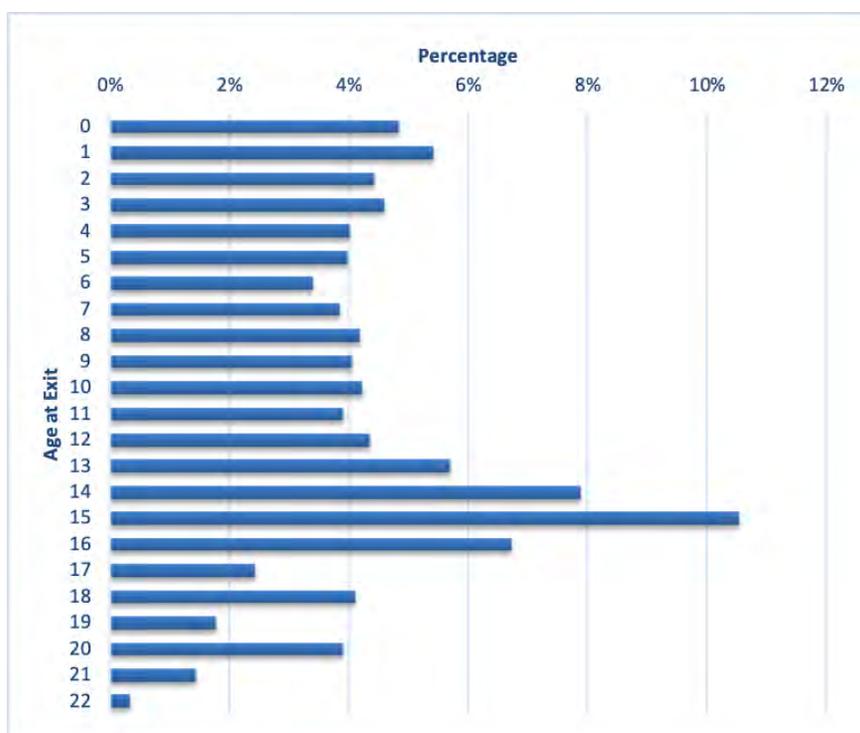
2. For the 2000-2004 entry cohorts, the average age at first entry was 6 years and a half, with a standard deviation of 5.1. 50% of children first entered care at 6 years or younger. The average and median age at first entry was similar for entry years of interest for which we had

incomplete data – that is, children who entered care in fiscal years 2005, 2006, 2007, 2008, 2009, 2010, 2014, 2015, 2016.

Age at last exit

- Figure 3 below shows children’s age at the end of their last period of time in care⁹. The chart shows that 5.4% of children left care at 1 years old in the 2000-2004 entry cohort. By age 15, as many as 10.5% of the children left care.

Figure 3 - Percentage of children in entry years 2000, 2002, and 2004 by age at last exit from care



- The average age at last exit for the 2000-2004 entry cohort of interest was 10 and a half years, with a standard deviation of 6 years. 50% of the children in this cohort exited care at 11 years or younger. Average age at last exit could not be calculated for the other entry cohorts of interest because we did not have information on their full trajectory in care.

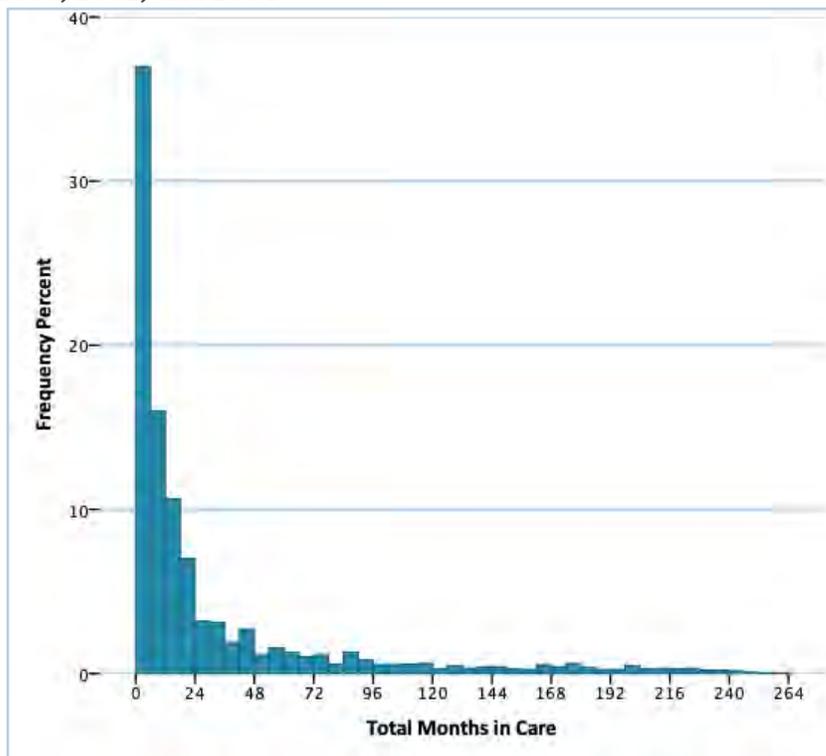
Time in care

- Figure 5 below presents the distribution of total time in care in months for children in the 2000-2004 entry cohort. Total time in care was measured by calculating the sum of each

⁹ Given that age at last exit is calculated by using exit dates, the analyses on age at exit might be impacted by issues with the dataset underlined in paragraph 68.

period of care for each child. Figure 5 shows that 37% stayed in care for 6 months or less. This number decreases significantly with every 6-month increment of time in care.

Figure 5 - Histogram of total months in care for children who entered care in fiscal years 2000, 2002, and 2004



6. According to Table 6, the average length of time in care for entry years 2000, 2002, and 2004 was 30.27 months. However, the distribution is highly skewed, as illustrated in the histogram above, with 25% of children spending less than 2 months in care, 50% of children spending less than 10 months in care, and 75% of children spending less than 32 months in care.

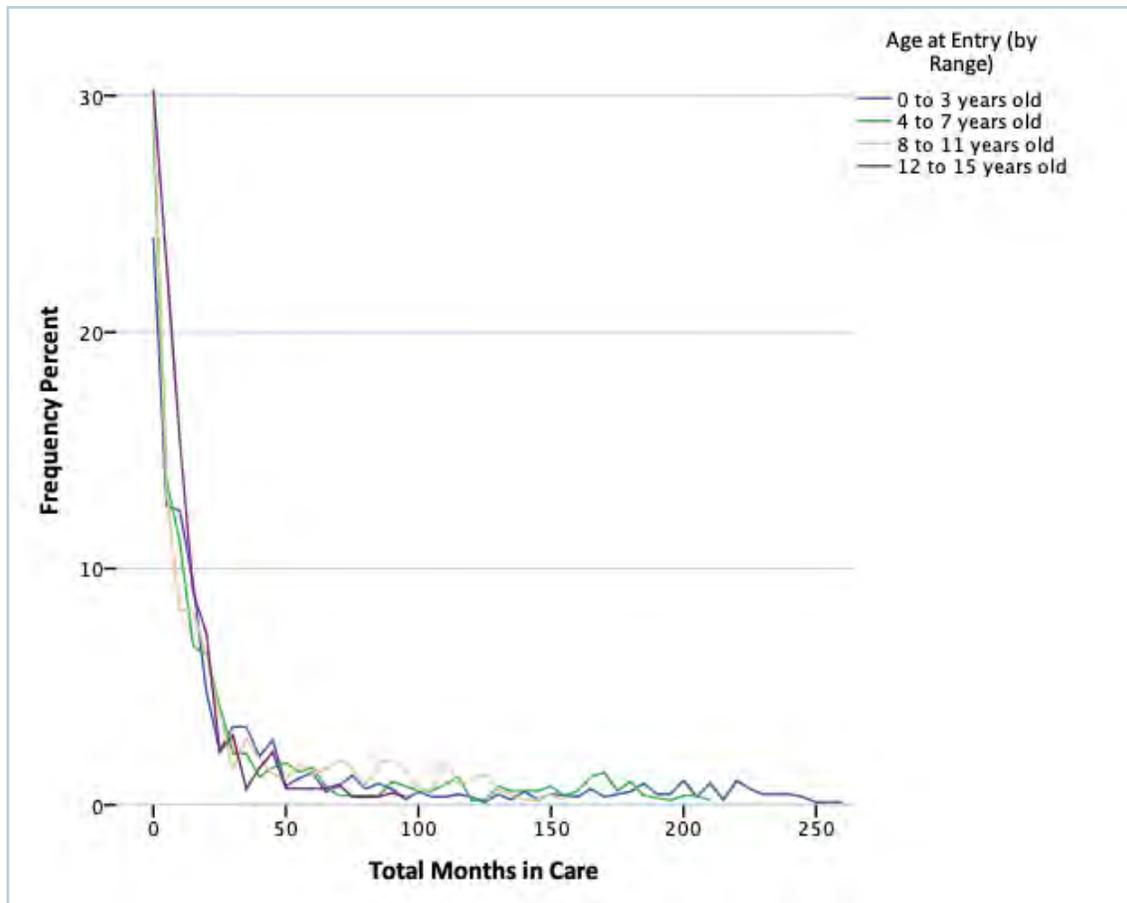
Table 6 - Descriptive Statistics - Total Months in Care for Entry Years 2000, 2002, and 2004

| Number of Children | Mean | Median | Standard Deviation | Lower quartile (25%) | Higher quartile (75%) |
|--------------------|-------|--------|--------------------|----------------------|-----------------------|
| 2,439 | 30.27 | 10.00 | 49.3 | 2.00 | 32.00 |

Time in care by age at first entry

- Figure 7 below represents the distribution of total time in care in months by age at first entry. The figure shows that the total time in care distribution is very similar for children entering care at different ages. This skewed pattern resembles the one shown in Figure 5.

Figure 7 - Time in care by age at first entry for children who entered care in fiscal years 2000, 2002, and 2004

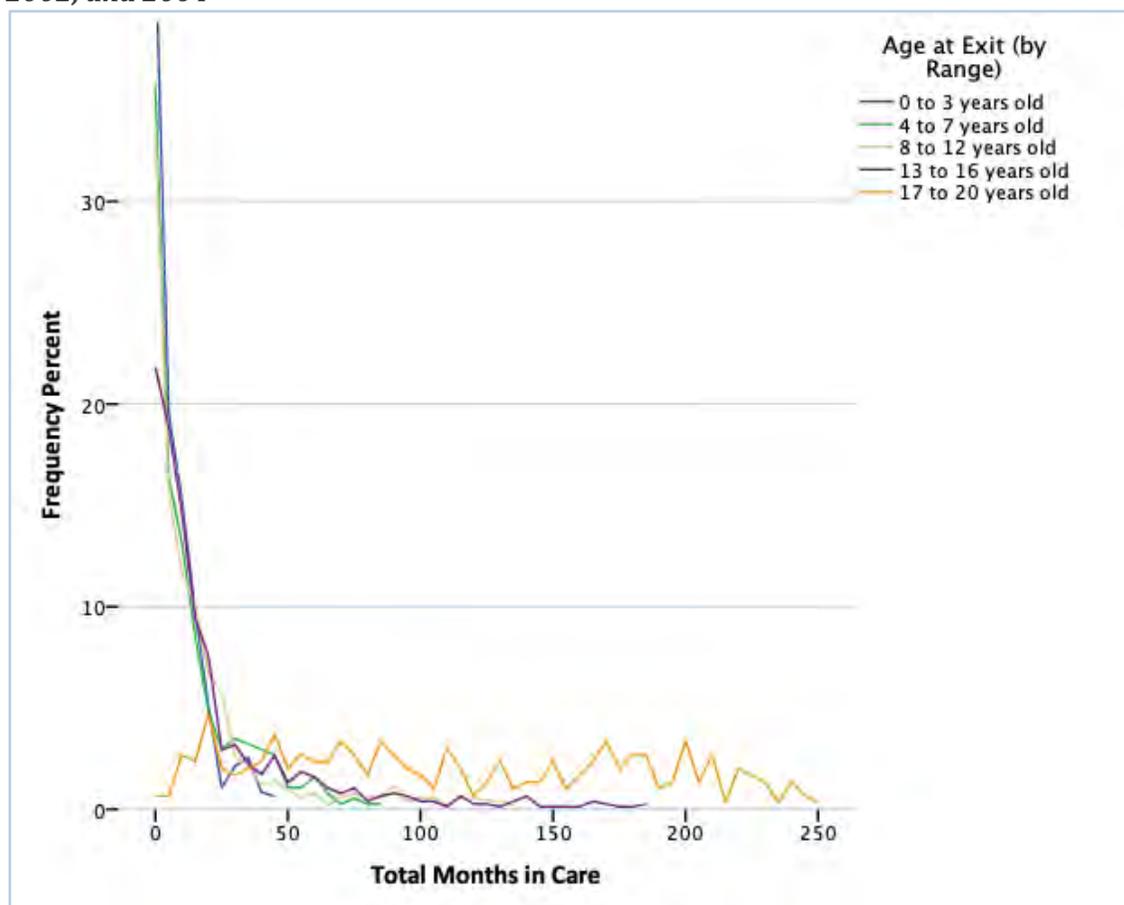


- While the pattern of time in care remains similar across age groups, average time in care decreases progressively for children who enter care for the first time at a later age (from 41.5 months for children who entered care between 0 to 3 years to 12.7 months for children who entered care between 12 to 15 years). The shorter lengths in care for older children is to be expected since it takes less time for children entering at an older age to reach the age of discharge from care.

Time in care by age at last exit

9. Figure 9 below represents the distribution of total time in care in months by age at last exit. The figure shows that the total time in care distribution is also similar for children exiting care at different ages, with an exception for children who exit care between ages 17 to 20 years old. These children do not show the same skew for smaller values of time in care. This is likely due to the fact that, at the time, Ontario's child protection investigation mandate was limited to children aged 16 and younger. As such, children who exited care between 17 and 20 years would all have spent more than a year in care before they exited care.

Figure 9 - Time in care by age at last exit for children who entered care in fiscal years 2000, 2002, and 2004



10. While the pattern of time in care remains similar across age groups (with the exception of 17- to 20-year-olds), average time in care increases progressively when children exit care for the last time at a later age (from 7.5 months for children who exited care between 0 to 3 years to 112.6 months for children who exited care between 17 and 20 years).

Appendix 7 Certificate Concerning Code of Conduct – Peter Gorham

COURT FILE NO. T-402-19

FEDERAL COURT

BETWEEN:

Xavier Moushoom

Plaintiff

and

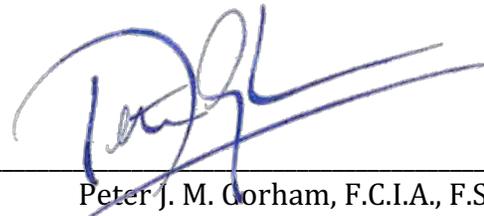
The Attorney General of Canada

Defendant

Certificate Concerning Code of Conduct for Expert Witnesses

I, Peter Gorham, having been named as an expert witness by the defendant, the Attorney General of Canada, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it.

January 18th 2021
Date



Peter J. M. Gorham, F.C.I.A., F.S.A.
JDM Actuarial Expert Services Inc.
313 Powell Rd, Whitby, ON L1N 2H5

Appendix 8 Certificate Concerning Code of Conduct – Nico Trocmé

COURT FILE NO. T-402-19

FEDERAL COURT

BETWEEN:

Xavier Moushoom

Plaintiff

and

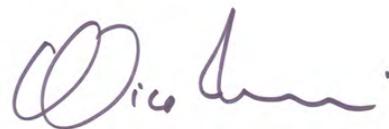
The Attorney General of Canada

Defendant

Certificate Concerning Code of Conduct for Expert Witnesses

I, Nico Trocmé, having been named as an expert witness by the plaintiff, Xavier Moushoom, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it.

January 18th 2021



Prof. Nico Trocmé, MSW, PhD, RSW
Director of the School of Social Work
Philip Fisher Chair in Social Work
3506 University Street, Montreal, Québec H3A 2A7

Appendix 9 Certificate Concerning Code of Conduct – Marie Saint-Girons

COURT FILE NO. T-402-19

FEDERAL COURT

BETWEEN:

Xavier Moushoom

Plaintiff

and

The Attorney General of Canada

Defendant

Certificate Concerning Code of Conduct for Expert Witnesses

I, Marie Saint-Girons, having been named as an expert witness by the plaintiff, Xavier Moushoom, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it.

January 18th 2021



Marie Saint-Girons
McGill University, School of Social Work
3506 University Street, Montreal, Québec H3A 2A7

**This is Exhibit "D" referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G

AFN 2002 Regional Meetings Chart

| Date | Calendar Subject | Location |
|---------------|---|----------|
| 2021_09_13 | NEW LINK: AFN Executive Committee Meeting | Zoom |
| 2021_09_15 | Prep + Caucus, AFN + AFN Yukon | Zoom |
| 2021_09_16 | AFN - Without Prejudice call re AIP 9 am | Zoom |
| 2021_10_28 | Call - AFN/Moushoom zoom | Zoom |
| 2021_10_28 | Fwd: URGENT AFN Executive Committee Meeting (Settlement of Class Action Lawsuit) | Zoom |
| 2021_11_04-05 | AFN Executive Committee Meeting | Zoom |
| 2021_11_12 | AIP Update | Zoom |
| 2021_11_24 | AFN, COO, NAN mtg | Zoom |
| 2021_12_02 | Chiefs Committee Child and Family Services and Self-Determination, 12:00-4:00 ET | Zoom |
| 2021_12_04 | AFN -NAN - Settlement Privileged Discussion on AIP for NAN | Zoom |
| 2021_12_06 | FW: AFN Executive Committee Meeting | Zoom |
| 2021_12_06 | FNCFS & Jordan's Principle – Compensation and Long-Term Reform SCA Dialogue Session, 1:00 EST | Zoom |
| 2021_12_07 | SCA Plenary Session - FNCFS & Jordan's Principle | Zoom |
| 2021_12_13 | Joint Review of AIP on LTR | Zoom |
| 2021_12_14 | Joint AIP Review on LTR | Zoom |
| 2021_12_15 | Long Term Reform Briefing - AFN and RC Antoine (NWT) | Zoom |
| 2021_12_15 | Long Term Reform Briefing - AFN and Alberta Region | Zoom |
| 2021_12_15 | Joint Review - AIP on LTR | Zoom |
| 2021_12_16 | Joint AIP on LTR | Zoom |
| 2021_12_16 | URGENT: Executive Committee Meeting re AIP | Zoom |
| 2022_01_06 | AFN - Executive Meeting to discuss next steps | Zoom |
| 2022_01_07 | Leadership Council Briefing - AIP Update | Zoom |
| 2022_01_10 | AIP FSIN | Zoom |
| 2022_01_12 | AFN Executive Committee (AIP, Compensation) | Zoom |
| 2022_01_20 | AFN - Report on AIP 1 pm EST/2 pm AT - 2:30 EST | Zoom |
| 2022_01_28 | Agreement in Principle-Child Welfare/Regional Session | Zoom |
| 2022_02_03 | FW: AFN Executive Committee - Information Session | Zoom |
| 2022_02_08 | Child Welfare Agreement Information Session – Treaty 6 | Zoom |
| 2022_02_09 | AFN Executive Committee Meeting zoom | Zoom |
| 2022_03_03 | AFN - Executive Meeting | Zoom |
| 2022_03_22 | AFN - Attend NB Chiefs Meeting 3 pm AT/4 pm ET | Zoom |
| 2022_04_06 | FW: AFN Executive Committee Meeting re: AIP update zoom | Zoom |
| 2022_04_20 | AFN Executive Committee Meeting | Zoom |
| 2022_04_21 | AFN - Manitoba meeting 9:30-1 (10:30 ET) | Zoom |
| 2022_04_21 | AFN - Quebec Region Update 3-5 pm | Zoom |
| 2022_04_22 | Atlantic Chiefs AIP Session - SETTLEMENT PRIVILEGED | Zoom |
| 2022_04_22 | AFN - FSIN - 9-4 | Zoom |
| 2022_04_28 | AFN - BC All Chiefs Meeting 4 pm ET to 6 pm ET | Zoom |
| 2022_04_28 | FW: Meeting Invitation (External), Yukon Regional Update – AIP | Zoom |
| 2022_04_29 | Executive Committee Meeting | Zoom |
| 2022_05_04 | AIP Update Yukon First Nations Leadership | Zoom |
| 2022_05_05 | FW: AFN Executive Committee - Information Session | Zoom |
| 2022_05_09 | AFN/NAN meeting - will update you when we get zoom | Zoom |
| 2022_05_13 | AFN Briefing with Six Nations zoom | Zoom |
| 2022_05_26 | AFN Executive Committee Meeting | Zoom |
| 2022_06_01 | AFN – Saskatoon for NARC | Zoom |
| 2022_06_13 | FW: Update on \$20B Compensation | Zoom |
| 2022_06_20 | AFN Executive Committee Meeting | Zoom |

**This is Exhibit "E" referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G



CHILDREN BACK, LAND BACK: A Follow-Up Report of First Nations Youth In Care Advisors

Gabrielle Fayant and Ashley Dawn Bach



December 2021



WE WANT TO GIVE THE BIGGEST THANK YOU to all survivors who took time out of their days to share with us their stories and guidance in our survey and/or focus groups. It is not easy to share these stories and many survivors have not been able to share their stories yet. We hope that this report and the work of survivors and allies of children and youth in/from care will bring us closer to a day where child welfare is no longer a reminder of trauma or violence. Your commitment to see accountability and justice will not be in vain.

We also want to give a big thank you to Cindy Blackstock and the Caring Society for their years of advocacy and determination to see justice for all Indigenous children and youth. A special thank you to Brittany Mathews who worked tirelessly on many reports throughout the years so that children and youth voices could be honoured. As well, we greatly appreciate Youth in Care Canada for promoting our focus groups and survey.

We want to thank the youth from A7G who supported the development of this report through note-taking and facilitation. Thank you Harmony Eshkawkogan, Jordyn Hendricks, Cedar Iahtail and Stephanie Regimbal. And a special thank you to Kakeka Thundersky for facilitating both focus groups and offering guidance from her lived experience to ensure the focus groups were done in a good way.

Thank you to knowledge keepers Elaine Kicknosway and Harry Snowboy who supported us through the process through ceremony, kindness and encouragement.

From Ashley Dawn Bach and Gabrielle Fayant

TRIGGER WARNING – Violence, Death, Suicide, Genocide, MMIWG2S+, Residential Schools, Child Welfare, Abuse, Racism

Before beginning to read this report, we want to warn readers that the information may be difficult and challenging to read and accept, especially for Indigenous folks who have been directly impacted by Child Welfare, Residential Schools and/or the Crisis of Missing and Murdered Indigenous Women, Girls and Two-Spirit People.

This report is not necessarily a read for Indigenous peoples, as we know firsthand that our experiences with colonization and Canada have been violent and devastating. We want to acknowledge that once again we have to create reports in order to prove to Canada that the mistreatment and violence that Indigenous peoples have experienced is real and can no longer be ignored.

PLEASE NOTE THE FOLLOWING RESOURCES IF YOU ARE FEELING TRIGGERED OR NEED SUPPORTS:

Kids Help Phone (toll free): **1-800-668-6868** | kidshelpphone.ca

Residential School Survivor Support Line: **1-866-925-4419**

NAN Hope Line: **1-844-626-4673** | nanhope.ca

Hope For Wellness: **1-855-242-3310** | hopeforwellness.ca

Contents

- 4** Glossary
- 6** Background
 - 10 Overview of Child Welfare
 - 11 Overview of Jordan's Principle
 - 11 What is Happening Now
- 13** Methodology
 - 15 Limitations
- 16** Who We Heard From
- 20** What We Heard
 - 20 Systemic Discrimination and Racism
 - 24 Proper and Ethical Implementation of Solutions
 - 26 Remoteness – a Distinct Experience for First Nations Youth In and From Care
 - 27 First Nations Youth In and From Care Are the Experts
- 28** What Needs to Happen
 - 28 Past (Prevention)
 - 35 Present (While in Care)
 - 36 Future (After Experiencing Child Welfare)
- 41** Closing
- 43** Appendix

Glossary

Accountability: the fact or condition of being accountable; responsibility.

CHRT Decision: The Canadian Human Rights Tribunal (CHRT) has a statutory mandate to apply the *Canadian Human Rights Act*¹ (CHRA) based on the evidence presented and on the case law.

Created by Parliament in 1977, the Tribunal legally decides whether a person or organization has engaged in a discriminatory practice under the *Act*. The purpose of the CHRA is to protect individuals from discrimination. It states that all Canadians have the right to equality, equal opportunity, fair treatment, and an environment free of discrimination.

The CHRT applies these principles to cases that are referred to it by the Canadian Human Rights Commission (CHRC). The Tribunal is similar to a court of law but is less formal and only hears cases relating to discrimination.²

A CHRT decision is made by the Tribunal after a case which determines whether or not a person or organization is engaging in discriminatory practice. The CHRT has since issued 21 non-compliance and procedural orders since the landmark ruling in 2016.

Compensation: something, typically money, awarded to someone as a recompense for loss, injury, or suffering.

Discrimination: the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.

Disparity Index: An index of the disparities between First Nations children and youth in care and non-First Nations. The index shows the great difference between the two groups and other groups.

First Nation Child and Family Services: According to Indigenous Services Canada (ISC), “ISC 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. In areas where these agencies do not exist, ISC funds services provided by the provinces and Yukon but does not deliver child and family services. These services are provided in accordance with the legislation and standards of the province or territory of residence. As of January 1, 2020, service providers delivering child and family services to Indigenous children must comply with the

1 <https://laws-lois.justice.gc.ca/eng/acts/h-6/FullText.html>

2 <https://www.chrt-tcdp.gc.ca/index-en.html>

national principles and minimum standards set in *An Act respecting First Nations, Inuit and Métis children, youth and families*.³

In other words, a federally funded program where First Nations agencies receive funding from the Canadian government for service delivery to on reserve children and families. First Nations agencies must follow provincial/territorial child welfare laws.⁴

Jargon: special words or expressions that are used by a particular profession or group and are difficult for others to understand.

Jurisdictional Disputes: Jurisdiction is the legal term for the authority granted to a legal entity to enact justice. In the case of Jordan River Anderson, the province of Manitoba and Canada disputed over who was legally and authoritatively responsible to pay for his medical care.

Metis Settlements: Metis Settlements are land-based Metis communities in Alberta that extend across 1.25 million acres and make up eight communities (Buffalo Lake, East Prairie, Elizabeth, Fishing Lake, Gift Lake, Kikino, Paddle Prairie and Peavine). These eight settlements form a constitutionally protected Métis land base in Canada that are self-governed by the Metis Settlements General Council (MSGC). Learn more at msgc.ca.

3 <https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805>

4 <https://fncaringsociety.com/publications/models-first-nations-child-family-service-delivery-canada-info-sheet>

Background

This report is coming at a very important time in Canadian history and for the justice of First Nations youth that have experienced child welfare. This report is a follow-up to the *Justice, Equity and Culture: The First-Ever YICC Gathering of First Nations Youth Advisors* report. This report will clearly state solutions and recommendations from First Nations children and youth themselves because who else would know the problems and solutions better than those that have experienced child welfare first-hand.

The first gathering of First Nations Youth in Care Advisors produced several recommendations, including developing a collective of advisors. Further gatherings, continuing communication between Indigenous youth advisors and sharing opportunities is essential to support the development of a collective of First Nations Youth in Care Advisors. Furthermore, the ongoing discussions and negotiations around the Canadian Human Rights Tribunal (CHRT) orders among the Assembly of First Nations (AFN), the First Nations Child & Family Caring Society (Caring Society), Chiefs of Ontario, Nishnawbe Aski Nation, and the federal government make this second gathering of First Nations Youth in Care Advisors even more relevant and timely. It is imperative voices of First Nations youth in/from care are amplified and brought to these discussions and negotiations which will intimately affect their lives.

The full list of recommendations from the *Justice, Equity and Culture: The First-Ever YICC Gathering of First Nations Youth Advisors* report is listed below.

Recommendations for Compensation and Future Settlements

Most of the Youth Advisors said that they did not want to form an uneducated or rushed position on the 2019 CHRT 39 compensation, noting that Canada and the Crown have rushed or imposed major decisions on Indigenous Peoples throughout colonial history. Examples include treaty-making, the scrip system, the *Indian Act*, etc. Instead, Indigenous ways of decision making, consensus-building and holistic approaches should be applied this time.

The Youth Advisors want more time to learn about the 2019 CHRT 39 decision. They have much lived experience from being in care but little experience or knowledge of individual compensation settlements and how trusts or foundations could be utilized. Their lived experiences led the Youth Advisors to make the following recommendations:

1. There must be safety around compensation.
 - a. Healing circles, sweat lodge ceremonies, support for counselling or therapy, etc.

2. There must be mental health supports and navigational assistance to help youth apply for compensation.
 - a. Talking to lawyers and government employees can be very triggering for First Nations youth; therefore, having support to apply and fill out forms is essential.
 - b. Getting access to files and birth certificates, for example, can be very challenging and trigger stressful emotions.
 - c. Along with navigational support, youth also need mental health supports to help with their experiences and challenges.
3. There must be continued support after compensation.
 - a. For example, at least one year of counselling or therapy must be covered. Indigenous Services Canada's Non-Insured Health Benefits coverage is limited and some First Nation youth do not have government-recognized status or access to their status cards.
4. There must be restitution for children and youth who have died while in care or due to their experiences in the child welfare system.
 - a. Compensation should go to parents, grandparents or a trust fund.
5. Financial training for youth receiving compensation should be offered.
 - a. Youth Advisors said this shouldn't be mandatory but rather an option for individuals receiving compensation.
 - b. Recipients should be offered awareness training about predatory banks and financial institutions, like those that swindled compensation from residential school survivors.

Next Steps

This was the first national level gathering of its kind for First Nations youth in and from care. The Youth Advisors said they want to continue to have the time and space they need to discuss important and pressing issues, including the following.

1. Become a collective of First Nation Youth Advisors in and from care
 - a. share best practices
 - b. share updates
 - c. continue advocating for reform
 - d. host more policy round tables across the country
 - e. advise on court rulings, contribute to policy development, share testimonies, etc.
2. Continue to meet about compensation and settlements
 - a. learn more about options such as trusts, individual pay-outs, hybrid approaches, etc.
 - b. keep learning about trust funds, scholarships, pooling compensation, etc.
 - c. learn about best practices regarding settlements from other Indigenous communities

The entire report can be found at https://www.a7g.ca/uploads/9/9/9/1/99918202/38228_chrt_compensation_report_v5_final.pdf.

Doing a follow-up gathering with First Nations youth in/from care was also important because of the grave disparities in overrepresentation of First Nations youth in the child welfare system. Overall, ISC reported from 2016 Canadian census data that 52.2 percent of children in foster care under the age of 14 are Indigenous.⁵ As shown in Table 1 by Sinha et al. (2011), in most Canadian provinces Indigenous (Aboriginal) children are substantially overrepresented in the child welfare system compared to non-Indigenous (non-Aboriginal) children. Manitoba has the greatest disparity, with Indigenous (Aboriginal) children experiencing placements at 19 times the rate of non-Indigenous (non-Aboriginal) children.

TABLE 1: Disparity in representation of Aboriginal non-Aboriginal children in care for Canadian provinces^{*}**

| Provision of Ongoing Services | % of Children in Care | | % of Total Child Population ^h | | Disparity in Representation of Aboriginal and Non-Aboriginal Children in Care |
|-------------------------------|-----------------------|-------------------------|--|-------------------------|---|
| | Aboriginal Children | Non-Aboriginal Children | Aboriginal Children | Non-Aboriginal Children | |
| British Columbia ^a | 52% | 48% | 8% | 92% | 12.5 |
| Alberta ^b | 59% | 41% | 9% | 91% | 14.6 |
| Saskatchewan ^c | 80% | 20% | 25% | 75% | 12.0 |
| Manitoba ^d | 85% | 15% | 23% | 77% | 19.0 |
| Ontario ^e | 21% | 79% | 3% | 97% | 8.6 |
| Quebec ^f | 10% | 90% | 2% | 98% | 5.4 |
| Nova Scotia ^g | 16% | 84% | 6% | 94% | 3.0 |

* Data for New Brunswick and for Canadian territories were not publicly available.

** Data in this table reflect definitions and data collection protocols which differ by province. (For example, data from some provinces may include children in the care of relatives.) The data demonstrate overrepresentation of First Nations children within jurisdictions, but data for different provinces are not directly comparable.

Based on data from: ^aBritish Columbia Ministry of Children and Family Development, 2009; ^bAlberta Children and Youth Services, 2009; ^cSaskatchewan Ministry of Social Services, 2008; ^dManitoba Family Services and Housing, 2007; ^eOntario Ministry of Children and Youth Services, 2010; ^fBreton, 2011; ^gMulcahy and Trocmé, 2009; ^hStatistics Canada, 2008

Source: Sinha et al. (2011). *Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System.* Ontario: Assembly of First Nations. <https://cwrp.ca/publications/kiskisik-awasisak-remember-children-understanding-overrepresentation-first-nations>

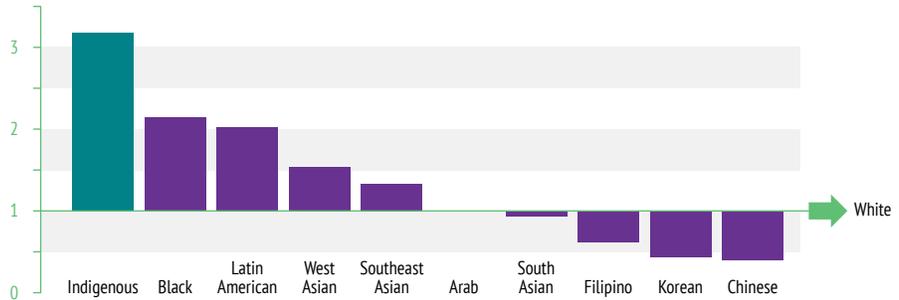
Youth and children in and from care deserve to have a voice and deserve to be heard. The CHRT found that the federal funding formulas for the First Nations Child and Family Services Program incentivized the removal of First Nations children from their families and communities “as a first resort rather than as a last resort.”⁶ It was in this landmark ruling that the CHRT found that Canada is discriminating against First Nations children and young people due to its inequitable child welfare funding and failure to properly implement Jordan’s Principle.

5 <https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851>

6 2016 CHRT 2, para. 344. <https://fnaringsociety.com/publications/2016-chrt-2-2016-tcdp-2>

The following graph illustrates the disparity of Indigenous children in child welfare in Canada.

FIGURE 1. CIS 2019 Findings – Disparity Index by Ethno-racial Category for Investigated Children (0–15 years) in Canada in 2019



Source: Fallon et al. (2021). *Denouncing the continued overrepresentation of First Nations children in Canadian child welfare: Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect-2019*. [PowerPoint slides].

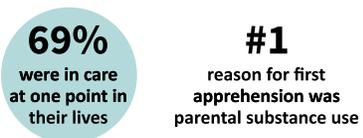
This longstanding discrimination and failure to redress the legacy of the residential school system has led to an overrepresentation of First Nations youth being placed into the child welfare system. These young people are also experiencing severe mistreatment and abuse even leading to death. In Manitoba, a special report was conducted by the Manitoba Advocate for Children and Youth to investigate the deaths and suicides of 45 boys. The investigation found that 82 percent of the boys were either First Nations or Metis and 69 percent of the boys were in care at one point in their lives. This data does not include information about deaths and suicides Canada-wide and it does not show the experience of girls or gender-diverse children but it demonstrates the fact that Indigenous children and youth in care are in dire need of systemic changes and long-term efforts to support their well-being.

WHO WERE THE BOYS?

INDIGENOUS STATUS



WITH CHILD WELFARE



Adapted from: Manitoba Advocate for Children and Youth. (2021). *Finding the Way Back: An aggregate investigation of 45 boys who died by suicide or homicide in Manitoba*. Winnipeg, MB. <https://manitobaadvocate.ca/wp-content/uploads/MACY-Special-Report-Finding-the-Way-Back.pdf>

It is not understated to say that amplifying First Nations youth voices in and from care and committing to the changes they need is a matter of life and death.

Overview of Child Welfare

Canada's child welfare system is multifaceted and takes different approaches based on First Nations status, residency on-reserve, and residency in each province and territory. Each province and territory has their own Child and Family Services Act. In 2019, *An Act respecting First Nations, Inuit and Métis children, youth and families* was passed at the federal level, which affirms First Nation, Inuit, and Métis rights to care for their children and sets out principles for Indigenous child and family services provision. Implementation of the Act began in 2020.⁷

Most survey respondents and focus group attendees were from Ontario and British Columbia so a short overview of each of these systems is presented here. The Institute for Fiscal and Social Democracy (IFSD) has described child welfare systems for children living off-reserve, with the exception of Ontario, Manitoba, and Quebec, as “decentralized, with responsibility falling under provincial and territorial jurisdictions” (2018).⁸ In Ontario, child welfare services are delivered by Children's Aid Societies (CASes) which are provincially licensed and receive transfer payments from the Ontario government. There are also Indigenous child and family well-being agencies in Ontario. In British Columbia, the Ministry for Children and Family Development (MCFD) provides child welfare services and recognizes “Aboriginal child welfare agencies” across the province, many of which fall under the First Nations Child and Family Services (FNCFS) program.

For First Nations children on-reserve and in the Yukon, Indigenous Services Canada (ISC) provides funding for FNCFS. However, ISC does not actually deliver these services. Instead, these services are delegated by provincial authorities and delivered by FNCFS agencies. If there are no FNCFS agencies in a region, ISC will provide funding to the province and/or the Yukon for them to provide those services.

7 <https://www.canada.ca/en/indigenous-services-canada/news/2019/06/an-act-respecting-first-nations-inuit-and-metis-children-youth-and-families-has-received-royal-assent.html>

8 http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf

Overview of Jordan's Principle

In 1999, Jordan River Anderson was born in Winnipeg, Manitoba. He was originally from Norway House Cree Nation, a northern First Nation that does not have access to comprehensive medical supports and services. Jordan was born with complex medical needs so continued to live in the hospital. At the age of two, Jordan's doctors said he could live in a specialized medical foster home in Winnipeg. Unfortunately, the province of Manitoba and the federal government (Canada) argued over who would pay for his home care. He passed away at the age of five while still living in the hospital. Jordan's Principle was established in 2007 in response to this tragedy. Jordan's Principle is a child-first principle to ensure First Nations children get the services they need when they need them. Functionally, this means that the government which is first contacted will cover the costs of services and Canada, the Provinces, and Territories can sort out their "jurisdictional disputes" later.



What is Happening Now

The Caring Society and AFN filed a complaint against Canada for discriminating against First Nations children living on reserve and in the Yukon with the Canadian Human Rights Tribunal (CHRT) in 2007. In 2016, the CHRT found that First Nations children and families on reserve and in the Yukon are being unnecessarily removed from their homes, families, and communities because of this discrimination. Further, the CHRT found that Canada is discriminating against First Nations children by not implementing Jordan's Principle. The CHRT has since issued 21 non-compliance and procedural orders since the landmark ruling in 2016.

In September of 2019, the CHRT ruled that First Nations children and their parents or grandparents should receive compensation of \$40,000 for the discrimination they experienced from Canada with regards to First Nations child and family services and Jordan's

"Doing everything could result in economic payback.

Investments in wellness, prevention and least disruptive measures (LDM) would pay for themselves within 28 years. This economic payback is in child welfare terms only and does not account for the significant benefits that would result from having healthy children grow into healthy and independent adults who would be less likely to access the services of justice, health, drug and alcohol, mental health and unemployment insurance."

—Wen:De: *The Journey Continues?*

⁹ <https://fncaringsociety.com/publications/wende-journey-continues-wen-de-nous-poursuivons-notre-route>

Principle. Just after that compensation ruling, the very first Gathering of First Nations Youth in Care Advisors took place. Canada then filed a judicial review (like an appeal) of this compensation ruling to the Federal Court. That appeal was set aside by the Federal Court on September 29, 2021. On October 29, 2021, the Federal government again filed a judicial review of the Federal Court's decision to set aside their appeal.

After filing the judicial review, Canada requested, and the Parties agreed, to pause legal proceedings for a very short time to allow for focused and intense negotiations to try and reach an agreement to end the Federal government's discrimination and prevent its recurrence in the provision of child and family services and Jordan's Principle, including compensation. Feedback from the youth advisors has been synthesized into recommendations that will be shared with the government and all parties who are negotiating.

Methodology

The following report and findings were collected using several methods including focus groups, surveys and literature review of existing reports on child welfare.

Two focus groups were held during the month of November 2021. First Nations Youth Advisors from the first YICC Gathering of First Nations Youth Advisors were invited to participate in focus groups. Youth were also invited to respond to a public call for participants. A national survey was sent out among multiple social media platforms. Over the course of three weeks, the focus groups and survey heard from over 100 respondents.

Information for this report was also collected by honouring the multiple existing reports and findings from First Nation youth in and from care and their advocates. These reports include:

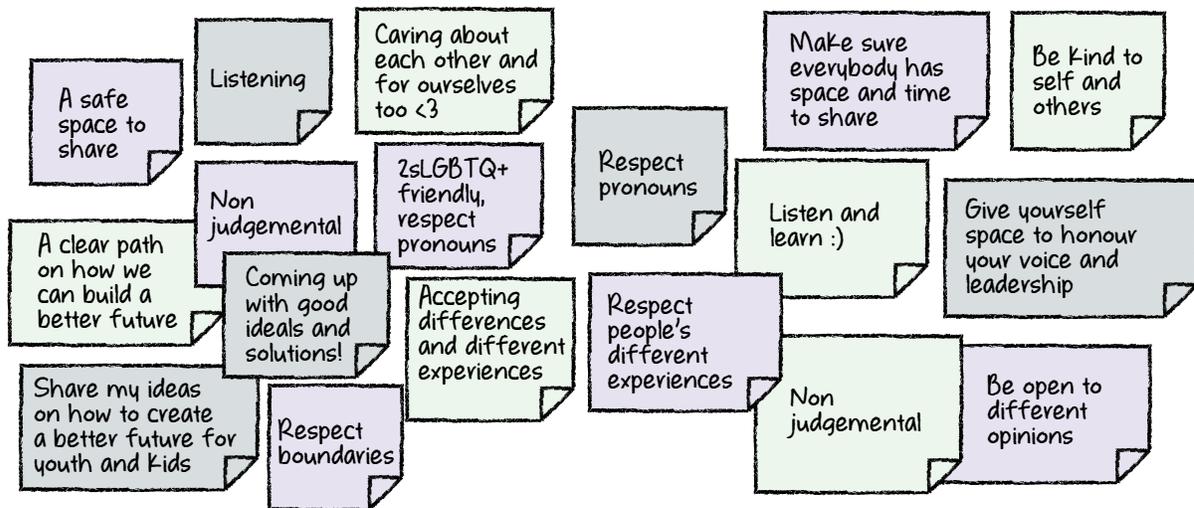
- *Justice, Equity and Culture: The First-Ever YICC Gathering of First Nations Youth Advisors* (YICC, 2019);
- *Accountability in Our Lifetime: A Call to Honour the Rights of Indigenous Children and Youth* (A7G, 2021);
- *Indigenous Youth Voices Report: A Way Forward in Conducting Research With and By Indigenous Youth* (Indigenous Youth Voices, 2019);
- *A Roadmap to the Truth and Reconciliation Commission Call to Action #66* (Indigenous Youth Voices, 2018);
- *Finding the Way Back: An aggregate investigation of 45 boys who died by suicide or homicide in Manitoba* (Manitoba Advocate for Children and Youth, 2021);
- *Denouncing the Continued Overrepresentation of First Nations Children in Canadian Child Welfare* (First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect, 2019);
- *The National Household Survey* (NHS-2011);
- *Wen: De: The Journey Continues* (First Nations Child & Family Caring Society of Canada, 2005);
- *An Act respecting First Nations, Inuit and Métis children, youth and families* (Canada, 2019).

This report and research followed A7G's Ethical Research Engagement Requirements.¹⁰

¹⁰ <https://yellowheadinstitute.org/resources/ethical-research-engagement-with-indigenous-youth-seven-requirements>



Youth who participated in the focus groups also led the discussions and expectations of the research, further ensuring that data was collected for this report in an ethical way. Some of the group accountability and ethics for this report are identified as the following:



Source: Participant survey.

The survey questions were developed and reviewed by Indigenous youth. Throughout the survey, background information and definitions of words such as “discrimination,” “ethical,” and “Jordan’s Principle” were provided.

The survey began by asking demographic questions in the “Tell Us About Yourself” section, for example whether the respondent identified as First Nations, Inuit, or Metis, if they were from a remote or fly-in community, and the province or territory they were in care in. The survey then moved into the “Ending Discrimination” section, which provided a number of mostly open-ended questions asking if youth had experienced impacts of discriminatory underfunding, what was needed to end and prevent such discrimination, and what youth personally wanted or needed to address the impacts of discriminatory underfunding.

Finally, a section on the “Experiences and Needs of Youth in/from Care” asked youth how they felt about cultural safety while in care, developing or maintaining community connections while in care, and experiences transitioning from care into adulthood. Some of the questions in this section, for example about the role of a potential foundation and mechanisms for accountability, were also intended as follow up to the previous Gathering of First Nations Youth in Care Advisors. At the end of the survey, respondents were given the option to leave their contact information to receive a small honorarium.

Limitations

While this research is a step in the right direction, there was not enough time or capacity to fully hear from youth in and from care that may be experiencing homelessness, vicarious living conditions, lack of access to Wi-Fi or internet or living in remote or rural communities. Folks that needed accessibility accommodations and/or language interpretation were also not able to participate in this research as much as we would have liked.

Youth that we spoke with also reminded us that they have to be a part of the decision making and for many, that means having information written and worded in a way that is accessible. This looks like limiting legal jargon from conversation with folks who have no legal background, avoiding acronyms and using closed captioning to name a few.

Lastly, COVID-19 continues to create a huge limitation by creating barriers from cultural ceremonies and safety to be honoured while having these conversations as well as the limitation of not being able to form closer bonds and relationships during our time together.

“Jargon is not revolutionary.”

“I cant comment on this because I have no idea even how to”

—Participants

Who We Heard From

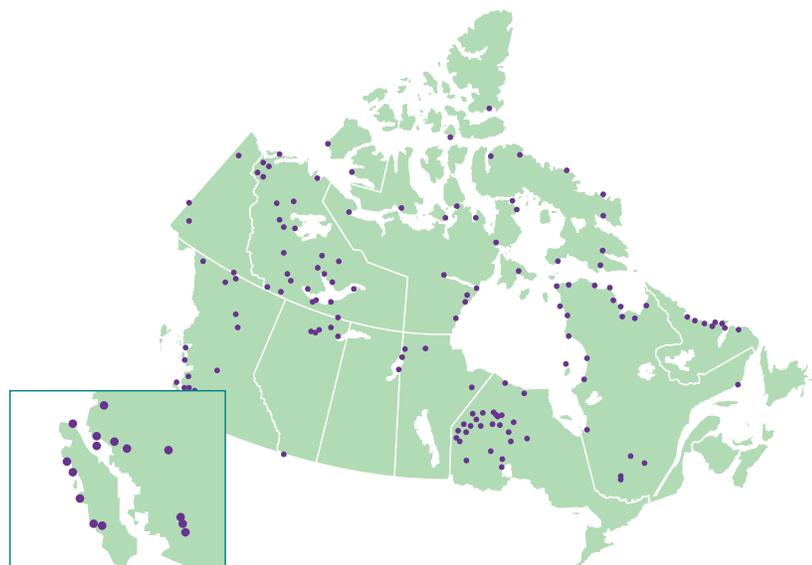
While this report was created with the mandate to hear from First Nations youth and children in and from care, we also left some room for Metis and Inuit to share their stories because we see Child Welfare Reform as an opportunity to improve the lives of all Indigenous youth. Of the survey respondents, 88 percent identified as First Nations and the majority of those stated they had First Nations status. Another 13 percent of respondents identified as Metis or Inuit. Two percent identified as non-Indigenous and were disqualified from the remaining questions. It is important to note that this total is greater than 100 percent because many Indigenous youth identify as First Nations/Metis or First Nations/Inuit. Forcing Indigenous peoples to fall into only one part of Section 35 of the Canadian Constitution can further isolate an Indigenous youth or child.

Of the survey respondents, 86 percent were under the age of 30 (0–29 years old) and 14 percent were over 30 years old. While it is important to hear from children and youth currently living in and from care it is also important to acknowledge the long term impacts of child welfare. Further, youth in their 20s may still be interacting with the child welfare system, though not necessarily in a foster home or group home, depending on their province or territory as well as the children's aid society they were under the care of.

“According to Census 2016, Indigenous children represent 52.2% of children in foster care in private homes in Canada, despite accounting for only 7.7% of the overall population of children under 15.

—*Bill C-92: An Act respecting First Nations, Inuit and Métis children, youth and families receives Royal Assent – News Release*¹¹

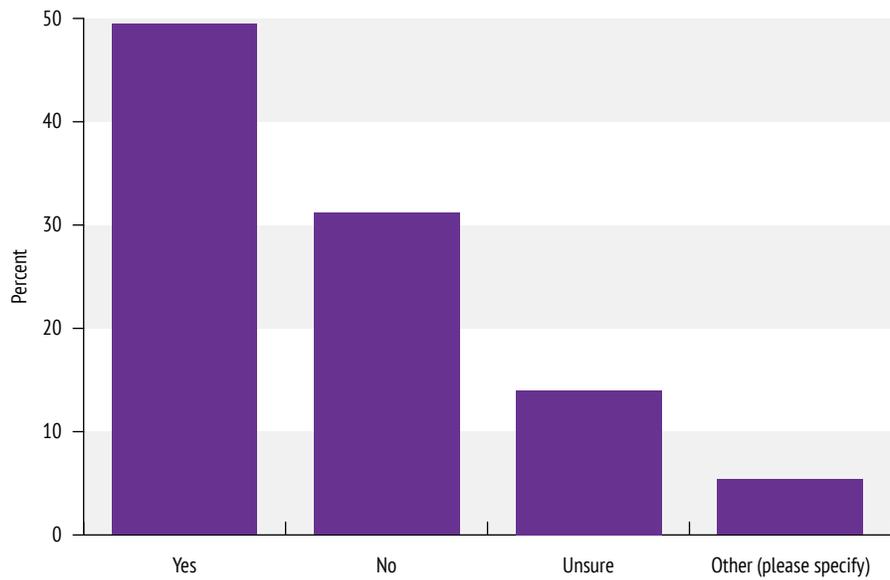
FIGURE 2. Map showing remote and fly-in communities across Canada



Source: https://www.researchgate.net/figure/Remote-aboriginal-communities-in-Canada-a-Weis-Maissan-2007-power-generation_fig5_252326166

11 <https://www.canada.ca/en/indigenous-services-canada/news/2019/06/an-act-respecting-first-nations-inuit-and-metis-children-youth-and-families-receives-royal-assent.html>

FIGURE 3. Is your community fly-in or do you consider it remote?



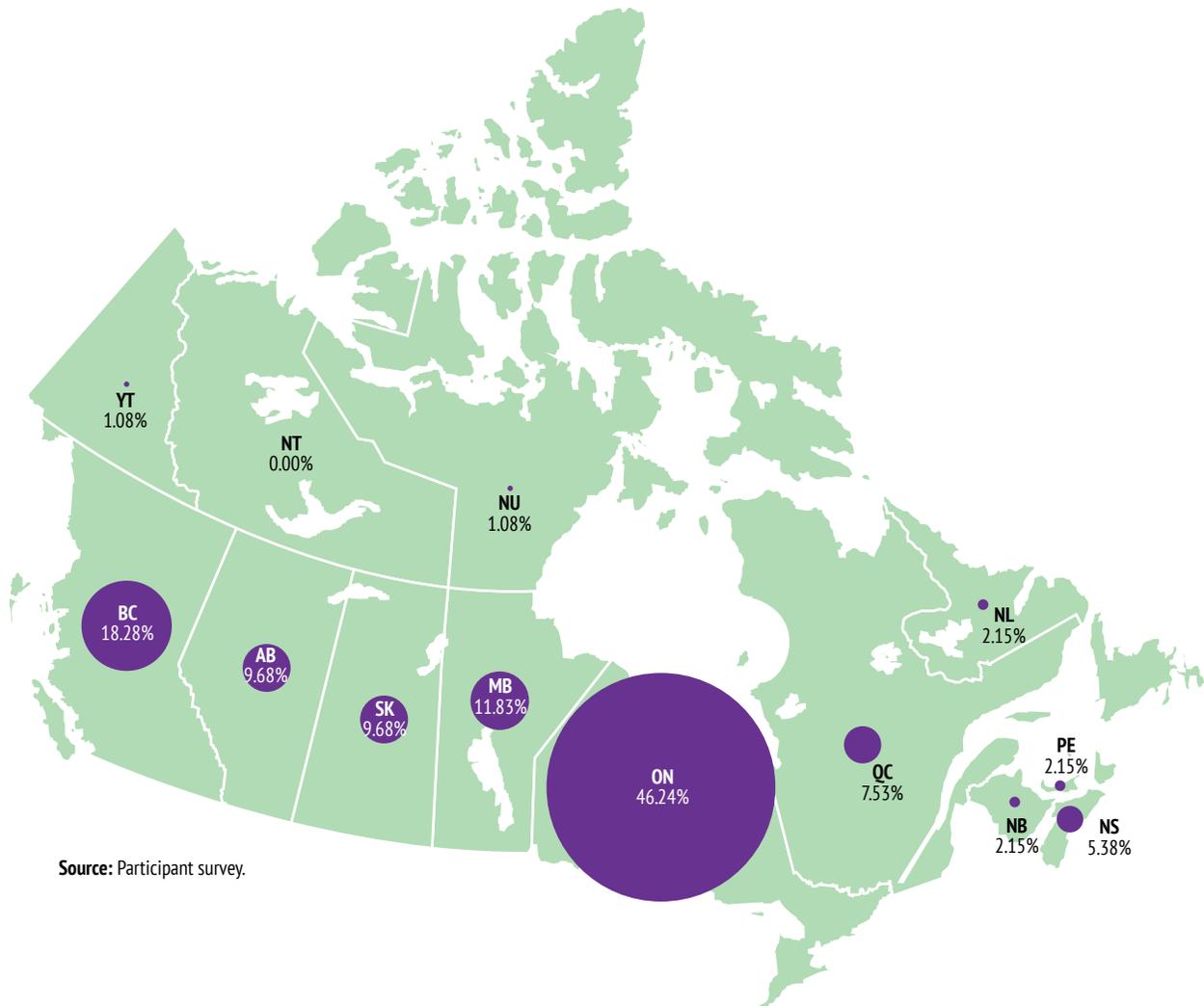
Source: Participant survey.

Though a definition of remoteness is not universally agreed upon, a First Nation that is not accessible by all-season roads is often considered to be remote or fly-in. Communities that are remote or fly-in tend to face unique challenges and needs on top of the existing inequalities and inequities most First Nations face. Figure 2 identifies 160 remote communities across Canada which were considered to be under the mandate of the former Indian and Northern Affairs Canada (INAC) department in 2005. These include First Nations reserves and communities as well as Inuit communities and certain other Northern communities. Half of respondents (50 percent) considered their community to be a fly-in or remote community. Thirty-one percent said their communities were not remote or fly-in and another 14 percent were unsure. Six percent responded to the “other” category and their answers included being from a rural community or that they have lived in the city but never on-reserve.

The survey received responses from across the country. Forty-six percent of respondents were from Ontario, which indicates Ontario is over-represented in the survey. This over-representation may come from the authors’ location and community connections in Ontario. On the other hand, only 12 percent of respondents were from Manitoba despite the largest number of First Nations foster children living in that province. Another 18 percent of respondents were from British Columbia, 9.68 percent from Alberta, and 10 percent from Saskatchewan. Only 8 percent of respondents were from Quebec, which may reflect the survey being only available in English. Respondents from Nova Scotia were represented the most out of the Maritimes at 6 percent while New Brunswick, Prince Edward Island (PEI), and Newfoundland and Labrador each

represented 2 percent of the respondents. Lastly, 1 percent of respondents were from the Yukon and Nunavut each.

FIGURE 4. What Province or Territory were you in care in?



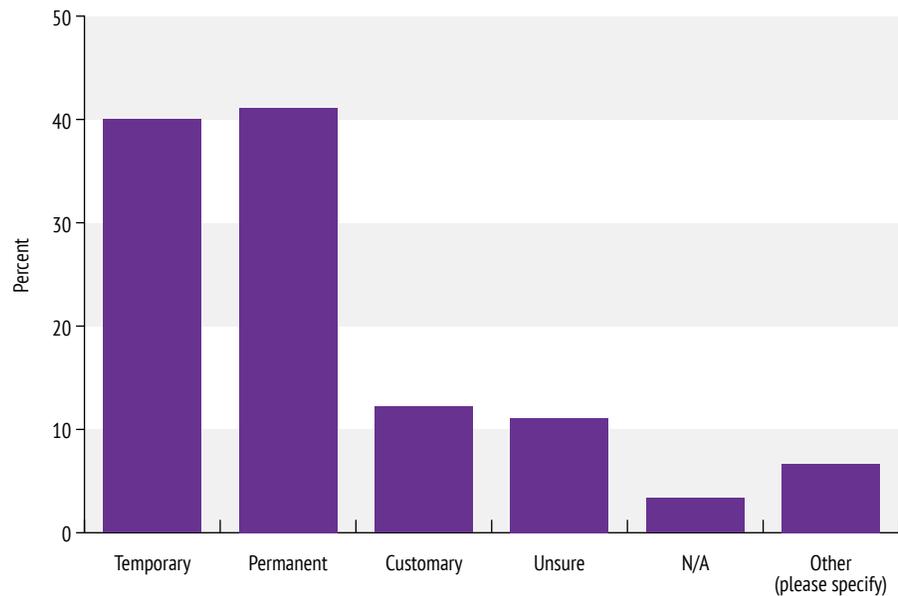
Source: Participant survey.

Location of residence has implications for children who are apprehended into the child welfare system. Indigenous Services Canada’s (ISC) First Nations Child and Family Services (FNCFS) program applies to First Nations children and youth whose parents or guardians are ordinarily resident on-reserve or in the Yukon. Further, each province and territory has their own child and family services act which may impact Indigenous child and family services provision, including delegation of First Nation or Aboriginal agencies or children’s aid societies (CAS). Forty-two percent of respondents indicated being born or raised on a First Nations reserve and 9 percent in the Yukon.

Fourteen percent of respondents said they were raised on a Metis Settlement, an amount that is higher than the percent of respondents who indicated they were Metis. This may be because respondents who grew up on a Metis Settlement identified as First Nations and/or First Nations and Metis or respondents were confused about what a Metis Settlement was.

Thirty percent of respondents said they weren't raised on reserve, in the Yukon, or on a Metis Settlement and 3 percent were unsure. Another 3 percent selected "other" and elaborated that they live in the city.

FIGURE 5. What type of care agreement were you or are you under?



Source: Participant survey.

Youth can experience multiple types of care agreements. For example, many youth are placed in temporary care when they are apprehended before moving to a permanent care agreement.

The most common types of care agreements experienced by respondents were temporary, with 40 percent of respondents experiencing this, and permanent, with 41 percent of respondents experiencing this. Twelve percent of respondents indicated being in customary care. Customary care means the care of an Indigenous according to the customs and traditions of their community, by someone other than their parents. Further, 11 percent of respondents were unsure what sort of care agreements they were/are under, 7 percent listed another sort of care agreement, including being a crown ward and being adopted, and 3 percent responded this was not applicable to them.

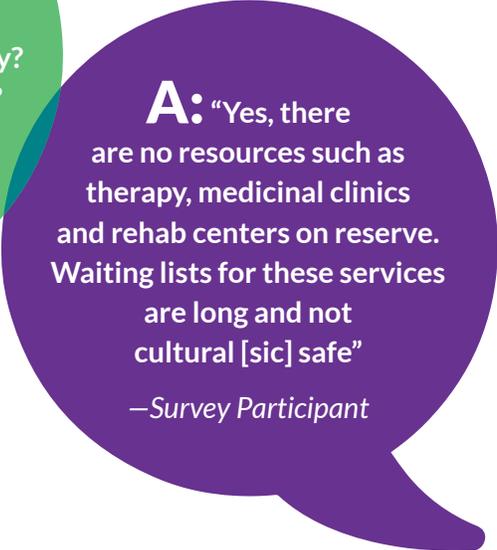
What We Heard

Indigenous youth in and from care that participated in the focus groups and survey told us about major concerns they experienced stemming from their experiences in child welfare. The main themes can be categorized in the following: Systemic Discrimination and Racism, Proper and Ethical Implementation of Solutions and First Nations Youth In and From Care are the Experts.

Systemic Discrimination and Racism



Q: Do you believe this discriminatory underfunding has impacted you or your family? If yes, how so? If no, why not?
—Survey Question



A: “Yes, there are no resources such as therapy, medicinal clinics and rehab centers on reserve. Waiting lists for these services are long and not cultural [sic] safe”
—Survey Participant

When speaking to respondents in the survey and in focus groups, there was an overwhelming number of participants that spoke to the need for proper services for Indigenous youth and children. The systemic racism that has constantly underfunded First Nations youth and children within child welfare contributes to the high rates of incarceration, mental health concerns and high rates of death in First Nations families and communities. If funded equitably from the beginning, many traumas could be prevented and avoided.

The cost of doing nothing: “the choice is to either invest now and save later or save now and pay up to six to seven times more later.”¹²

—Wen:de: *The Journey Continues*

From the survey, 70 percent of respondents said that believed that discriminatory underfunding impacted them or their family, 17 percent were unsure or could not answer and 10 percent said the non-Indigenous families they were placed into had enough resources but some of these respondents also mentioned not knowing anything about their Indigenous identity while living in these homes.

In addition, respondents from the survey and participants in the focus groups also shared how underfunding impacted their childhood and adolescence as well as long-term impacts. These impacts included the following but are not limited to:

- Removal from birth, biological or blood family
- Lack of support for birth, biological or blood family – money instead flows to foster families. In this vein, there are minimal supports to be able to cover the cost of living
- Lack of resources for child and family services as well as related services which have a major impact on child and family well-being, for example health clinics, therapy, and rehab centers on reserve.
- Youth believe underfunding caused them to be shifted from temporary to permanent wards of the state and even resulted in being adopted to non-Indigenous families
- Attending services and placements not culturally safe therefore resulting in experiences of microaggressions and racism
- Struggling with addiction and mental health with no proper supports
- Experiencing homelessness and poverty especially after aging out of care
- Increased vulnerability of experiencing human trafficking
- Increased interaction with the criminal justice system (for the youth in care as well as their families)
- Lack of supports to succeed in school, resulting in high school dropouts and undiagnosed learning disabilities

When asked “What can Canada do to stop the discrimination in the system of First Nations child and family services?”, 91 percent of folks that participating in the survey responded to this question and provided input on what they believed was necessary to stop discrimination in child welfare. The remaining 9 percent of respondents to this question said they were unsure what was needed. It is not responsibility of the survivor of the policies to create the solution but it is up to those in power to listen and accept the wrongdoing and make the systemic changes needed to improve the lives of these young people however it is very encouraging to see so many young people wanting to be involved in

12 <https://fncaringsociety.com/publications/wende-journey-continues-wen-de-nous-poursuivons-notre-route>

the solutions. Respondents most often suggested family-based solutions, with anti-racism and decolonizing training plus access to information and education following. Here is what they had to say:

- **Family Based-Solutions:**
Youth strongly recommended that a family-based approach is fundamental for FNCFS. Instead of breaking up families, there must be support to keep families together as well as uphold more “traditional” social safety nets like aunties, uncles, and grandparents. For example, access to therapy, sufficient income assistance, legal support, reunification homes, transition homes, and more need to be provided in community and support youth with access to family. The option to remove children from their families should not be so readily available in the system. There needs to be support for First Nation community members to take in other First Nations children if their families are unable to.
- **Anti-Racism and Decolonization Training:**
Anti-racism and decolonization training was another necessary recommendation from the youth who replied to this question. Everyone involved in the system, from foster parents to policymakers, need to learn about Indigenous history, attend anti-racism training and be actively anti-racist everyday, participate in decolonizing the system, and understand, uphold, and improve the laws and regulations against racial discrimination. The broader public also needs access to this sort of training so they can understand what’s occurring too.
- **Access to Information and Education:**
Several forms of information sharing and public education are necessary for all this to be achieved too. This includes ensuring information on child welfare is made publicly available, supporting research to access, compile, and interpret that information and data, raising general awareness of Indigenous issues, child welfare, racism, and disabilities, amongst other topics, providing Nation-sensitive cultural training for future child welfare professionals and caregivers, and community-level education to support families and holistic well-being.

“First and foremost, by ensuring that the future of the First Nations child and family Services Act is an anti-assimilation policy.”

—Participant

Other ideas raised included: accountability, capital (like infrastructure and buildings), culture, equality and equity, First Nations rights, policies, and resources.

- Accountability mechanisms to address issues of discrimination and poor services, plus to ensure First Nations are included.
- Increased capital, including funding for buildings and other infrastructure.
- Incorporation of culture into design and provision of FNCFS, from both a worldview standpoint and ensuring youth have access to their cultures, territories, languages, and communities.
- Equal and equitable treatment for Indigenous youth in care plus respect for their rights
- Recognition of First Nations rights, sovereignty, treaties, and territories as well as support for First Nations to move to self-governance, take back their children, and protect their lands and reserves.
- Creation of, amendments to, reassessment of, and/or better implementation of policies including but not limited to strengthening and expanding laws against racial discrimination, reassessment of existing child and family services laws and policies, and incorporation of preventative measures.
- Improved and expanded resources, including service navigators, specialized workers, employment opportunities and a basic income, mental health support, access to foods, support kids who age out of care, support parents by implementing Jordan's Principle, increase on reserve funding, access to appropriate housing, creation of healthy healing environments for youth in care and their families, ensuring security for families and youth (social, economic, mental/addictions, physical, and housing), and overall listening to communities needs. All these resources need to be provided in a non-judgmental, non-discriminatory way.

Proper and Ethical Implementation of Solutions

In 2017, the federal government of Canada was forced to implement Jordan's Principle, here is an excerpt from the Government of Canada's website:

The CHRT issued a set of compliance orders on May 26, 2017 (2017 CHRT 14), later amended on November 2, 2017 (2017 CHRT 35), that Jordan's Principle is based on the following key principles:

- applies to all First Nations children, on and off reserve
- ensures there are no gaps in government services
- government or department of first contact will pay without case conferencing or other similar administrative procedure before the recommended service is approved and funding is provided
- needs are evaluated on the basis of substantive equality, culturally appropriate services and to safeguard the best interests of the child
- a dispute among departments or government is not necessary
- provides services within a 12- to 48-hour timeframe and publicize funding

However despite these promises, over half of the respondents we spoke to had never heard or accessed Jordan's Principle despite sharing many stories of having no access to mental health supports, cultural and basic needs. Jordan's Principle could be a lifeline for many First Nations children however it must be implemented properly and gaps in services must be remedied.

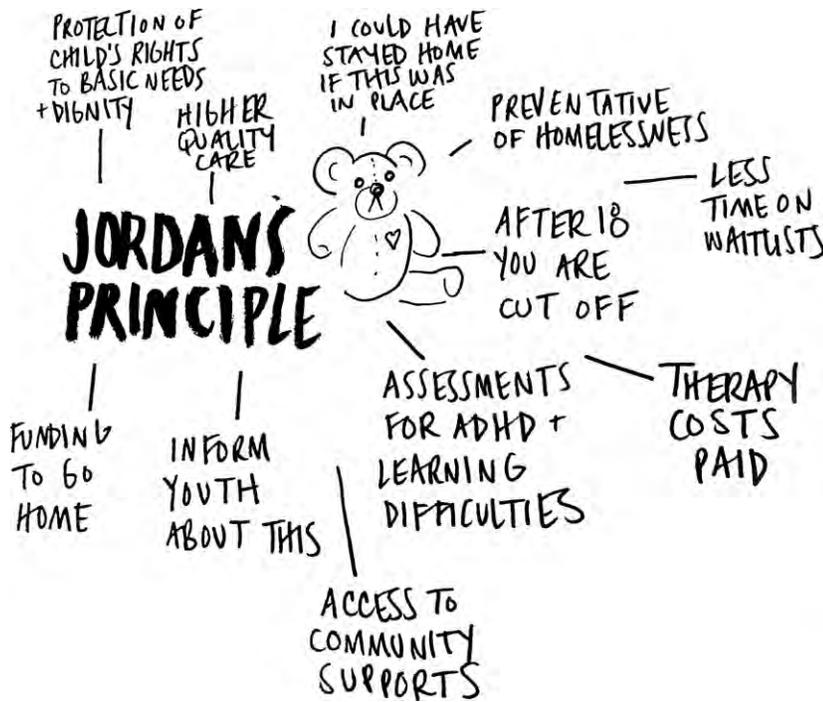
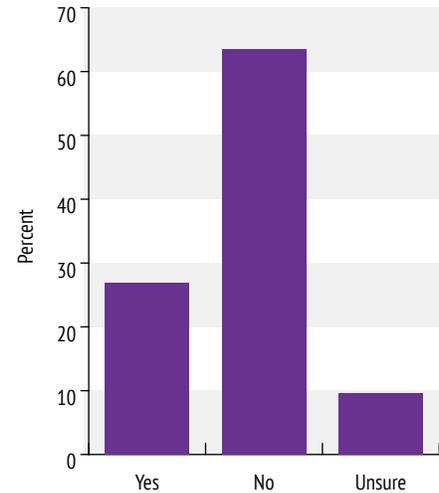


FIGURE 6. Have you ever accessed Jordan's Principle?



Source: Participant survey.

The following is a list of how Jordan's Principle can be better implemented. These solutions continue to echo solutions for Child Welfare Reform as well.

- Funding to go back home to visit
- Therapy costs paid
- Having assessments for learning difficulties and ADHD
- Continued access past 'aging out'
- Less time on waiting lists, quicker access to services
- Receiving higher quality services and resources
- Informing youth and youth workers about JP
- Protection of child's basic rights to dignity and basic needs
- Advocating for children's rights and needs
- Access to community (supports)
- A number they can call to talk to someone about their specific situation and if it can be helped
- Need to know what services and supports exist

An infographic created by Cindy Blackstock and the Caring Society highlighting the ongoing patterns perpetuating discrimination that harm Indigenous children experiencing Child Welfare and must be addressed:

Patterns perpetuating discrimination

- **Systemic discrimination** (too complex, be patient, incremental approach, can't change overnight, diminishing/disregarding First Nations experts, codifying inequality at community/family level etc.)
- **Dehumanization of children and families** (i.e.: acronyms, file)
- Intervention in systemic racism **not proportionate to the harm**
- **Reform everywhere but within**
- **Defending versus appraising critique**
- **Mistaking process for an outcome**
- **Overstating and diminishing First Nations involvement (engagement, partners, discussions).**
- **Rewarding conformity to bad ideas and punishing moral courage**

Remoteness – a Distinct Experience for First Nations Youth In and From Care

Of the 49 percent of respondents who indicated they're from a remote or fly-in community, 46 percent indicated they were from Ontario and 31 percent indicated they're from British Columbia. Note that some of the respondents indicated they were in care in both provinces. A few respondents indicated they were from a remote or fly-in community in Alberta, Saskatchewan, Quebec, Newfoundland and Labrador, and Nova Scotia. Most respondents who indicated they were from a remote or fly-in community identified as First Nation, and a majority of those respondents identified as having First Nations status. Only two respondents who indicated they were from a remote or fly-in community identified as only Metis and not First Nation.

“Definitely funding to visit my home community. I have never visited my home community once. (It is a fly in remote community and costs on average \$1,200 for a round trip).”

–Participant

Many of these responses in the “Ending Discrimination” section of the survey highlighted similar issues, wants, and needs to First Nations youth from non-remote communities, for example keeping families together, social service navigators, support accessing housing and when aging out, and funding to visit or reconnect to communities, families, and traditional territories, amongst other ideas.

However, some unique responses were also given. The words “equal” and “equality” were used by several respondents from remote communities in their responses across all the questions in this section. Respondents wanted to be equal to everyone else, to have equality in child and family services provision, experience equal access to services, and ensure equal rights are recognized and upheld.

“They should start showing more about the [realities] of how we get treated in care... They should show how much we get taken and separated from [our] land into bad places”

—Participant

When asked what Canada could do to stop discrimination in FNCFS, a respondent from a remote community indicated that Canada needs to “increas[e] capital,” for example more and/or improved infrastructure like clean water systems and more and/or improved buildings like houses, service centres, and community centres. Another respondent from a remote community stated that realities that First Nations youth in and from care face must be shown to the public.

When asked what youth personally want or need to address the impacts of the discrimination, several respondents indicated in addition to various supports discussed earlier and elsewhere in the report, they needed funding for recreational and material needs (like hockey equipment, a laptop for school, desk and chair, etc.) as well as to be able to be considered by their band for supports available to those who weren’t removed from their communities, like post-secondary education funding and certain financial supports.

First Nations Youth In and From Care Are the Experts

Lastly, what we heard was a lot of solutions!

Despite surviving child welfare and the many traumas that First Nations youth have experienced at the hands of Canada, there is still so much hope for themselves and the future generations. These young people took time out of their days to clearly express to Canada how they want to be treated and what the solutions to seeing a future of thriving First Nation communities and youth looks like. We had put their solutions and visions for the future directly into the next section: What Needs to Happen.

What Needs to Happen

Past (Prevention)

While we cannot turn back time to undo the harm and abuse that Indigenous youth and children have experienced in child welfare, we can use the lessons of hindsight and the generations of reports, recommendations and solutions to prevent harm and abuse from happening to another generation of Indigenous youth and children.

“Acknowledging colonialism and trauma. Understanding negative impact and discrimination against Ind [sic] people”

—Participant

“Nothing for us without us”

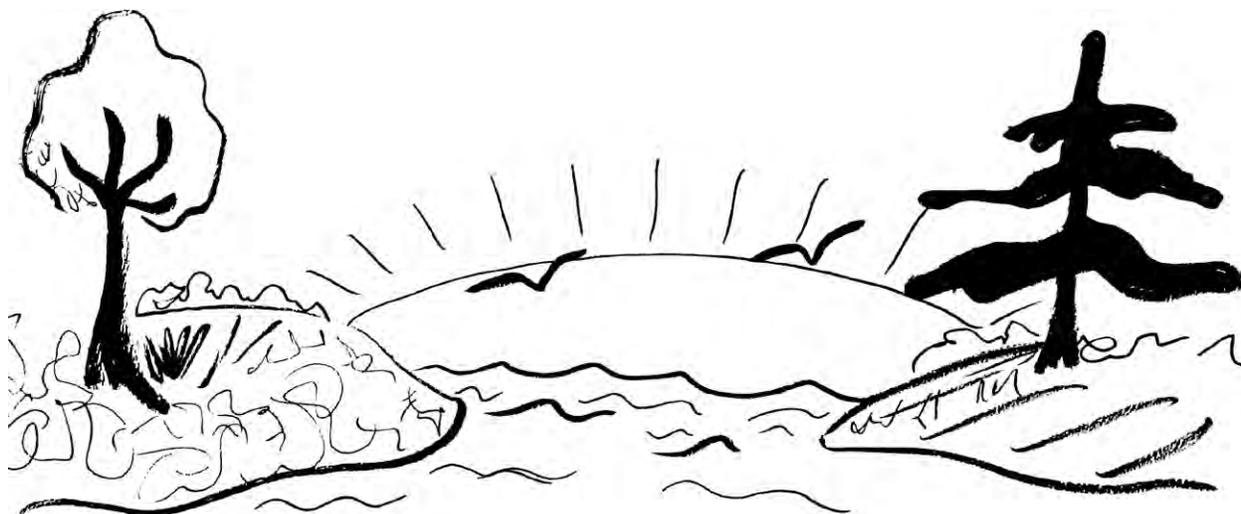
“for Indigenous, by Indigenous”

—Participants

1 Acknowledgement Followed by Action

Canada and its provinces/territories must acknowledge and be honest about the violence they have caused to Indigenous youth and children and their families through their policies and legislation. This acknowledgement of past and ongoing violence must be followed up with actions and systemic changes.

Within this acknowledgement, Indigenous rights as well as distinctions-based rights, treaty rights, and inherent rights must be recognized. Indigenous peoples must be involved in every aspect of these systems that impact them **alongside evaluation of these systems to ensure ideologies are remedies**. Furthermore, First Nations must be supported to move to self government with culturally based and equitable funding if they want to go that path.



“Recognizing that these are children they’re dealing with, not just a number in the system. I am a human and need to be treated like one. I feel that their [sic] needs to be more supports for these children. Most of these kids are going to live with so many psychological problems because of the system.”

—Participant

Canada must fully implement the Truth and Reconciliation Commission 94 Calls to Action and the Calls to Justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls. The Survivors who bravely gave their testimony in the course of the Commission and Inquiry gifted Indigenous peoples and Canadians the Calls to Action and Calls to Justice to ensure that not one more generation of Indigenous young people have to experience what they experienced. Indeed, the findings of both the Commission and Inquiry found that the ongoing overrepresentation of Indigenous child in the child welfare system is the legacy of the residential school system, 60s Scoop, removal from land, and other forms of colonialism.

The Spirit Bear Plan is also an important guide to fulfill this much needed work.



Spirit Bear Plan

End Inequalities in Public Services for First Nations Children, Youth and Families

First Nations children and families living on reserve and in the Territories receive public services funded by the federal government. Since confederation, these services have fallen significantly short of what other Canadians receive. This injustice needs to end and Spirit Bear's Plan will do just that.

Spirit Bear calls on:

- 1 **CANADA** to immediately comply with all rulings by the Canadian Human Rights Tribunal ordering it to immediately cease its discriminatory funding of First Nations child and family services. The orders further require Canada to fully and properly implement Jordan's Principle (www.jordansprinciple.ca).
- 2 **PARLIAMENT** to ask the Parliamentary Budget Officer to publicly cost out of the shortfalls in all federally funded public services provided to First Nations children, youth and families (education, health, water, child welfare, etc.) and propose solutions to fix it.
- 3 **GOVERNMENT** to consult with first nations to co-create a holistic Spirit Bear Plan to end all of the inequalities (with dates and confirmed investments) in a short period of time sensitive to children's best interests, development and distinct community needs.
- 4 **GOVERNMENT DEPARTMENTS** providing services to First Nations children and families to undergo a thorough and independent 360° evaluation to identify any ongoing discriminatory ideologies, policies or practices and address them. These evaluations must be publicly available.
- 5 **ALL PUBLIC SERVANTS**, including those at a senior level, to receive mandatory training to identify and address government ideology, policies and practices that fetter the implementation of the Truth and Reconciliation Commission's Calls to Action.

SHOW YOUR SUPPORT!

-  **SPREAD THE WORD ON TWITTER** using #SpiritBearPlan and copy @CaringSociety
-  **CONTACT YOUR MEMBER OF PARLIAMENT** and ask them to support the Spirit Bear Plan
-  **CONTACT US** to learn more at info@fncaringsociety.com



First Nations Child & Family
Caring Society of Canada

fncaringsociety.com/spirit-bear-plan

2 Creation of Youth in Care Accountability Mechanism

It is an understatement to say that the relationship between Indigenous youth, children, families and communities and Canada is tense and strained. Trust has been broken. Those that have been impacted by child welfare want to see justice and accountability. Canada cannot be trusted to make the best decisions for Indigenous youth and children and Canada's promise to do better cannot be trusted. Until trust can be rebuilt, there must be a mechanism in place that can hold Canada accountable. This mechanism must be led and designed by Indigenous youth as mentioned in *Accountability in Our Lifetime: A Call to Honour the Rights of Indigenous Children and Youth*:

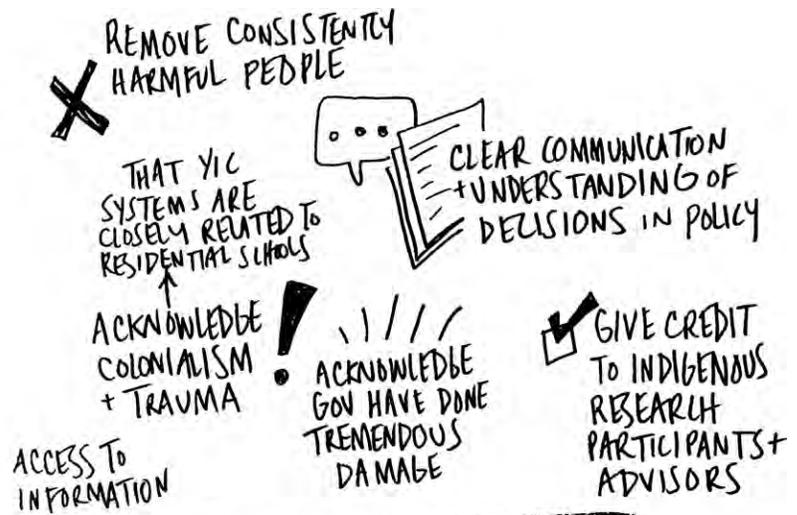
Prior to establishing a National Children's Commissioner, Indigenous youth must be ethically engaged in the decision making process. This looks like:

Holding regional gatherings with Indigenous youth.

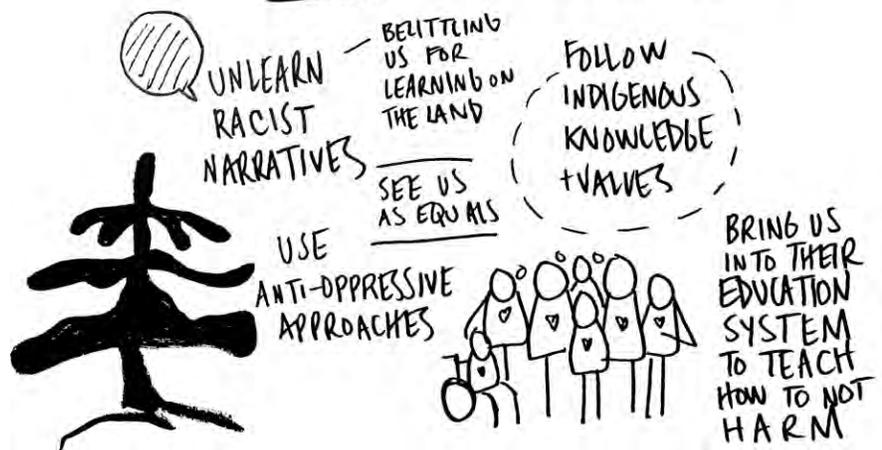
Discussions regarding a National Children's Commissioner are not predetermined.

Research following the guidelines from A Way Forward: Ethical Engagement with and by Indigenous Youth.

Indigenous youth and children need space to determine what the best Youth Accountability Mechanism will look like.



ACCOUNTABILITY



An accountability mechanism would have functions such as responding to complaints from Indigenous youth and families, supporting access and navigation of Jordan's Principle, evaluating and reviewing child welfare services and upholding a standard of ethics (see Recommendation 3). Such a mechanism would need to be inclusive of all Indigenous youth, not just those age 18 and under. It would need the ability to make binding orders that address the systemic reforms required as well as any other powers that the youth may have described.

All forms of abuse, especially physical and sexual abuse, must be taken very seriously. Survivors must be prioritized and perpetrators must be held

accountable. Survivors of abuse while in care should be provided mental health and survivors' supports immediately and throughout their life as long as needed.

There needs to be a “measuring stick” for the ongoing need for mental health, physical health, preventative supports, access to material needs and other important needs and outcomes.

3 *Ethical Indigenous Youth Standard Accompanied by Accountability and Reviews*

Public servants, such as social workers, policy makers, and police officers, as well as group home workers and any person in close proximity to youth in care must be properly trained in anti-racism, the history of colonization, the impact of child welfare on Indigenous families and communities and cultural competency in relation to the Indigenous territory they are operating on and the Indigenous nations they are working with. Anyone working with Indigenous youth and children must have a reliable security clearance and vulnerable persons check.

Indigenous youth, children and families must have access to complaints procedures regarding any type of inappropriate behaviours, abuse and/or racism made by social workers, group home workers, etc. Service providers that are working closely with Indigenous youth and children such as foster homes, group homes, etc. must be evaluated regularly by Indigenous youth in/from care.

“You have the right to food, clothing, a safe place to live, and opportunities to do what others can. The government should help families and children who cannot afford this.”

– Article 27, *United Nations Convention on the Rights of the Child*

4 *Keeping Families Together*

The biggest reason for the amount of Indigenous youth and children in care is due to underfunding for basic needs that all families should have access to.

In order to address to the overrepresentation of Indigenous youth and children in care, families must have access to culturally relevant services and supports, including but not limited to the following:

- Training and resources for parents with children with diverse types of disabilities (learning, visual, physical, illness, etc.)
- Therapy and mental health supports
- Trauma-informed, comprehensive social services
- Peer-to-peer supports
- Kinship Care
- Employment, Trades and Skills Development opportunities
- Safe and proper housing
- Clean water
- Access to food and clothing
- Post-secondary schooling
- Addictions counselling
- Access to land and ceremonies
- Cooking classes
- Daycares and nurseries
- Doulas and midwives
- Coping skills
- Hobbies for children (e.g., swimming classes, dance classes, etc.)
- Access to sports
- Emergency fund for families and youth (e.g., to prevent eviction, respond to family emergencies, etc.)

5 *Fair and Equitable Funding*

There must be a transition of funding from reactive measures to preventative measures. Many participants recall being removed from their families due to poverty while being placed in a non-Indigenous family who was offered compensation to look after them. If there is funding to cover the removal of Indigenous youth and children from their families, there is funding to keep families together. The existing funding models must be adjusted to put the well-being of Indigenous youth and children first before investing into institutionalization.

Canada and its provinces must come to the realization that the longer Indigenous youth and children are underfunded and harmed through systemic

abuse, the more it will cost taxpayers in the long run. This has been described in terms of the child welfare to prison pipeline, hospitalization and health care costs, class action lawsuits, etc. **Funding needs to be equitable, culturally relevant and tied to the well-being of young people. Funding must aim towards the thriving of Indigenous peoples and not bare minimal survival and often time less than survival.**

This looks like providing funding for services and supports recommended in #4 as well as committing to the creation of a foundation for youth in care (#11).

“The anticipated economic, social and cultural benefits of fully implementing the recommended reforms are substantial, benefiting First Nations children, families, Nations and Canadian society at large. The social benefits are significant—the cost is minimal representing 1.25% of the 8 billion dollar surplus budget that Canada reported in 2004/2005.”

—Wen:De: *The Journey Continues*¹³

“First and foremost, by ensuring that the future of the *First Nations child and family Services Act* is anti-assimilation policy. Specifically, scrapping the ‘best interest of the child’ policy. This policy fails to recognize that the unfortunate living circumstances Indigenous children find themselves in is a direct consequence from the Indian Residential School system. But how is it ever a good idea to place children from one bad situation into another?”

—Participant

13 <https://fncaringsociety.com/publications/wende-journey-continues-wen-de-nous-poursuivons-notre-route>



Present (While in Care)

There are currently thousands of Indigenous youth and children in care that are in need of proper and ethical services immediately.

6 Commitment to Restoring and Preserving Indigenous Cultures and Languages

“I remember being a teenage [sic] and connecting the dots between my own lived experience and colonialism. I was so hurt and entered a deep state of depression and lashed out by including in drugs and alcohol. I definitely would say at the time I needed trauma informed mental health services, financial support to visit my community and access to land-based activities.”

—Participant

Community and cultural connections while in care is absolutely integral for the well-being of Indigenous children and young people. Over half of respondents identified access to culture as a fundamental support. Steps to revitalize and preserve to safeguard Indigenous cultures and languages can include, but are not limited to:

- Maintaining family connection (each family may have their own traditions, knowledge of the land on their trapline, etc.)
- Access to Native youth groups, especially those led by fellow native youth
- Access to culture including ceremony, language, elders/knowledge keepers, and other cultural mentors

- Visits to community
- Land-based activities and visits to traditional territory
- Safe spaces when visiting community, learning about culture and land-based activities, including space to live, eat, hang out, etc.

7 A Moratorium and Evaluation of Discriminatory or Problematic Programs and Policies:

Policy is one of the most significant methods for the government to take action. Government programs and policies that have a close proximity to Indigenous children and youth must undergo an evaluation to identify any discriminatory mindsets, policies, practices, and remedy them. This includes but is not limited to strengthening and expanding protections from laws against racial discrimination, addition of funding and anti-discrimination clauses to existing child and family services laws and policies, and incorporation of preventative measures. The Indigenous children and youth impacted by these programs and policies must be closely involved in this evaluation.

Future (After Experiencing Child Welfare)



8 Family Reunification Services

While the decision to reconnect with family and community should be fully up to the person who experienced child welfare, the systems that removed the youth or child need to be responsible for reuniting the youth and their families.

Reconnecting with family and community should not be at the expense of the youth who were placed in child welfare. There must be supports which fund youth to visit their communities and traditional territories, (re)connect with their families, and manage the mental impact of this reunification.

- Some examples of what services and supports that must be covered include but are not limited to:
- Services that help find birth family and records or files
- Services that mediate and facilitate contact with initial meetings and going home
- Access to potential mental health supports when going through the reunification
- Travel and accommodations to visit community and family that include supporting people and family.

9 Supports to Transition into Adulthood

Presently, supports to “age out” of child welfare vary by province and territory.

The First Nations Child and Family Services program ends care at age 18, though there is an ongoing moratorium on “aging out” of care due to the COVID-19 pandemic. The Federal 2021 Budget promised to “permanently ensure that First Nations youth who reach the age of majority receive the supports that they need, for up to two additional years, to successfully transition to independence.” It is essential to listen to and incorporate feedback from the youth who will be impacted by this policy change. The decision to formally transition into adulthood must also be made in consultation with the youth leaving care – including based on their own readiness level. Supports must be provided to help youth transition into adulthood.

These supports include but are not limited to:

- A “social safety net” of community, workers, resources, and supports. This includes multiple specialized workers (e.g., transitional workers, housing worker, youth support worker, employment support worker, and cultural connections worker), peers-to-peer supports, Indigenous youth organizations, Indigenous community, family (including chosen), healthcare



“It has impacted my whole family. I’m 25 now and I struggle more than I did as a child in care. As I get older the more I realize things that happened in the foster homes I was placed in were not right, racial slurs, verbal/mental/physical abuse...”

—Participant

providers, auntie/uncle supports, Elder supports and others as identified by youth. This safety net must include readily available information on important community resources and culturally based and equitably funded social programs.

- Safe, appropriate, accessible housing and other infrastructure (water, transportation, etc.)
- Life skills training and assistance (how to cook, do taxes, access to SIN number, getting drivers' license and other IDs)
- Financial support, including a Registered Education Savings Plans (RESP) with contributions from the government and financial management education and access to an emergency fund (to tap into when, for example, facing eviction, family emergencies, etc.)
- Trauma-informed, accessible, and continuous healthcare. It is important health services, including mental health, sexual health, gender affirming care, and harm reduction care, are not cut off once Indigenous youth in care transition to adulthood
- Supporting community and cultural (re)connection, including funding to move to or visit community, participate in land-based activities, and spend time with cultural and language mentors
- Support to finish education at both highschool and postsecondary levels, without age or time limits

10 *Establishing a National Network of Indigenous Youth In/From Care*

This is an ongoing recommendation from the first Gathering of First Nations Youth in Care in 2019. Youth that attended the 2019 and the 2021 gatherings both indicated that they want to stay connected and share their experiences with each other. They also indicated that they want to be involved in decision making that will affect child welfare because they are the experts of this experience.

This was the first national level gathering of its kind for First Nations youth in and from care. The Youth Advisors said they want to continue to have the time and space they need to discuss important and pressing issues, including the following.

1. Become a collective of First Nation Youth Advisors in and from care

a. share best practices

c. continue advocating for reform

d. host more policy round tables across the country

b. share updates

e. advise on court rulings, contribute to policy development, share testimonies, etc.

2. Continue to meet about compensation and settlements

a. learn more about options such as trusts, individual pay-outs, hybrid approaches, etc.

b. keep learning about trust funds, scholarships, pooling compensation, etc.

c. learn about best practices regarding settlements from other Indigenous communities

11 Creation of a Foundation

The creation of a foundation is not in place of compensation that will justly be offered to survivors of the child welfare system but should be complementary to funding reform as stated in recommendation 5.

Canada must invest in an endowment towards the creation of a foundation that would be led by Indigenous youth and children in care and their allies. The foundation would also be able to receive donations from private and public donors. The foundation would be able to offer Indigenous youth and children in and from care the opportunities to do community-based programs and projects working on healing and cultural restoration as well as create a fund which young people in urgent situations can access. The Aboriginal Healing Foundation is an example of a best practice.

Source: Indigenous Youth Voices. (2018). *A Roadmap to the Truth and Reconciliation Commission Call to Action #66*. https://www.a7g.ca/uploads/9/9/9/1/99918202/final_2_-_indigenous_youth_voices_-_roadmap_to_trc_66_-_compressed.pdf

CASE STUDY

ABORIGINAL HEALING FOUNDATION

About the Foundation

In 1998, the Aboriginal Healing Foundation (AHF) was established as a direct outcome from *Gathering Strength: Canada's Aboriginal Action Plan*, released in 1997. The Government of Canada provided an initial \$350 million towards a healing fund to address the legacy of physical and sexual abuse in the Residential School System. The Aboriginal Healing Foundation managed this healing fund and by the end of its run, dispersed over \$27 million (Aboriginal Healing Foundation, 2014) in funding to 4,000+ community-based initiatives (CTV News, 2016) across Canada as part of its mandate to encourage and support Indigenous-directed healing initiatives and research.

The Aboriginal Healing Foundation was a unique model of a national agency designed and run by Indigenous people, focused on consciousness-raising, public education, restitution, and reconciliation. The Foundation's initial 10-year mandate was extended multiple times before it eventually closed in 2014 after the federal government stopped funding the foundation.

"Our vision is of all who are affected by the legacy of physical, sexual, mental, cultural, and spiritual abuse in the Indian residential schools having addressed, in a comprehensive and meaningful way, unresolved trauma, putting to an end the intergenerational cycles of abuse, achieving reconciliation in the full range of relationships, and enhancing their capacity as individuals, families, communities, nations, and peoples to sustain their well-being."

Our mission is to provide resources which will promote reconciliation and encourage and support Aboriginal people and their communities in building and reinforcing sustainable healing processes that address the legacy of physical, sexual, mental, cultural, and spiritual abuses in the residential school system, including intergenerational impacts.

We see our role as facilitators in the healing process by helping Aboriginal people and their communities help themselves, by providing resources for healing initiatives, by promoting awareness of healing issues and needs, and by nurturing a broad, supportive public environment. We help Survivors in telling the truth of their experiences and being heard. We also work to engage Canadians in this healing process by encouraging them to walk with us on the path of reconciliation" (Aboriginal Healing Foundation, n.d.)

Leadership and Representation

Leadership of the Aboriginal Healing Foundation took a distinctions-based approach and was taken up by the five national Aboriginal political organizations: the Assembly of First Nations, the Congress of Aboriginal Peoples, the Inuit Tapiriit of Canada (renamed Inuit Tapiriit Kanatami in 2001), the Métis National Council, and the Native Women's Association of Canada (Spear, 2014, 48).

Its Board of Directors represented, in fixed proportion, all three respective Indigenous groups. First Nations, Inuit, and Métis; there were 17 board members in total (Spear, 2014, 23). Nine members were appointed by the five national Aboriginal political organizations and the Government, and eight additional members were chosen by the existing board members from candidates nominated by the public-at-large (Spear, 2014, 53).

The Foundation and the board conducted itself based on recommendations and guiding principles developed by attendees of one of the first major events the Foundation held in Squamish, BC: a three-day Residential School Healing Strategy Conference (Spear, 2014, p. 58).

Main Activities of the Foundation

1. FUNDING
As a funding agency, the Aboriginal Healing Foundation funded community-based initiatives addressing the legacy and impact of Residential Schools. Examples of funded activities included healing activities out on the land, counseling, parenting skills workshops,

Closing

“I’m really hoping, that people can see us as people.”

—Focus Group Participant

The overrepresentation of children and youth in care would not exist if it was not for the underfunding or lack of funding for basic needs such as proper housing, clean drinking water, employment opportunities and unresolved trauma from discriminatory programs and policies such as the residential school system. Canada must admit to these acts of genocide and commit to working towards the solutions as indicated by Indigenous children, youth, families, communities and their allies.

The irony is that discriminating against Indigenous children and youth is an unnecessary expense for Canadians. Underfunding basic needs of Indigenous children and families actually costs governments more money in the long term than investing in the solutions. Canada has ignored the red flags for far too long by ignoring Indigenous voices and in some cases, directly invested in the discrimination against Indigenous children and youth. It is painful for survivors to imagine how their lives could have been if their well-being was honoured and respected but Canadians now have an opportunity to correct the inequalities and invest in bright and beautiful futures of all First Nations children and youth. It is not too late and hope is still alive that First Nations children and youth can not only survive but they can thrive.

“Children and youth with complex needs face multiple, interconnected challenges which require formal collaboration among departments/agencies, including but not limited to, child welfare, schools through sporadic attendance, the youth justice system, emergency departments dealing with violent injuries, and mental health/addiction crisis and treatment services. The most complex children and youth are estimated to cost the province between \$1 and \$2 million per child per year and with limited positive life outcomes (2018, p.41).”

—Finding the Way Back¹⁴

14 Manitoba Advocate for Children and Youth. (2021). *Finding the Way Back: An aggregate investigation of 45 boys who died by suicide or homicide in Manitoba*. Winnipeg, MB. <https://manitobaadvocate.ca/wp-content/uploads/MACY-Special-Report-Finding-the-Way-Back.pdf>



Appendix

This appendix contains short notes which compile answers from several of the key questions asked in the survey. This appendix should not be used as a limiting factor for services, supports, and funding which go beyond the wants and needs identified by youth in/from care here.

Q10: What can Canada do to stop the discrimination in the system of First Nations child and family services?

- Support families to stay together, including through improvements to other social programs like income assistance and reunification homes or transition homes.
- Provide preventative supports that strengthen families like addictions treatment and supports, fostering healthy environments for families, and ensure “security” for children and families (social, economic, mental, and physical)
- Uphold “traditional” social safety nets like aunts, uncles, and grandparents.
- Support youth who age out
- Implement Jordan’s Principle
- Increase on-reserve funding
- Support self-government, recognize First Nations rights, listen to communities and involve in every aspect of these systems and changes
- Recognize trauma, provide mental health supports
- Service navigators for youth
- Employment and income support for families and youth in/from care
- Cultural events
- Culturally appropriate approach to child and family services (CFS)
- Adequate resources and funding
- Professional, non-discriminatory workers
- Anti-racism education and laws
- Ensure basic human rights, equal rights, etc. are met and upheld
- Access to information, public awareness, public education, and research
- Increased capital, including infrastructure like housing and clean water
- Proper policies
- Accountability methods to address discrimination, poor services, and ensure First Nations are included

Q11: What must Canada do in order to prevent discrimination from ever occurring again in this way?

- Safe homes
- New and/or revised policies, laws, and regulations at all government levels
- Unpack and address systemic racism and biases. Decolonize. Provide anti-racism training and reparations
- Accountability mechanism(s)
- Accessible resources and organizations which provide them
- Cultural and traditional knowledge incorporated into systems of care
- Fair evaluations from band councils for customary care
- Family support without needing to be reported to CFS. Combined child and parent supports and programs, so they don't need to be separated to heal.
- Education (anti-racism, about the system, etc.) and information made public.

Q12: If you have experienced negative impacts from the discriminatory underfunding, is there anything you personally would want or need to address these impacts? (e.g. family reunification services, funding to visit your traditional territory/community, housing supports (note these examples are based on feedback received from the Youth Advisors at the Fall 2019 gathering))

- Reunification services
- Housing access and supports (for youth alone, as well as families, as well as safe new housing), credit and co-signer, damage deposits, etc.
- Educational supports for completing high school, university, etc.
- Counselling, therapy, and other mental health supports (including addictions support from a harm reduction approach)
- Parental supports for both parents whose children may be apprehended and youth in care who are also parents
- Reparations for suffering
- Comprehensive, equitably funded social assistance and case management services
- Accountability
- More funding while in care, including for stuff considered "extra" like recreational activities, laptops, clothing, supports (tutors, etc.)
- Greater support from band for everything
- **NOTE:** a couple of respondents said they'd give their resources to others because they're doing mostly okay and know others aren't. They might be coming from the understanding (and current reality) that funds and supports are limited and therefore believe they need to reduce their rightful supports or minimize their needs so others in greater need can have access. It shouldn't be like this!

Q19: Please share what supports you believe could be helpful to maintain connection (e.g. financial support to visit community, access to land-based activities (note these examples are based on feedback received from the Youth Advisors at the Fall 2019 gathering))

- Native youth groups
- Maintaining family connections
- Indigenous workers
- Cultural access including ceremony, language, and elders/knowledge keepers
- Safe spaces
- Infrastructure like water and housing on reserve
- Accountable CFS
- Life skills (getting a bank account, getting a SIN, doing taxes, etc.)
- Land-based programs and access
- Visits to community
- Adequate funding for all this

Q20: As an Indigenous youth in/from care, what supports did you or do you need to transition to adulthood?

- Housing (safe, proper, etc.), phone and internet plans, furniture, and laptops
- Workers for transitions, youth support, housing, cultural connections, etc. – case management and service navigators
- Peer support programs
- Community resource list and accessibility
- Cultural mentors and language mentors
- Mental health support – trauma informed too!
- Transportation that is accessible and available
- Financial support, education, and management (including RESP)
- Employment access and support
- Life skills development (help getting license, filing taxes, etc.)
- Healthcare access (culturally appropriate, continuous, 2SLGBTQIA+ friendly)
- Access to land-based activities
- Funding to visit or move to community
- Fair funding for all social programs
- Harm reduction services and rehab options
- Education support
- One respondent said: *“I cant comment on this because I have no idea even how to”*

**This is Exhibit "F" referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G

**First Nations Child and Family Services,
Jordan's Principle, Trout Class Settlement
Agreement**

Table of Contents of the Settlement Agreement

ARTICLE 1 – INTERPRETATION 9

1.01 Definitions 9

1.02 Headings 19

1.03 Extended Meanings 19

1.04 Interpretation 20

1.05 Statutory References 20

1.06 Business Day 20

1.07 Currency 20

1.08 Compensation Inclusive 20

1.09 Schedules 20

1.10 Benefit of the Agreement 21

1.11 Applicable Law 21

1.12 Counterparts 21

1.13 Official Languages 21

1.14 Ongoing Supervisory Role of the Court 21

ARTICLE 2 - EFFECTIVE DATE OF AGREEMENT 21

2.01 Date when Binding and Effective 21

2.02 Effective Upon Approval 21

2.03 Legal Fees Severable 21

ARTICLE 3 – ADMINISTRATION 22

3.01 Designation of Administrator 22

3.02 Duties of the Administrator 22

3.03 Appointment of the Third-Party Assessor 24

3.04 Responsibility for Costs 24

ARTICLE 4 - TRUST FUND 25

4.01 Establishment of the Trust Fund 25

4.02 Distribution of the Trust Fund 25

ARTICLE 5 - CLAIMS PROCESS 26

5.01 Principles Governing Claims Administration 26

5.02 Eligibility Decisions and Enhanced Compensation Decisions 27

ARTICLE 6 - COMPENSATION 28

6.01 General Principles Governing Compensation 28

| | |
|--|-----------|
| 6.02 Governing Principles on Removed Children | 29 |
| 6.03 Removed Child Class Compensation..... | 29 |
| 6.04 Caregiving Parents or Caregiving Grandparents of Removed Child Class..... | 30 |
| 6.04.01 Priorities in Compensation for Removed Child Family Class Members..... | 31 |
| 6.05 Governing Principles Regarding Jordan’s Principle and Trout Classes..... | 33 |
| 6.06 Jordan’s Principle and Trout | 33 |
| 6.07 Safety Clause for Exceptional Jordan’s Principle and Trout Cases..... | 37 |
| 6.07.01 Exceptional Early Payment of Compensation Funds | 38 |
| 6.08 Priorities in Distribution of Surplus..... | 39 |
| 6.09 Reallocation of Budgets | 40 |
| 6.10 Income on Trust Fund | 40 |
| 6.11 Option to invest compensation funds | 41 |
| 6.12 Adjustment for Time Value of Compensation Money | 41 |
| ARTICLE 7 – CY-PRÈS FUND | 41 |
| 7.01 Governing Principles | 41 |
| ARTICLE 8 – SUPPORTS TO CLASS IN CLAIMS PROCESS..... | 43 |
| ARTICLE 9 - EFFECT OF AGREEMENT | 44 |
| 9.01 Releases | 44 |
| 9.02 Continuing Remedies | 45 |
| 9.03 Canadian Income Tax and Social Benefits..... | 46 |
| ARTICLE 10 - IMPLEMENTATION OF THIS AGREEMENT..... | 47 |
| 10.01 Settlement Approval Order..... | 47 |
| 10.02 Notice Plan..... | 48 |
| ARTICLE 11 - OPTING OUT..... | 48 |
| 11.01 Opting Out..... | 48 |
| 11.02 Automatic Exclusion for Individual Claims..... | 48 |
| ARTICLE 12 - SETTLEMENT IMPLEMENTATION COMMITTEE | 48 |
| 12.01 Composition of Settlement Implementation Committee..... | 48 |
| 12.02 Settlement Implementation Committee Fees | 51 |
| 12.03 Settlement Implementation Committee Responsibilities | 51 |
| 12.04 Investment Committee | 52 |
| ARTICLE 13 - PAYMENTS FOR DECEASED INDIVIDUAL CLASS MEMBERS AND PERSONS UNDER DISABILITY..... | 53 |
| 13.01 Persons Under Disability | 53 |

| | |
|---|-----------|
| 13.02 General Principles for Compensation if Deceased..... | 53 |
| 13.03 Compensation if Deceased: Grant of Authority or the Like..... | 54 |
| 13.04 Compensation if Deceased: No Grant of Authority or the Like | 54 |
| 13.05 Canada, Administrator, Class Counsel, Third-Party Assessor, Settlement Implementation Committee, and Investment Committee Held Harmless..... | 56 |
| ARTICLE 14 - TRUSTEE AND TRUST..... | 56 |
| 14.01 Trust | 56 |
| 14.02 Trustee | 57 |
| 14.03 Trustee Fees..... | 57 |
| 14.04 Nature of the Trust | 57 |
| 14.05 Legal Entitlements..... | 58 |
| 14.06 Records | 58 |
| 14.07 Quarterly Reporting | 58 |
| 14.08 Annual Reporting | 58 |
| 14.09 Method of Payment..... | 59 |
| 14.10 Additions to Capital..... | 59 |
| 14.11 Tax Elections | 59 |
| 14.12 Canadian Income Tax..... | 59 |
| ARTICLE 15 – AUDITORS..... | 59 |
| 15.01 Appointment of Auditors | 59 |
| 15.02 Payment of Auditors | 60 |
| ARTICLE 16 - LEGAL FEES..... | 60 |
| 16.01 Class Counsel Fees | 60 |
| 16.02 Ongoing Legal Services..... | 61 |
| 16.03 Ongoing Fees..... | 61 |
| ARTICLE 17 - GENERAL DISPUTE RESOLUTION | 61 |
| ARTICLE 18 - TERMINATION AND OTHER CONDITIONS | 62 |
| 18.01 Termination of Agreement | 62 |
| 18.02 Amendments..... | 62 |
| 18.03 Non-Reversion of Settlement Funds..... | 62 |
| 18.04 No Assignment | 62 |
| ARTICLE 19 – WARRANTIES AND REPRESENTATIONS ON SIZE OF THE CLASS..... | 63 |
| ARTICLE 20 – CONFIDENTIALITY | 63 |
| 20.01 Confidentiality..... | 63 |

| | |
|--|-----------|
| 20.02 Destruction of Class Member Information and Records | 63 |
| 20.03 Confidentiality of Negotiations | 64 |
| ARTICLE 21 – COOPERATION..... | 64 |
| 21.01 Cooperation on Settlement Approval and Implementation..... | 64 |
| 21.02 Public Announcements | 64 |
| ARTICLE 22 – IMMUNITY..... | 64 |
| ARTICLE 23 – PUBLIC APOLOGY | 65 |
| ARTICLE 24 – COMPLETE AGREEMENT | 65 |

SCHEDULES

- Schedule A:** Consolidated Action Certification Order
- Schedule B:** Trout Action Certification Order
- Schedule C:** Framework for Supports for Claimants in Compensation Process
- Schedule D:** Provincial and Territorial Ages of Majority
- Schedule E:** Summary Chart of Jordan’s Principle / Trout Approach
- Schedule F:** Examples Chart of Removed Child Family Class Approach
- Schedule G:** Investment Committee Guiding Principles

SETTLEMENT AGREEMENT

THIS AGREEMENT is dated effective as of March 31, 2022 (“**Effective Date**”).

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE by his Litigation Guardian, Jonavon Joseph Meawasige, and JONAVON JOSEPH MEAWASIGE

(together, the “**Moushoom Plaintiffs**”)

AND:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

(together, the “**AFN Plaintiffs**”)

AND:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

(together, the “**Trout Plaintiffs**”)

AND:

HER MAJESTY THE QUEEN IN RIGHT OF CANADA

(“**Canada**”)

(collectively, “**Parties**”)

WHEREAS:

- A. On March 4, 2019, the Moushoom Plaintiffs commenced a proposed class action in the Federal Court under Court File Number T-402-19 (the “**Moushoom Action**”), seeking compensation for discrimination dating back to April 1, 1991.
- B. On January 28, 2020, the AFN Action Plaintiffs also filed a proposed class action in the Federal Court under Court File Number T-141-20 (the “**AFN Action**”) regarding similar allegations dating back to April 1, 1991.
- C. On July 7, 2021, the Honourable Justice St-Louis ordered that the Moushoom Action and the AFN Action be consolidated with certain modifications (the “**Consolidated Action**”).
- D. The parties to the Consolidated Action engaged in mediation in accordance with the Federal Court Guidelines for Aboriginal Law Proceedings (dated April 2016) to resolve all or some of the outstanding issues in the Consolidated Action. The Honourable Leonard Mandamin acted as mediator from November 1, 2020 to November 10, 2021.

- E. On July 16, 2021, the Trout Plaintiffs filed a proposed class action in the Federal Court under Court File Number T-1120-21 (the “**Trout Action**”) regarding the Crown’s discriminatory provision of services and products between April 1, 1991 and December 11, 2007.
- F. On September 29, 2021, in reasons indexed at 2021 FC 969, Justice Favel of the Federal Court of Canada upheld the Canadian Human Rights Tribunal (the “**Tribunal**”) decision made in Tribunal File: T1340/7008 (the “**CHRT Proceeding**”) indexed at 2019 CHRT 39 (the “**Compensation Order**”) in which the Tribunal awarded compensation to Children and their caregiving parents or caregiving grandparents impacted by Canada’s systemic discrimination in the underfunding of child and family services on reserve and in the Yukon, and its narrow interpretation of Jordan’s Principle.
- G. On or about November 1, 2021, the parties entered into negotiations outside of the Federal Court mediation process.
- H. The parties, by agreement, appointed the Honourable Murray Sinclair to act as chair of the negotiations.
- I. The parties worked collaboratively to determine the class sizes of the Consolidated Action and the Trout Action.
- J. The parties separately engaged experts (“**Experts**”) to prepare a joint report on the estimated size of the Removed Child Class, as defined herein, on which the parties would rely for settlement discussions (the “**Joint Report**”).
- K. The Experts relied on data provided by Indigenous Services Canada (“**ISC**”) in preparing the Joint Report. ISC communicated to the experts and plaintiffs counsel that the data often came from third-party sources and was in some cases incomplete and inaccurate. The Joint Report referred to and took into account these factors.
- L. The Experts estimated that there were 106,200 Removed Child Class Members from 1991 to March 2019. The Experts advised that this class size must be adjusted to 115,000 to cover the period from March 2019 to March 2022 (the “**Estimated Removed Child Class Size**”). The Estimated Removed Child Class Size was determined based on the data received from ISC and modelling taking into account gaps in the data.
- M. Canada provided to the plaintiffs estimates of the Jordan’s Principle Class Size, which were between 58,385 and 69,728 for the period from December 12, 2007 to November 2, 2017 (the “**Jordan’s Principle Class Size Estimates**”). The Parties understand that the Jordan’s Principle Class Size Estimates were based on a single 2019-2020 quarter.
- N. Based on the Jordan’s Principle Class Size Estimates, the plaintiffs estimated the size of the Trout Class, as defined below, to be approximately 104,000.

- O. Based on the Parliamentary Budget Officer Report, *Compensation For The Delay and Denial of Services to First Nations Children*, dated February 23, 2021, there are 1.5 primary caregivers per First Nations child.
- P. On November 26, 2021, the Federal Court granted certification of the Consolidated Action on consent of the parties.
- Q. On February 11, 2022, the Federal Court granted certification of the Trout Action on consent of the parties.
- R. The Moushoom Plaintiffs, the AFN Plaintiffs and the Trout Plaintiffs (collectively, the “**Representative Plaintiffs**”) and Canada concluded an agreement in principle (“**AIP**”) on December 31, 2021 which set out the principal terms of their agreement to settle the Consolidated Action and the Trout Action (collectively, the “**Actions**”) and which forms the basis of this Agreement.
- S. On March 24, 2022, the Tribunal established March 31, 2022, as the end date for compensation to individuals included in the Removed Child Class and the Family of Removed Child Class.
- T. In drafting this Agreement, the Parties:
- i) Intend a fair, comprehensive and lasting settlement of all claims raised or capable of being raised in the consolidated action, the Trout action and the CHRT proceeding including that:
 - (a) Canada knowingly underfunded child and family services for First Nations Children living on Reserve and in the Yukon;
 - (b) Canada’s failure to comply with Jordan’s Principle, a legal requirement designed to safeguard First Nations Children’s existing substantive equality rights guaranteed in the *Canadian Charter of Rights and Freedoms* (“**Charter**”); and
 - (c) Canada’s failure to provide First Nations Children with essential services available to non-First Nations Children or which would have been required to ensure substantive equality under the *Charter*;
 - ii) Intend that the Claims Process be administered in an expeditious, cost-effective, user-friendly, culturally sensitive, and trauma-informed manner;
 - iii) Desire to:
 - (a) safeguard the best interests of the Class Members who are minors and Persons under Disability;
 - (b) minimize the administrative burden on Class Members; and

(c) ensure culturally informed and trauma-informed mental health and cultural support services, as well as navigational assistance are available to Class Members.

U. This settlement agreement is designed such that some Class Members, or subsets of Class Members, receive direct compensation, while some others indirectly benefit from the settlement agreement without receiving direct compensation.

NOW THEREFORE in consideration of the mutual agreements, covenants, and undertakings set out herein, the Parties agree as follows:

ARTICLE 1 – INTERPRETATION

1.01 Definitions

In this Agreement, the following definitions apply:

“**Abuse**” means sexual abuse or serious physical abuse causing bodily injury, but does not include neglect nor emotional maltreatment.

“**Actions**” has the meaning set out in the Recitals.

“**Actuary**” means the actuary or firm of actuaries appointed by the Court on the recommendation of the Settlement Implementation Committee who is, or in the case of a firm of actuaries, at least one of the principals of which is, a Fellow of the Canadian Institute of Actuaries.

“**Administrator**” means the administrator appointed by the Court and its successors appointed from time to time pursuant to the provisions of Article 3.

“**AFN**” means the Assembly of First Nations.

“**AFN Supports**” has the meaning set out in Article 8.

“**Age of Majority**” means the age at which a Class Member is legally considered an adult under the provincial or territorial law of the province or territory where the Class Member resides, attached hereto as Schedule D.

“**Agreement**” means this settlement agreement, including the Schedules attached hereto.

“**AIP**” has the meaning set out in the Recitals.

“**Approved Jordan’s Principle Class Member**” means a Jordan’s Principle Class Member whose Claim has been accepted by the Administrator, or on appeal by the Third-Party Assessor.

“**Approved Jordan’s Principle or Trout Family Class Member**” means a Jordan’s Principle or Trout Family Class Member whose Claim has been accepted by the Administrator, or on appeal by the Third-Party Assessor.

“Approved Removed Child Class Member” means a Removed Child Class Member whose Claim has been accepted by the Administrator, or on appeal by the Third-Party Assessor.

“Approved Removed Child Family Class Member” means the Caregiving Parent or Caregiving Grandparent of a Removed Child Class member, whose Claim has been accepted by the Administrator, or on appeal by the Third-Party Assessor.

“Approved Trout Child Class Member” means a Trout Child Class Member whose Claim has been accepted by the Administrator, or on appeal by the Third-Party Assessor.

“Assessment Home” means a home designed for an initial short-term placement where the needs of a Child are being assessed in order to match them to a longer term placement.

“Auditors” means the auditors appointed by the Court and their successors appointed from time to time pursuant to the provisions of Article 15.

“Band List” has the meaning set out in sections 10-12 of the *Indian Act*.

“Band” has the meaning set out in the *Indian Act*.

“Base Compensation” means the amount of compensation (excluding any applicable Enhancement Payment) approved by the Court as agreed to by the Plaintiffs, or the Settlement Implementation Committee based on advice from the Actuary, as part of the Claims Process, to be paid to an Approved Removed Child Class Member, an Approved Jordan’s Principle Class Member, an Approved Trout Child Class Member, an Approved Removed Child Family Class Member, or an Approved Jordan’s Principle or Trout Family Class Member. Such Base Compensation may be different for different Classes and may be made in more than one installment as the implementation of the Claims Process may require.

“Budget” means each of the Budgets set out in Article 6.

“Business Day” means a day other than a Saturday or a Sunday or a day observed as a holiday under the laws of the province or territory in which the person who needs to take action pursuant to this Agreement is ordinarily resident or a holiday under the federal laws of Canada applicable in the said province or territory.

“Canada” has the meaning set out in the preamble.

“Caregiving Grandparent” and **“Caregiving Grandparents”** means a biological or adoptive caregiving grandmother or caregiving grandfather who lived with and assumed and exercised parental responsibilities over a Removed Child Class Member at the time of removal of the Child, or a Jordan’s Principle Class Member or a Trout Child Class Member at the time of the Child’s Confirmed Need for an Essential Service. Relationships

of a foster parent or stepparent to a Child are excluded from giving rise to a Caregiving Grandparent relationship under this Agreement.

“Caregiving Parent” and **“Caregiving Parents”** means the caregiving mother or caregiving father, living with, and assuming and exercising parental responsibilities over a Removed Child Class Member at the time of removal of the Child, or a Jordan’s Principle Class Member or a Trout Child Class Member at the time of the Child’s Confirmed Need for an Essential Service. Caregiving Parent includes biological parents, adoptive parents and Stepparents. A foster parent is excluded as a Caregiving Parent under this Agreement.

“Certification Orders” mean collectively the order of the Court dated November 26, 2021, certifying the Consolidated Action as a class proceeding and the order of the Court dated February 11, 2022, certifying the Trout Action as a class proceeding, copies of which are attached hereto as Schedules A and B.

“Child” or **“Children”** for the purposes of the Removed Child Class means a person who was, at the time of removal, under the Age of Majority of the person’s place of residence as set out in Schedule D, Provincial and Territorial Ages of Majority, and for the purposes of the Jordan’s Principle Class and Trout Child Class means a person under the provincial and territorial Age of Majority of the person’s place of residence as set out in Schedule D, Provincial and Territorial Ages of Majority at the time of the existence of the Confirmed Need for an Essential Service.

“Claim” means a claim for compensation made by or on behalf of a Class Member.

“Claimant” means a person who makes a Claim by completing and submitting a Claims Form to the Administrator, or on whose behalf a Claim is made by such Class Member’s Estate Executive, Estate Claimant or Personal Representative.

“Claims Deadline” means the date that is:

- (a) three (3) years following the delivery of the initial notice of approval of settlement for Class Members who have reached the Age of Majority by the date on which notice is delivered;
- (b) for class members under the Age of Majority, three (3) years after reaching the Age of Majority, so long as that date is at least three years from the date in (a); or
- (c) a reasonable extension of the Claims Deadline for individual Class Members approved on request by the Administrator on the grounds that the Claimant faced extenuating personal circumstances and was unable to submit a Claim as a result of physical or psychological illness or challenges, including homelessness, incarceration or addiction, or due to unforeseen community circumstances such as epidemics, community internet connectivity, pandemics, natural disasters,

community-based emergencies or service disruptions at a national, regional or community level.

“Claims Form” means a written declaration in respect of a Claim by a Class Member with Supporting Documentation or such other form as may be recommended by the Administrator and agreed to by the Settlement Implementation Committee.

“Claims Process” means the process, including a distribution protocol, to be further designed and detailed in accordance with this Agreement for the distribution of compensation under this Agreement to eligible Class Members. The Claims Process also includes, but is not limited to, the Incarcerated Class Members Process and such other processes as may be recommended by the Administrator and experts, agreed to by the Plaintiffs and approved by the Court, for the submission of Claims, determination of eligibility, assessment, verification, determination of possible enhancement, payment of compensation to Class Members, and the role of the Third-Party Assessor.

“Class” means Jordan’s Principle Class, Jordan’s Principle Family Class, Removed Child Class, Removed Child Family Class, Trout Child Class, and Trout Family Class, collectively. Reference to a “class” or “classes” with a lower case “c” is to any of the Jordan’s Principle Class, Jordan’s Principle Family Class, Removed Child Class, Removed Child Family Class, Trout Child Class, or Trout Family Class as may apply within the context of such reference.

“Class Counsel” means Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Nahwegahbow Corbiere, and Fasken LLP, collectively.

“Class Member” and **“Class Members”** means any one or more individual members of the Class.

“Confirmed Need” means the need of a member of the Jordan’s Principle Class or Trout Child Class as confirmed by Supporting Documentation as defined for Jordan’s Principle Class or Trout Child Class.

“Court” means the Federal Court of Canada.

“Cy-près Fund” has the meaning set out in Article 7, established to primarily benefit Class Members who may not receive direct compensation under this Agreement.

“Delay” means where a member of the Jordan’s Principle Class or Trout Child Class requested an Essential Service from Canada and they received a determination on their request beyond a timeline to be agreed to by the Parties and specified in the Claims Process.

“Denial” means where a member of the Jordan’s Principle Class or Trout Child Class requested an Essential Service from Canada and that request was either denied or the member of the Jordan’s Principle Class or Trout Child Class did not receive a response as to acceptance or denial.

“Eligible Deceased Class Member” has the meaning set out in Article 13.02.

“Eligibility Decision” has the meaning set out in Article 5.02.

“Enhancement Factor” means any objective criterion agreed to by the Plaintiffs and approved by the Court that may be used by the Administrator to enhance the Base Compensation of some members of the Removed Child Class, Jordan’s Principle Class or Trout Child Class.

“Enhancement Payment” means an amount, based on Enhancement Factors, that may be payable to an Approved Removed Child Class Member, an Approved Jordan’s Principle Class Member, or a Trout Child Class Member, in addition to a Base Payment.

“Essential Service” means a service that was required due to the Child’s particular condition or circumstance, the failure to provide which would have resulted in material impact on the Child, as assessed in accordance with the Framework of Essential Services.

“Estate Administrator” includes an executor or administrator appointed or designated under federal, provincial or territorial legislation, as applicable under the circumstances.

“Estate Executor” means the executor, administrator, trustee or liquidator of an Eligible Deceased Class Member’s estate.

“First Nations” means:

- (a) with respect to the Removed Child Class, Jordan’s Principle Class, Trout Child Class, and Stepparents: individuals who are registered pursuant to the Indian Act;
- (b) with respect to the Removed Child Class, Jordan’s Principle Class, and Trout Child Class: individuals who were entitled to be registered under sections 6(1) or 6(2) of the *Indian Act*, as it read as of February 11, 2022 (the latter date of the Certification Orders);
- (c) with respect to the Removed Child Class: individuals who met Band membership requirements under sections 10-12 of the *Indian Act* by February 11, 2022 (the latter date of the Certification Orders) such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List;
- (d) with respect to the Jordan’s Principle Class only: individuals who met Band membership requirements under sections 10-12 of the *Indian Act* pursuant to paragraph (c), above, AND who suffered a Delay, Denial, or Service Gap between January 26, 2016 and November 2, 2017;
- (e) with respect to the Jordan’s Principle Class only: individuals who were recognized as citizens or members of their respective First Nation by February 11, 2022 (the

latter date of the Certification Orders) as confirmed by First Nations Council Confirmation, whether under final agreement, self-government agreement, treaties or First Nations' customs, traditions and laws, AND who suffered a Delay, Denial, or Service Gap between January 26, 2016 and November 2, 2017.

“First Nations Council Confirmation” means a written confirmation, the form and contents of which will be agreed upon amongst the Plaintiffs subject to the Court's approval, from a First Nation designed for the purposes of the Claims Process to the effect that an individual is recognized as a citizen or member of their respective First Nation whether under treaty, agreement or First Nations' customs, traditions or laws.

“Framework of Essential Services” is an approach to Essential Services to be agreed to by the Plaintiffs for the purposes of the Claims Process, with assistance from experts, in order to assess those Essential Services that, if subject to Delay, Denial or a Service Gap, would have resulted in material impact on the Child.

“Group Home” means a staff operated home funded by ISC where several Children are living together. Some Group Homes are parent-operated, where a couple with professional youth care training operate a Group Home together.

“Implementation Date” means the later of:

- (a) the day following the last day on which a Class Member may appeal or seek leave to appeal the Settlement Approval Order; or
- (b) the date on which the last of any appeals of the Settlement Approval Order is finally determined.

“Incarcerated Class Members Process” means the process for notice and claims specific to Class Members incarcerated in federal penitentiaries, provincial prisons, and other penal and correctional institutions.

“Income Tax Act” means the *Income Tax Act*, R.S.C. 1985, c. 1 (5th Supp).

“Indian Act” means the *Indian Act*, R.S.C. 1985, c. 1-5.

“Investment Committee” means an advisory body constituted in accordance with this Agreement and Schedule G, Investment Committee Guiding Principles.

“ISC” has the meaning in the Recitals and includes any predecessor or successor department.

“Jordan's Principle Class” or **“Jordan's Principle Class Member”** means First Nations individuals who, during the period between December 12, 2007 and November 2, 2017 (the **“Jordan's Principle Class Period”**), did not receive from Canada (whether by reason of a Denial or a Service Gap) an Essential Service relating to a Confirmed Need, or whose receipt of said Essential Service relating to a Confirmed Need was delayed by Canada, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or

as a result of a Service Gap or jurisdictional dispute with another government or governmental department while they were under the Age of Majority.

“Jordan’s Principle Family Class” means all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Jordan’s Principle Class at the time of Delay, Denial or Service Gap. Amongst the Jordan’s Principle Family Class, only the Caregiving Parents or Caregiving Grandparents may receive direct compensation if otherwise eligible under this Agreement.

“Jordan’s Principle” means a child-first substantive equality principle named after the late Jordan River Anderson that applies equally to all First Nations Children whether resident on or off reserve, including the Northwest Territories.

“Non-kin Foster Home” means any family-based care funded by ISC.

“Non-paid Kin or Community Home” means an informal placement that has been arranged within the family support network; the child welfare authority does not have temporary custody and the placement is not funded by ISC.

“Northern or Remote Community” means a community as agreed upon by the Plaintiffs and set out in the Claim Process.

“Notice Plan” means the Notice Plan as recommended by the Administrator and agreed by the Parties, subject to the Court’s approval.

“Ongoing Fees” has the meaning set out in Article 16.03.

“Opt-Out” means: (a) the delivery by a Class Member to the Administrator of an opt-out form or a written request to be removed from the Actions before the Opt-Out Deadline; or (b) after the Opt-Out Deadline, a Class Member obtaining leave of the Court to opt out of the Actions in accordance with this Agreement.

“Opt-Out Deadline” means the one hundred eightieth (180th) day following the publication of the notice of certification, after which Class Members may no longer Opt-Out of the Actions, except with leave from the Court.

“Ordinarily Resident on Reserve” means:

- (a) a First Nations individual who lives in a permanent dwelling located on a First Nations Reserve at least 50% of the time and who does not maintain a primary residence elsewhere;
- (b) a First Nations individual who is living off-Reserve while registered full-time in a post-secondary education or training program who is receiving federal, Band or Aboriginal organization education/training funding support and who:
 - a. would otherwise reside on-Reserve;
 - b. maintains a residence on-Reserve;

- c. is a member of a family that maintains a residence on-Reserve; or
 - d. returns to live on-Reserve with parents, guardians, caregivers or maintainers when not attending school or working at a temporary job.
- (c) a First Nations individual who is temporarily residing off-Reserve for the purpose of obtaining care that is not available on-Reserve and who, but for the care, would otherwise reside on-Reserve;
- (d) a First Nations individual who is temporarily residing off-Reserve for the primary purpose of accessing social services because there is no reasonably comparable service available on-Reserve and who, but for receiving said services, would otherwise reside on-Reserve;
- (e) a First Nations individual who at the time of removal met the definition of ordinarily resident on reserve for the purpose of receiving child welfare and family services funding pursuant to a funding agreement between Canada and the province/territory in which the individual resided (including, but not limited to, ordinarily resident on reserve individuals funded through the cost-shared model under the Canada-Ontario 1965 Indian Welfare Agreement).

“Out-of-home Placement” means a distinct location where a Removed Child Class Member has been placed pursuant to a removal, such as an Assessment Home, Non-kin Foster-home, Paid Kinship-home, Group Home, a Residential Treatment Facility, or other similar placement funded by ISC.

“Paid Kinship Home” means a formal placement that has been arranged within the family support network and paid for by ISC, where the child welfare authority has temporary or full custody.

“Parties” means the Plaintiffs and Canada;

“Person Under Disability” means:

- (a) a person under the Age of Majority under the legislation of their province or territory of residence; or
- (b) an individual who is unable to manage or make reasonable judgments or decisions in respect of their affairs by reason of mental incapacity including those for whom a Personal Representative has been appointed, or designated by operation of the law, pursuant to the applicable provincial, territorial or federal legislation.

“Personal Representative” means the Person appointed, or designated by operation of the law, pursuant to the applicable provincial, territorial or federal legislation to manage or make reasonable judgments or decisions in respect of the affairs of a Person Under Disability who is an eligible claimant and includes an administrator for property.

“Plaintiffs” means collectively the Moushoom Plaintiffs, the AFN Plaintiffs and the Trout Plaintiffs.

“Professional” means a professional with expertise relevant to a Child’s Confirmed Need(s), for example: a medical professional or other registered professionals available to a Class Member in their place of residence and community (particularly in a Northern or Remote Community where there may not have been, or be, access to specialists, but there may have been access to community health nurses, social support workers, and mental health workers), or an Elder or Knowledge Keeper who is recognized by the Child’s specific First Nations community.

“Recitals” means the recitals to this Agreement.

“Removed Child Class” or **“Removed Child Class Member”** means First Nations individuals who, at any time during the period between April 1, 1991 and March 31, 2022 (the **“Removed Child Class Period”**), while they were under the Age of Majority, were removed from their home by child welfare authorities or voluntarily placed into care, and whose placement was funded by ISC, such as an Assessment Home, a Non-kin Foster Home, a Paid Kinship Home, a Group Home, or a Residential Treatment Facility or another ISC-funded placement while they, or at least one of their Caregiving Parents or Caregiving Grandparents, were Ordinarily Resident on a Reserve or were living in the Yukon, but excluding children who lived in a Non-paid Kin or Community Home through an arrangement made with their caregivers and excluding individuals living in the Northwest Territories at the time of removal.

“Removed Child Family Class” means all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Removed Child Class at the time of removal.

“Reserve” means a tract of land, as defined under the *Indian Act*, the legal title to which is vested in the Crown and has been set apart for the use and benefit of a Band.

“Residential Treatment Facility” means a treatment program for several Children living in the treatment facility with 24 hours a day trained staff, including locked or secure and unlocked residences, funded by ISC.

“Service Gap” means each of the Essential Services that are identified as a Service Gap in accordance with the Framework of Essential Services.

“Settlement Approval Hearing” means a hearing of the Court to determine a motion to approve this Agreement.

“Settlement Approval Order” means the draft order submitted to the Court regarding the approval of this Agreement, the form and content of which will be agreed upon amongst the Parties.

“Settlement Funds” means a total of \$20,000,000,000 (\$20 billion), which Canada will pay to settle the claims of the Class in accordance with this Agreement.

“Settlement Implementation Committee” or **“Settlement Implementation Committee and its Members”** means a committee established pursuant to Article 12.

“Settlement Implementation Report” has the meaning set out in Article 12.03.

“Spell in Care” means a continuous period in care, which starts when a Child is taken into out-of-home care and ends when the Child is discharged from care, by returning home, moving into another arrangement in a Non-paid Kin or Community Home, being adopted, or living independently at the Age of Majority. ISC data considers a Spell in Care by the start and end dates of each continuous period of Out-of-home Placement.

"Stepparent" means a person who is a First Nations spouse of the biological parent of a Removed Child Class Member, Jordan's Principle Class Member, or Trout Child Class Member, and lived with that Child's biological parent and contributed to the support of the Child for at least three (3) years prior to the removal of the Child, or the occurrence of the Delay, Denial or the Service Gap.

“Supporting Documentation” means:

- (a) for the Removed Child Class: such documentation as may be required to be submitted by a Removed Child Class Member in accordance with this Agreement to substantiate eligibility and compensation under the applicable Claims Form;
- (b) for the Jordan's Principle Class and Trout Child Class: such documentation as may be required to be submitted by a member of the Jordan's Principle Class and Trout Child Class in accordance with this Agreement to substantiate eligibility and compensation under the applicable Claims Form;
- (c) for the Removed Child Family Class: such documentation as may be required to be submitted by a member of the Removed Child Family Class in accordance with this Agreement to substantiate eligibility and compensation under the applicable Claims Form;
- (d) for the Jordan's Principle Family Class: such documentation as may be required to be submitted by a member of the Jordan's Principle Family Class in accordance with this Agreement to substantiate eligibility and compensation, if any, under the applicable Claims Form;
- (e) for the Trout Family Class: the documentation to be required to be submitted by a member of the Trout Family Class in accordance with this Agreement to substantiate eligibility and compensation, if any, under the applicable Claims Form; and

- (f) for Eligible Deceased Class Members: the documentation to be required to be submitted in accordance with this Agreement to substantiate eligibility and compensation, if any, under the applicable Claims Form.

“Time in Care” means the total amount of time that a Removed Child Class Member spent in care regardless of the number of Spells in Care.

“Third-Party Assessor” means the person or persons appointed by the Court to carry out the duties of the Third-Party Assessor as stated in this Agreement, to be particularized in the Claims Process and their successors appointed from time to time, as approved by the Court.

“Trout Child Class” or **“Trout Child Class Member”** means First Nations individuals who, during the period between April 1, 1991 and December 11, 2007 (the **“Trout Child Class Period”**), while they were under the Age of Majority, did not receive from Canada (whether by reason of a Denial or a Service Gap) an Essential Service relating to a Confirmed Need, or whose receipt of said Essential Service was delayed by Canada, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a Service Gap or jurisdictional dispute with another government or governmental department.

“Trout Family Class” means all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Trout Child Class at the time of Delay, Denial or Service Gap. Amongst the Trout Family Class, only the Caregiving Parents or Caregiving Grandparents may receive direct compensation if otherwise eligible under this Agreement.

“Trust” means the trust established pursuant to Article 14.

“Trust Fund” has the meaning set out in Article 4.

“Trustee” means the trustee appointed by the Court pursuant to Article 14 for the purposes of this Agreement.

1.02 Headings

The division of this Agreement into paragraphs and the use of headings are for convenience of reference only and do not affect the construction or interpretation of this Agreement.

1.03 Extended Meanings

In this Agreement, words importing the singular number include the plural and vice versa, and words importing any gender or no gender include all genders. The term “including” means “including without limiting the generality of the foregoing”. Any reference to a

government ministry, department or position will include any predecessor or successor government ministry, department or position.

1.04 Interpretation

The Parties acknowledge that they have reviewed and participated in settling the terms of this Agreement and they agree that there will be no presumptive rule of construction to the effect that any ambiguity in this Agreement is to be resolved in favour of any particular Party.

1.05 Statutory References

In this Agreement, unless something in the subject matter or context is inconsistent therewith or unless otherwise herein provided, a reference to any statute is to that statute as enacted on the date of such reference and not as the statute may from time to time be amended, re-enacted, or replaced, and the same applies to any regulations made thereunder.

1.06 Business Day

Where the time on or by which any action required to be taken hereunder expires or falls on a day that is not a Business Day, such action may be done on the next succeeding day that is a Business Day.

1.07 Currency

All references to currency herein are to lawful money of Canada.

1.08 Compensation Inclusive

The amounts payable to Class Members under this Agreement are inclusive of any prejudgment or post-judgment interest.

1.09 Schedules

The following Schedules to this Agreement are incorporated into and form part of this Agreement:

Schedule A: Consolidated Action Certification Order

Schedule B: Trout Action Certification Order

Schedule C: Framework for Supports for Claimants in Compensation Process

Schedule D: Provincial and Territorial Ages of Majority

Schedule E: Summary Chart of Jordan's Principle / Trout Approach

Schedule F: Examples Chart of Removed Child Family Class Approach

Schedule G: Investment Committee Guiding Principles

1.10 Benefit of the Agreement

This Agreement will inure to the benefit of and be binding upon the Parties, and for Canada and Class Members, upon their estates, heirs, Estate Executors, Estate Claimants, and Personal Representatives, subject to eligibility criteria herein.

1.11 Applicable Law

This Agreement will be governed by the laws of Canada, together with the laws of the province or territory where the Class Member is ordinarily resident, as applicable, save where otherwise specified in this Agreement.

1.12 Counterparts

This Agreement may be executed electronically and in any number of counterparts, each of which will be deemed to be an original and all of which taken together will be deemed to constitute one and the same Agreement.

1.13 Official Languages

As soon as practicable after the execution of this Agreement Class Counsel will arrange for the preparation of an authoritative French version. The French version will be of equal weight and force at law.

1.14 Ongoing Supervisory Role of the Court

Notwithstanding any other provision of this Agreement, the Court will maintain jurisdiction to supervise the implementation of this Agreement in accordance with its terms, including the adoption of protocols and statements of procedure, and the Parties attorn to the jurisdiction of the Court for that purpose. The Court may give any directions or make any orders that are necessary for the purposes of this Article.

ARTICLE 2 - EFFECTIVE DATE OF AGREEMENT

2.01 Date when Binding and Effective

On the Implementation Date, this Agreement will become binding on all Class Members who have not Opted-Out in accordance with Article 11.

2.02 Effective Upon Approval

None of the provisions of this Agreement will become effective unless and until the Court approves this Agreement.

2.03 Legal Fees Severable

Class Counsel's fees for prosecuting the Actions have been or will be negotiated separately from this Agreement and remain subject to approval by the Court. The Court's decision on Class Counsel's fees will have no effect on the implementation of this

Agreement. If the Court refuses to approve the fees of Class Counsel, the remainder of the provisions of this Agreement will remain in full force and effect and in no way will be affected, impaired or invalidated.

ARTICLE 3 – ADMINISTRATION

3.01 Designation of Administrator

Initially on the recommendation of the Plaintiffs based on advice received from experts, the Court will appoint an Administrator to administer the Claims Process with such powers, rights, duties and responsibilities as are set out in Article 3 and such other powers, rights, duties and responsibilities as are determined by the Settlement Implementation Committee and approved by the Court. Following the establishment of the Settlement Implementation Committee and on the recommendation of the Settlement Implementation Committee, the Court may replace the Administrator at any time.

3.02 Duties of the Administrator

- 1) The Administrator's duties and responsibilities include the following:
 - (a) in consultation with the Settlement Implementation Committee, developing, installing, and implementing systems, forms, information, guidelines and procedures for processing Claims and appeals of the decisions of the Administrator to the Third-Party Assessor in accordance with this Agreement and the Claims Process;
 - (b) in consultation with the Settlement Implementation Committee, developing, installing, and implementing systems and procedures for making payments of compensation in accordance with this Agreement and the Claims Process;
 - (c) receiving funds from the Trust and the Trustee to make payments to Class Members in accordance with this Agreement and the Claims Process;
 - (d) ensuring adequate staffing for the performance of its duties under this Agreement, and training and instructing personnel;
 - (e) ensuring, in consultation with the Settlement Implementation Committee, First Nations participation and the reflection of First Nations perspectives, appropriate cultural knowledge, use of proper experts, and a trauma-informed approach to the Class;
 - (f) keeping or causing to be kept accurate accounts of its activities and its administration and preparing annual audited financial statements, as well as reports, and records as are required by the Settlement Implementation Committee, the Auditors and the Court;
 - (g) reporting to the Settlement Implementation Committee on a monthly basis

respecting:

- i) Claims received and determined;
 - ii) Claims deemed ineligible and the reason(s) for that determination; and
 - iii) appeals from the Administrator's decisions and the outcomes of those appeals.
- (h) identifying and reporting to the Settlement Implementation Committee systemic issues in the implementation of the Agreement and the Claims Process as such issues arise and in any event no later than on a quarterly basis, and working with the Settlement Implementation Committee and any experts as may be required to find a resolution to such systemic issues—a systemic issue being an issue that affects more than one Class Member;
- (i) responding to inquiries from Claimants respecting Claims and Claims Forms;
- (j) providing navigational supports to Class Members in the Claims Process as outlined out in Schedule C: Framework for Supports for Claimants in Compensation Process, including assistance with the filling out and submission of Claims Forms, assistance with obtaining Supporting Documentation, and assistance with appeals to the Third-Party Assessor pursuant to this Agreement, reviewing Claims Forms, Supporting Documentation, and First Nations Council Confirmations, and determining a Claimant's eligibility for compensation in the Class;
- (k) maintaining a database with all information necessary to permit the Settlement Implementation Committee and the Actuary to assess the financial sufficiency of the Trust Fund;
- (l) in appropriate circumstances, requiring further Supporting Documentation in relation to a claimed Confirmed Need from a different Professional. In case of doubt, the Administrator will consult with the Settlement Implementation Committee for direction;
- (m) communicating with Claimants in either English or French, as the Claimant elects, and if a Claimant expresses the desire to communicate in a language other than English or French, making best efforts to accommodate such Claimant;
- (n) annually report to the Court on the Administrator's above tasks;
- (o) determining requests for the extension of the Claims Deadline by individual Class Members facing extenuating personal circumstances, such as where a Claimant was unable as a result of physical or psychological illness or challenges, including homelessness, incarceration or addiction, or due to unforeseen

circumstances such as epidemics, community internet connectivity, pandemics, natural disasters, community based emergencies or service disruptions at a national, regional, or community level, to submit a Claim before the Claims Deadline, subject to further direction on such circumstances from the Settlement Implementation Committee; and

(p) such other duties and responsibilities as the Court or the Settlement Implementation Committee may from time to time direct.

2) In carrying out its duties and responsibilities outlined in this Agreement, the Administrator will:

(a) act in accordance with the principles governing the administration of Claims set out in this Article, in particular that the Claims Process intends to be cost-effective, user-friendly, culturally sensitive, trauma-informed, and non-traumatizing to Class Members;

(b) ensure quality assurance processes are documented and transparent;

(c) comply with the service standards established by the Parties; and

(d) perform other duties and responsibilities as the Court or the Settlement Implementation Committee may from time to time direct.

3) Except as otherwise provided in this Agreement and the Claims Process, the Administrator will request on a monthly basis such funds from the Trustee as may be necessary to pay approved Claims. The Trustee will provide such funds to the Administrator, and the Administrator will pay such funds to the Class Members in accordance with this Agreement and the Claims Process.

3.03 Appointment of the Third-Party Assessor

On the recommendation of the Parties until the approval of this Agreement and of the Settlement Implementation Committee thereafter, the Court will appoint as necessary from time to time one or more Third-Party Assessors composed of experts, including First Nations experts, with demonstrated knowledge of, and experience in, First Nations child and family services and Jordan's Principle. On the recommendation of the Settlement Implementation Committee, the Court may replace a Third-Party Assessor at any time. The Third-Party Assessor will perform the duties of the Third-Party Assessor set out in this Agreement and the Claims Process.

3.04 Responsibility for Costs

1) Canada will pay:

(a) the reasonable costs of giving notice in accordance with the Notice Plans to be developed by the Parties, including Canada and the Settlement Implementation Committee, as approved and ordered by the Court;

- (b) the reasonable costs and disbursements of the Administrator, the Third-Party Assessor, the Trustee, the Auditor, and any experts, advisors or consultants retained by the Settlement Implementation Committee for the purpose of implementing this Agreement;
 - (c) the costs of the administration of the Trust;
 - (d) legal fees pursuant to Article 16;
 - (e) the costs of the supports for Class Members throughout the Claims Process as outlined in Schedule C: Framework for Supports for Claimants in Compensation Process; and
 - (f) the costs of the Dispute Resolution Process in accordance with Article 17.
- 2) The Settlement Implementation Committee will provide a forecast of the costs and disbursements of the administration of this Agreement to Canada on an annual basis, on or before December 1 of each year regarding the year ahead, which forecast may be revised due to unforeseen circumstances. In such case, the Settlement Implementation Committee will advise Canada in writing. Canada may dispute the reasonableness of the forecast or any revision of it.
- 3) None of the costs payable by Canada pursuant to this Article will be deducted from the Settlement Funds.

ARTICLE 4 - TRUST FUND

4.01 Establishment of the Trust Fund

- 1) As soon as practicable after the appointment and settlement of the Trust in accordance with Article 14, the Trustee will establish investment trust account(s) at a Schedule 1 Canadian Bank for the purposes of paying compensation to eligible Class Members.
- 2) No later than thirty (30) Business Days following the Implementation Date, and in accordance with the terms of Article 1.01, Canada will make a contribution to the Trust of Settlement Funds in the amount of \$20 billion.

4.02 Distribution of the Trust Fund

The Trustee will periodically, on request based on approved Claims, pay the Administrator from the trust account(s) under Article 4.01 for the purpose of distributing the Trust Fund for the benefit of the Class Members in accordance with this Agreement, including by paying compensation in accordance with Article 6 through the Claims Process.

ARTICLE 5 - CLAIMS PROCESS

5.01 Principles Governing Claims Administration

- 1) The design and implementation of the distribution protocol within the Claims Process will be within the sole discretion of the Plaintiffs, subject to the approval of the Court. The Plaintiffs will establish the Claims Process and may seek input from the First Nation Child and Family Caring Society, as well as from experts and First Nations stakeholders as the Plaintiffs deem in the best interests of the Class Members. The Plaintiffs will finalize the distribution protocol within the Claims Process in accordance with this Agreement, and will submit same for approval of the Court at a hearing scheduled for December 20, 2022.
- 2) Notwithstanding Article 5.01(1), Canada will have standing to make submissions on the distribution protocol at the hearing on the motion to approve same before the Court.
- 3) The Claims Process is intended to be expeditious, cost-effective, user-friendly, culturally sensitive, trauma-informed, and non-traumatizing to participants. The Administrator will identify and implement service standards for the Claims Process no later than 30 days after the Implementation Date.
- 4) The Administrator and the Third-Party Assessor will, in the absence of reasonable grounds to the contrary, presume that a Claimant is acting honestly and in good faith with respect to any Claim.
- 5) In considering a Claims Form, Supporting Documentation, or a First Nations Council Confirmation, the Administrator and the Third-Party Assessor will draw all reasonable inferences that can be drawn in favour of the Claimant.
- 6) The Administrator will make reasonable efforts to obtain verification of each Claim within six months of the receipt of the completed Claim, with all required elements. If the Administrator identifies systemic issues with its ability to verify Claims in accordance with the Claims Process within six months, the Administrator will refer the matter to the Settlement Implementation Committee to determine whether a different service standard should be applied to the Class.
- 7) In designing the Claims Process, the Administrator and the Plaintiffs will develop standards relating to the processing of Claims in compliance with Article 6.06 of this Agreement, insofar as it recognizes that Class Members' circumstances may require flexibility in the type of documentation necessary to support the Claims Forms due to challenges such as, but not limited to, the Child's age or developmental status at the time of the events, the disappearance of records over time, retirement or death of professionals involved in a Child's case, systemic barriers to accessing professionals, and therefore, for example, allows for Supporting Documentation that is contemporaneous or current.

- 8) The Claims Process regarding the determination of Claims from members of the Jordan's Principle Class and the Trout Child Class will include a review for the purpose of making a recommendation on eligibility and compensation to the Administrator by an individual with specific culturally appropriate health and social training on Jordan's Principle, Essential Services, Confirmed Needs, Professionals, and Supporting Documentation.

5.02 Eligibility Decisions and Enhanced Compensation Decisions

- 1) The Administrator will make the decision on eligibility and compensation.
- 2) The Administrator will review each Claims Form, Supporting Documentation, First Nations Council Confirmation, recommendation under Article 5.01(8), and such other information as the Administrator considers relevant to determine whether each Claimant is eligible for compensation.
- 3) A First Nations Council Confirmation is required for Jordan's Principle Class and Trout Child Class Claimants who solely meet the definition of First Nation as defined in Article 1 based on having been recognized as a member or citizen by their respective First Nations under agreement, treaties or First Nations' customs, traditions and laws by February 11, 2022 (the latter date of the Certification Orders).
- 4) Within six months of the receipt of a completed Claim with all required elements, the Administrator will provide written reasons to a Claimant in any case of:
 - (a) an Eligibility Decision;
 - (b) a decision that a member of the Removed Child Family Class is not entitled to receive compensation due to indication of Abuse;
 - (c) a decision that a Claimant is not entitled to an Enhancement Payment available to that Class; or
 - (d) a decision to refuse to extend the Claims Deadline with respect to a Class Member.
- 5) Only a Claimant approved by an Eligibility Decision may be entitled to compensation pursuant to Article 6.
- 6) A Claimant will have 30 days to commence an appeal to the Third-Party Assessor in accordance with the Claims Process after receiving:
 - (a) an Eligibility Decision that a Claimant is not a Class Member;
 - (b) a decision that a Claimant is not entitled to an Enhancement Payment as defined in the Claims Process;
 - (c) a refusal to extend the Claims Deadline with respect to an individual Class Member; or
 - (d) a dispute amongst Approved Removed Child Family Members receiving a pro rata share of a Base Compensation under Article 6.04.01.

- 7) The Third-Party Assessor's decision on an appeal pursuant to Article 5.02(6) will be final and not subject to judicial review, further appeal or any other remedy by legal action.
- 8) The Third-Party Assessor will comply with the procedure and timeline standards established in the Claims Process for an appeal from a decision of the Administrator.
- 9) There will be no right of appeal by a Class Member who belongs to a category, such as brothers and sisters, that is not entitled to receive direct payment under this Agreement.

ARTICLE 6 - COMPENSATION

6.01 General Principles Governing Compensation

- 1) The Plaintiffs will design a Claims Process with the goal of minimising the risk of causing trauma to Class Members.
- 2) No member of the Removed Child Class, Jordan's Principle Class or Trout Child Class will be required to submit to an interview, examination or other form of *viva voce* evidence taking.
- 3) The Plaintiffs will agree to require fair and culturally appropriate Supporting Documentation in accordance with this Agreement tailored to each different class for the purposes of the Claims Process.
- 4) A Class Member may claim compensation starting one year before they reach the Age of Majority, provided that no compensation is paid to that Class Member until after the Age of Majority. A Class Member may only receive compensation under the terms of this Agreement after the Age of Majority, except in the case of an Exceptional Early Payment in accordance with Article 6.07.01. The Claims Process will include a means by which a Child may register with the Administrator at any time in order to receive updates on the implementation of this Agreement.
- 5) Enhancement Factors have been selected as appropriate proxies for harm, based on expert opinion, and are designed to enable proportionate compensation to the Removed Child Class, the Jordan's Principle Class, and the Trout Child Class.
- 6) Compensation under this Agreement will take the form of either direct payment to eligible Class Members who have claimed through the Claims Process and been approved by the Administrator or indirect benefit to the Class through the Cy-près Fund.
- 7) A Class Member who qualifies for compensation as a member of more than one class will receive the higher amount for which the Class Member qualifies amongst the applicable classes, and compensation under the classes will not be combined, with the following exception: a Class Member who qualifies as a member of the Removed Child Class and the Removed Child Family Class will be entitled to a combined amount of compensation as a member of both of those classes.

6.02 Governing Principles on Removed Children

- 1) This Agreement seeks to adopt a trauma-informed and culturally sensitive approach to compensating the Removed Child Class and the Caregiving Parents or Caregiving Grandparents of the Removed Child Class.
- 2) To the extent possible and based on objective criteria, the Agreement seeks to bring proportionality to the compensation process such that members of the Removed Child Class who suffered the most harm may receive higher compensation in the Claims Process.
- 3) For the Removed Child Class, eligibility for compensation and Enhancement Factors will be based on objective criteria and data primarily from ISC and Supporting Documentation as the case may be.

6.03 Removed Child Class Compensation

- 1) Base Compensation payable to an Approved Removed Child Class Member will not be multiplied by the number of Spells in Care.
- 2) An Approved Removed Child Class Member will be entitled to receive Base Compensation of \$40,000.
- 3) An Approved Removed Child Class Member may be entitled to an Enhancement Payment based on the following Enhancement Factors (“**Removed Child Enhancement Factors**”):
 - (a) the age at which the Removed Child Class Member was removed for the first time;
 - (b) the Time in Care;
 - (c) the age of a Removed Child Class Member at the time they exited the child welfare system;
 - (d) whether a Removed Child Class Member was removed to receive an Essential Service relating to a Confirmed Need;
 - (e) whether the Removed Child Class Member was removed from a Northern or Remote Community; and
 - (f) the number of Spells in Care for a Removed Child Class Member and/or, if possible, the number of Out-of-home Placements applicable to a Removed Child Class Member who spent more than one (1) year in care.
- 4) The Plaintiffs will design a system of weighting the Removed Child Enhancement Factors for the Removed Child Class based on the input of experts that will reflect the relative importance of each Enhancement Factor as a proxy for harm.
- 5) The Plaintiffs have estimated a Budget of \$7.25 billion for the Removed Child Class.

6.04 Caregiving Parents or Caregiving Grandparents of Removed Child Class

- 1) Amongst the Removed Child Family Class, only the Caregiving Parents or Caregiving Grandparents may receive direct compensation if otherwise eligible under this Agreement. Brothers and sisters are not entitled to direct compensation but may benefit indirectly from this Agreement through the Cy-près Fund.
- 2) A foster parent is not entitled to compensation under this Agreement and is not entitled or permitted to claim compensation on behalf of a Child under this Agreement.
- 3) The Base Compensation of an Approved Removed Child Family Class Member will not be multiplied based on the number of removals or Spells in Care for a Child or the number of Children in care. No Approved Removed Child Family Class Member will receive more than one Base Compensation.
- 4) A Caregiving Parent or Caregiving Grandparent who has committed Abuse that has resulted in the Removed Child Class member's removal is not eligible for compensation in relation to that Removed Child. However, a Caregiving Parent or Caregiving Grandparent is not barred from receiving compensation if the Caregiving Parent or Caregiving Grandparent is otherwise eligible for compensation as a member of another class defined under this Agreement.
- 5) The Plaintiffs have estimated a Budget of \$5.75 billion for the Removed Child Family Class.
- 6) If a Child lived with a Caregiving Grandparent at the time of removal, such a Caregiving Grandparent may be eligible to seek compensation.
- 7) A maximum compensation amount of two Base Compensation payments per Child among Caregiving Parents and Caregiving Grandparents of a Child, regardless of number of Spells in Care or removals, may be distributed under this Agreement, if otherwise eligible, according to the following priority list:
 - (a) Category A: Caregiving Parents who are biological parents; then
 - (b) Category B: Caregiving Parents who are adoptive parents or Stepparents, if applicable; then
 - (c) Category C: Caregiving Grandparent(s).
- 8) The Parties have budgeted the Base Compensation for an Approved Removed Child Family Class Member to be \$40,000.
- 9) An Approved Removed Child Family Class Member may receive an increased Base Compensation in the event that more than one Child of the Approved Removed Child Family Class Member has been removed. Such Base Compensation is budgeted to be \$60,000.

- 10) If the Settlement Implementation Committee has allocated a Trust Fund Surplus to Approved Removed Child Family Class Members pursuant to Article 6.08(5), the Settlement Implementation Committee may determine that the maximum combined amount of base and additional compensation to be awarded to an Approved Removed Child Family Class Member who has had more than one Child removed may be greater than \$60,000.
- 11) The final quantum of Base Compensation to be paid to each Approved Removed Child Family Class Member will be determined by the Settlement Implementation Committee in consultation with the Actuary, having regard to the number of Approved Removed Child Family Class Members and the Budget for the Removed Child Family Class under this Article, subject to Court approval.
- 12) Payments to Approved Removed Child Family Class Members who may be entitled to receive compensation under this Article before the expiration of the Claims Deadline may be staggered into installments in order to ensure sufficient funds exist to pay like amounts to like Claimants regardless of when they submitted their Claim.

6.04.01 Priorities in Compensation for Removed Child Family Class Members

- 1) Where one or two Category A Caregiving Parents have submitted a Claim, the Administrator will determine their Claim in accordance with the timelines specified in Article 5.02(4), and if they are determined to be Approved Removed Child Family Class Members, the Administrator will pay their compensation in accordance with the timelines specified in Article 6.11, subject to all other applicable limitations under this Agreement.
- 2) The Administrator will not pay any Claims by adoptive or Stepparent Caregiving Parents (Category B) or Caregiving Grandparents (Category C) until after the expiration of the Claims Deadline in order to determine:
 - (a) whether more than two Caregiving Parents or Caregiving Grandparents have submitted a Claim with respect to the same Child; and
 - (b) the amount of compensation, if any, payable to each such Claimant in accordance with this Article.
- 3) Where two Category A Caregiving Parents have submitted Claims that have been approved (including if separated with joint custody of the Removed Child Class member), Category B adoptive or Stepparent Caregiving Parents and Category C Caregiving Grandparents of one Removed Child Class Member will not receive a Base Compensation under this Agreement.
- 4) In the following situations, the Category B adoptive or Stepparent Caregiving Parents and the Category C Caregiving Grandparents of one Removed Child Class Member will share pro rata the Base Compensation available:

- (a) Category C Caregiving Grandparents will share pro rata two times the Base Compensation where all the following conditions are met:
 - i) greater than two Category C Caregiving Grandparents are approved for compensation; and
 - ii) no Category A biological Caregiving Parent or Category B adoptive or Stepparent Caregiving Parent has been approved for compensation.
 - (b) Category C Caregiving Grandparents will share pro rata one Base Compensation where all the following conditions are met:
 - i) no Category A biological Caregiving Parent has been approved for compensation;
 - ii) Only one Category B adoptive or Stepparent Caregiving Parent has been approved for compensation; and
 - iii) greater than one Category C Caregiving Grandparents is approved for compensation.
 - (c) Category B adoptive or Stepparent Caregiving Parents or Category C Caregiving Grandparents will share pro rata one Base Compensation where all the following conditions are met:
 - i) only one Category A biological Caregiving Parent is approved for compensation; and
 - ii) greater than one Category B adoptive or Stepparent Caregiving Parent or greater than one Category C Caregiving Grandparent is approved for compensation.
 - (d) Category B adoptive or Stepparent Caregiving Parents will share pro rata two times the Base Compensation where all the following conditions are met:
 - i) no Category A biological Caregiving Parent is approved for compensation; and
 - ii) more than two Category B adoptive and Stepparent Caregiving Parents are approved for compensation.
- 5) The Claims Process may include provisions for exceptional circumstances to the following effect: The Administrator may determine a Claim by an adoptive or Stepparent Caregiving Parent (Category B) or a Caregiving Grandparent (Category C) before the expiration of the Claims Deadline in accordance with the timelines specified in Article 5.02(4), and if they are determined to be Approved Removed Child Family Class Members, the Administrator will pay their compensation in accordance with the timelines specified in Article 6.11, subject to all other applicable limitations under this Agreement only if the

Claimant has submitted Claims Forms and Supporting Documentation substantiating that all other biological parent(s), adoptive parent(s), Stepparent(s), if applicable, and grandparent(s) of the Child have become deceased or have expressly renounced their entitlement to make a Claim under this Agreement.

- 6) Any dispute amongst Caregiving Parents or Caregiving Grandparents will be subject to a summary adjudicative determination by the Third-Party Assessor in accordance with the Claims Process.
- 7) A summary of this Article as an interpretive aid is attached as Schedule F: Examples Chart of Removed Child Family Class Approach. In the case of a conflict, the Articles in this Agreement will govern.

6.05 Governing Principles Regarding Jordan's Principle and Trout Classes

- 1) To the extent possible, this Agreement applies the same methodology to the Jordan's Principle Class and Trout Child Class.
- 2) This Agreement intends to:
 - (a) be trauma-informed regarding the Jordan's Principle Class and the Trout Child Class;
 - (b) avoid subjective assessments of harm, individual trials, or other cumbersome methods of making Eligibility Decisions with respect to this class; and
 - (c) use objective criteria to assess Class Members' needs and circumstances as a proxy for the significant harm inflicted on such Class Members in a discriminatory system.
- 3) The Base Compensation of an Approved Jordan's Principle Class Member or an Approved Trout Child Class Member will not be multiplied based on the number of Essential Services that have been confirmed to have been needed by the Child.

6.06 Jordan's Principle and Trout

- 1) The Plaintiffs will design the portion of the Claims Process with respect to members of the Jordan's Principle Class, Jordan's Principle Family Class, the Trout Child Class, and the Trout Family Class in accordance with this Article. A summary of the approach in this Article as an interpretive aid is attached as Schedule E: Summary Chart of Jordan's Principle / Trout Approach. In the case of a conflict, the Articles in this Agreement will govern.
- 2) Eligibility for compensation for members of the Jordan's Principle Class and the Trout Child Class will be determined based on those Class Members' Confirmed Need for an Essential Service if:
 - (a) a Class Member's Confirmed Need was not met because of a Denial of a requested Essential Service;

- (b) a Class Member experienced a Delay in the receipt of a requested Essential Service for which they had a Confirmed Need; or
 - (c) a Class Member's Confirmed Need was not met because of a Service Gap even if the Essential Service was not requested.
- 3) The Framework of Essential Services will establish a method to assess two categories of Essential Services based on advice from experts relating to objective criteria:
 - (a) Essential Services relating to Children whose circumstances, based on an Essential Service that they are confirmed to have needed, are expected to have included significant impact ("**Significant Impact Essential Service**"); and
 - (b) Essential Services that are not expected to have necessarily related to significant impact ("**Other Essential Service**").
- 4) The Plaintiffs will follow the following timeline in collaborating to create the Framework of Essential Services:
 - (a) The Plaintiffs will confer with experts to review the Framework of Essential Services by June 15, 2022, or such other date as agreed to by the Parties.
 - (b) The Plaintiffs will prepare a final Framework of Essential Services by August 5, 2022.
 - (c) The Plaintiffs will have an expert report in support of the finalized Framework of Essential Services by August 19, 2022.
- 5) A Claimant will be considered to have established a Confirmed Need if the Claimant has provided Supporting Documentation and has been approved by the Administrator.
- 6) Supporting Documentation will include proof of a recommendation by a Professional consistent with the following principles:
 - (a) Permissible proof includes contemporaneous and/or current proof of assessment, referral or recommendation to account for the difficulties in retaining and obtaining historic records during the Trout Child Class Period and Jordan's Principle Class Period.
 - (b) Permissible proof includes proof of assessment, referral or recommendation from a Professional within that Professional's expertise as may be available to the Class Member in their place of residence, including those in a Northern and Remote Community.
 - (c) In order to establish a Confirmed Need, the proof from a Professional must specify in all cases the Essential Service that the Claimant needed, and the reason for the need, and when the need existed.

- (d) A Claimant may establish that they requested an Essential Service from Canada during the Trout Child Class Period or Jordan's Principle Class Period by way of a statutory declaration. Proof of a request for an Essential Service is the only instance where a statutory declaration may be adduced as Supporting Documentation for the purposes of the Trout Child Class, Jordan's Principle Class, Jordan's Principle Family Class, and the Trout Family Class.
- 7) If the Administrator, or the Third-Party Assessor on appeal, determines that a Class Member has provided Supporting Documentation establishing a Confirmed Need for an Essential Service, the Administrator, or the Third-Party Assessor on appeal, will determine whether the Claimant faced a Denial, Delay or a Service Gap.
- 8) Where a Class Member has provided Supporting Documentation establishing a Confirmed Need for an Essential Service and where the Administrator has determined that the Class Member experienced a Denial, Delay or a Service Gap, that Class Member will be:
- (a) an Approved Jordan's Principle Class Member if the Claimant's Confirmed Need occurred within the Jordan's Principle Class Period; or
 - (b) an Approved Trout Child Class Member if the Claimant's Confirmed Need occurred within the Trout Child Class Period.
- 9) The Plaintiffs have estimated a Budget of \$3.0 billion dollars for the Jordan's Principle Class, subject to Articles 6.08, 6.09 and 6.10 ("**Jordan's Principle Budget**").
- 10) The Plaintiffs have estimated a Budget of \$2.0 billion dollars for the Trout Child Class, subject to Articles 6.08, 6.09 and 6.10 ("**Trout Child Budget**").
- 11) An Approved Jordan's Principle Class Member will receive a minimum of \$40,000 in compensation if:
- (a) They have established a Confirmed Need for a Significant Impact Essential Service; or
 - (b) They have established a Confirmed Need for an Other Essential Service and have suffered higher levels of impact than other Jordan's Principle Claimants with a Confirmed Need for an Other Essential Service including, but not limited to, impact by reason of conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive Claims Forms and a questionnaire designed in consultation with experts. Subject to the Court's approval, the selection of which Claimants qualify under this category will be based on objective factors such as the severity of impact on the Child and the number of eligible Claimants.
- 12) An Approved Trout Child Class Member will receive a minimum of \$20,000 in compensation if:

- (a) They have established a Confirmed Need for a Significant Impact Essential Service; or
 - (b) They have established a Confirmed Need for an Other Essential Service and have suffered higher levels of impact than other Trout Child Claimants with a Confirmed Need for an Other Essential Service including, but not limited to, impact by reason of conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive Claims Forms and a questionnaire designed in consultation with experts. Subject to the Court's approval, the selection of which Claimants qualify under this category will be based on objective factors such as the severity of impact on the Child and the number of eligible Claimants.
- 13) An Approved Jordan's Principle Class Member who has shown a Confirmed Need for Other Essential Services and has not established a claim under Article 6.06(11)(b) will receive up to but not more than \$40,000 in compensation based on a pro rata share of the Jordan's Principle Budget after deducting the total estimated amount of compensation to be paid to Approved Jordan's Principle Class Members who have established a claim under Article 6.06(11).
- 14) An Approved Trout Child Class Member who has shown a Confirmed Need for Other Essential Services and has not established a claim under Article 6.06(12)(b) will receive up to but not more than \$20,000 in compensation having regard to the Trout Child Class Budget, based on a pro rata share of the Trout Child Budget after deducting the total amount of compensation to be paid to Approved Trout Child Class Members who have established a claim under Article 6.06(12).
- 15) In the event of a Trust Fund Surplus pursuant to Article 6.08 based on advice from the Actuary after approved Claims under Article 6.06(13) and Article 6.06(14) are paid, the Approved Jordan's Principle Class Members and Approved Trout Child Class Members who have established a claim under Article 6.06(11) and Article 6.06(12) may be entitled to an Enhancement Payment.
- 16) Only Caregiving Parents or Caregiving Grandparents of the Approved Jordan's Principle Class Members and Approved Trout Child Class Members who have established a Claim under Article 6.06(11), Article 6.06(12), Article 6.07(3) or Article 6.07(4) may be entitled to compensation (i.e. "Approved Jordan's Principle and Trout Family Class"). All other Caregiving Parents or Caregiving Grandparents of the Approved Jordan's Principle Class Members and Approved Trout Child Class Members will not receive direct compensation under this Agreement.
- 17) The Approved Jordan's Principle and Trout Family Class will receive a fixed amount of \$2.0 billion dollars in compensation under this Agreement ("**Jordan's Principle and**

Trout Family Budget’). There will be no reallocation to these classes of any surpluses or revenues.

6.07 Safety Clause for Exceptional Jordan’s Principle and Trout Cases

- 1) The non-inclusion of a service on the Framework of Essential Services may not be grounds for the exclusion of a Claimant from eligibility if the following circumstances are established in accordance with this Agreement:
 - (a) The Claimant has submitted Supporting Documentation identifying a service and establishing a Confirmed Need for that service during the Class Period;
 - (b) The service identified in Article 6.07(1)(a) does not qualify as an Essential Service according to the Framework of Essential Services;
 - (c) The Supporting Documentation satisfactorily establishes the reason(s) why the service identified in Article 6.07(1)(a) was essential to the Claimant as a Child; and
 - (d) The Claimant requested the service identified in Article 6.07(1)(a) from Canada but the request was subject to a denial or unreasonable delay taking into consideration the context and the Child’s needs.
- 2) Where a Claimant has met all the conditions in Article 6.07(1), that Claimant will be:
 - (a) an Approved Jordan’s Principle Class Member if the Claimant’s Confirmed Need occurred within the Jordan’s Principle Class Period; or
 - (b) an Approved Trout Child Class Member if the Claimant’s Confirmed Need occurred within the Trout Child Class Period.
- 3) An Approved Jordan’s Principle Class Member under this Article will receive a minimum of \$40,000 in compensation if they have established a Confirmed Need in accordance with Article 6.07(1), and have suffered higher levels of impact than Class Members in Article 6.06(13) including, but not limited to, impact by reason of conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive Claims Forms and a questionnaire designed in consultation with experts. Subject to the Court’s approval, the selection of which Claimants qualify under this category will be based on objective factors such as the severity of impact on the Child and the number of eligible Claimants.
- 4) An Approved Trout Child Class Member under this Article will receive a minimum of \$20,000 in compensation if they have established a Confirmed Need in accordance with Article 6.07(1), and have suffered higher levels of impact than Class Members in Article 6.06(14) including, but not limited to, impact by reason of conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive Claims Forms and a questionnaire designed in consultation with experts. Subject to the Court’s approval, the selection of

which Claimants qualify under this category will be based on objective factors such as the severity of impact on the Child and the number of eligible Claimants.

- 5) An Approved Jordan's Principle Class Member who has not met the conditions in Article 6.07(3), will receive up to but not more than \$40,000 in compensation based on a pro rata share of the Jordan's Principle Budget after deducting the total estimated amount of compensation to be paid to Approved Jordan's Principle Class Members who have established a claim under Article 6.06(11) and Article 6.07(3), collectively.
- 6) An Approved Trout Child Class Member who has not met the conditions in Article 6.07(4), will receive up to but not more than \$20,000 in compensation having regard to the Trout Child Class Budget, based on a pro rata share of the Trout Child Budget after deducting the total amount of compensation to be paid to Approved Trout Child Class Members who have established a claim under Article 6.06(12) and Article 6.07(4), collectively.

6.07.01 Exceptional Early Payment of Compensation Funds

- 1) Notwithstanding Article 6.01(4), the Administrator may exceptionally approve the payment of compensation prior to a Claimant having reached the Age of Majority in accordance with this Article.
- 2) An individual under the Age of Majority may be eligible to receive an amount of compensation to fund or reimburse the cost of a life-changing or end-of-life wish experience (the "**Exceptional Early Payment**"), if they provide Supporting Documentation establishing that:
 - (a) they meet the requirements, other than age, to be an Approved Removed Child Class Member or an Approved Jordan's Principle Class Member; and
 - (b) they are suffering from a terminal or non-curable life-threatening condition that has placed their life in jeopardy.
- 3) An individual who establishes eligibility for an Exceptional Early Payment in accordance with this Article must provide reasonable proof of a chosen life-changing or end-of-life wish experience and the approximate cost of that experience.
- 4) The Administrator will assess a Claimant's eligibility for an Exceptional Early Payment to fund or reimburse the cost in an amount up to, but no more than \$40,000.
- 5) The Administrator will determine the Claim for an Exceptional Early Payment in the best interests of the Child and on an expedited basis. The Administrator will require such documentation in good faith as is required to assess:
 - (a) the Claimant's eligibility;
 - (b) the Claimant's terminal or non-curable life-threatening condition;
 - (c) the validity of the Claimant's life-changing or end-of-life experience request;

(d) the age and circumstances of the Child and whether the Child needs any protection; and

(e) the approximate cost of the life-changing or end-of-life wish experience.

- 6) Where a Class Member has received an Exceptional Early Payment and later submits a Claim for compensation, the amounts paid as Exceptional Early Payment will be deducted from that Claimant's total entitlement, if any, to compensation under this Agreement.

6.08 Priorities in Distribution of Surplus

- 1) On the advice of the Actuary or a similar advisor, the Settlement Implementation Committee may determine at any time or from time to time that there are unallocated or surplus funds on the Settlement Funds in the Trust Fund (a "**Trust Fund Surplus**").
- 2) The Settlement Implementation Committee may propose that a Trust Fund Surplus be designated and that there be a distribution of any Trust Fund Surplus for the benefit of the Class Members in accordance with this Article and the Claims Process, subject to the approval of the Court.
- 3) The Settlement Implementation Committee, having proposed that a surplus be designated and that there be a distribution of such Trust Fund Surplus, will bring motions before the Court for approval of the designation of a surplus and the proposed distribution of any Trust Fund Surplus. The designation and any allocation of a Trust Fund Surplus will be effective on the later of:
 - (a) the day following the last day on which an appeal or a motion seeking leave to appeal of either of the approval orders in respect of such designation and allocation may be brought under the *Federal Courts Rules*, SOR /98-106; and
 - (b) the date on which the last of any appeals of either of the approval orders in respect of such designation and allocation is finally determined.
- 4) In no event will any amount from the Trust Fund, including any Trust Fund Surplus, revert to Canada, and Canada will not be an eligible recipient of any Trust Fund Surplus.
- 5) In allocating the Trust Fund Surplus, the Settlement Implementation Committee will have due regard to the order of priorities set out below:
 - i) Approved Removed Child Class Members;
 - ii) Approved Jordan's Principle Class Members;
 - iii) Approved Trout Child Class Members;
 - iv) Approved Removed Child Family Class Members.

6.09 Reallocation of Budgets

- 1) The Settlement Implementation Committee will adopt the budgets with respect to compensation allocated to different classes (each, a “**Budget**”) in accordance with the amounts listed in Article 6.03, 6.04, and 6.06.
- 2) The Settlement Implementation Committee will arrange for an actuarial review of the Trust Fund to be conducted at least once every three years and more frequently if the Settlement Implementation Committee considers it appropriate. The actuarial review will be conducted by the Actuary in accordance with accepted actuarial practice in Canada. The actuarial review will determine:
 - (a) the value of the assets available to meet all outstanding and future expected Claims;
 - (b) the present value of all outstanding and future expected Claims using where necessary such reasonable assumptions as determined by the Actuary to be appropriate;
 - (c) an actuarial buffer to provide a reasonable margin of protection due to adverse deviations from the assumptions utilised; and
 - (d) the actuarial surplus and/or the actuarial deficit of funds in a Budget.
- 3) If based on the Actuary’s advice the total compensation to be paid to the number of approved Class Members within a class is, or is expected to be, below the Budget, the Settlement Implementation Committee may transfer some amount from that Budget to another Budget, which, on the Actuary’s advice, has a higher than estimated total compensation to be paid to approved Class Members.
- 4) If more than one (1) Budget has a higher than estimated total compensation to be paid to the number of approved Class Members, the Settlement Implementation Committee may make such transfer of funds in accordance with the following order of priorities, subject to Court approval:
 - i) Approved Removed Child Class Members;
 - ii) Approved Jordan’s Principle Class Members;
 - iii) Approved Trout Child Class Members;
 - iv) Approved Removed Child Family Class Members.

6.10 Income on Trust Fund

The Settlement Implementation Committee may allocate income earned by the Trust Fund to any class, in its discretion, in accordance with the following order of priorities, favouring those classes where higher than estimated total compensation to be paid to the approved Class Members exists:

- i) Approved Removed Child Class Members;
- ii) Approved Jordan's Principle Class Members;
- iii) Approved Trout Child Class Members;
- iv) Approved Removed Child Family Class Members.

6.11 Option to invest compensation funds

- 1) The Administrator will provide payment to Approved Removed Child Class Members and Approved Jordan's Principle Class Members within nine (9) months of the approval of the Class Member's Claim, but in all cases, only after taking the following steps:
 - (a) At least six months prior to issuing payment, the Administrator will contact the Approved Class Member to ask whether the Class Member wishes to maintain or direct a portion or all of the amount to which the Class Member is entitled to an investment vehicle.
 - (b) The form of notice to the Class Member will be determined by the Settlement Implementation Committee.
 - (c) If the Class Member indicates their desire that a certain amount be invested, the funds will be held or directed to a separate account for the benefit of the Class Member.
 - (d) Once the Class Member's investment account is established, the fees, costs and taxes payable on the investment capital or returns will be borne by the Class Member's individual investment, as applicable.

6.12 Adjustment for Time Value of Compensation Money

The compensation payable to an Approved Removed Child Class Member or an Approved Jordan's Principle Class Member who has not reached Age of Majority by delivery of the notice of approval of settlement may be adjusted having regard to the period of time that passes before the Class Member reaches the Age of Majority. The Settlement Implementation Committee, upon the advice of the Investment Committee and the Actuary will determine a consistent method for calculating the adjustment subject to the Court's approval.

ARTICLE 7 – CY-PRÈS FUND

7.01 Governing Principles

- 1) The Plaintiffs will design a Cy-près Fund with the assistance of experts, subject to the Court's approval.

- 2) The Cy-près Fund's purpose is primarily to benefit Class Members who do not receive direct payment under this Agreement.
- 3) Upon formation or selection of an existing entity and after the Implementation Date, the Trustee will endow the Cy-près Fund with \$50 million from the Trust Fund.
- 4) The Cy-près Fund will be First Nations led.
- 5) The objective of the Cy-près Fund is to provide culturally sensitive and trauma-informed supports to the Class, including, but not limited to, the following:
 - (a) Establish a fund, foundation or other similar vehicle whose leadership may include First Nations youth and children in care, formerly in care, their allies and those who experienced a Delay, Denial or Service Gap under Jordan's Principle, to offer grant-based supports to facilitate access to culture-based, community-based and healing-based programs, services and activities to Class Members and the Children of First Nations parents who experienced a Delay, Denial or Service Gap under Jordan's Principle.
 - i) Such grant-based supports may include, but are not limited to funding the following:
 - (1) Family and community unification, reunification, connection and reconnection for youth in care and formerly in care:
 - i. facilitating First Nations youth in care and formerly in care to identify birth family and their First Nation, which may include accessing records or files, meeting family members or travelling to their First Nation;
 - ii. accessing holistic wellness supports for First Nations youth in care and formerly in care during the family and community reunification and reconnection process; and
 - iii. reducing the costs associated with travel and accommodations to visit community and family, including for First Nations youth in care and formerly in care, support person(s) or family members.
 - (2) Cultural access:
 - i. facilitating access to cultural programs, activities and supports, including, but not limited to: youth groups, ceremony, language, Elders and Knowledge Keepers, mentors, land-based activities, and culturally-based arts and recreation.
 - (3) Transition and Navigation supports:
 - i. Facilitating access for First Nations youth in care and formerly in care to transition supports for First Nations youth in care and formerly in care

who are either not eligible for post-majority care and services under the reformed First Nations Child and Family Services Program or that are not covered elsewhere, in their transition to adulthood, including, but not limited to: safe and accessible housing, life skills and independent living, financial literacy, planning and services, continuing education, health and wellness supports.

- ii. Facilitating access to navigational supports for Class Members and the children of First Nations parents who experienced a Delay, Denial or Service Gap under Jordan's Principle who are not eligible to receive post-majority services under Jordan's Principle or are not covered elsewhere.
- iii. Facilitating access to a scholarship for the Jordan's Principle Class and the children of First Nations parents who experienced a Delay, Denial or Service Gap in the provision of services under Jordan's Principle. The scholarship will be designed to acknowledge the adverse effects associated with the experience of a Delay, Denial or Service Gap under Jordan's Principle.

(b) A National First Nations Youth In/From Care Network may also be established through the grants, or through the formation of a fund, foundation or similar organization, which may include a national network and regional networks. The networks would share best practices and updates, provide advocacy, discuss and make recommendations on policy. The structure, scope and membership of the networks is to be determined by First Nations Youth In/From Care.

ARTICLE 8 – SUPPORTS TO CLASS IN CLAIMS PROCESS

- 1) The Parties will agree to culturally sensitive health, information, and other supports to be provided to Class Members in the Claims Process, as well as funding for health care professionals to deliver support to Class Members who suffer or may suffer trauma for the duration of the Claims Process, consistent with Schedule C: Framework for Supports for Claimants in Compensation Process, and the responsibilities of the Administrator in providing navigational and other supports under Article 3.02.
- 2) Canada will provide funding to the AFN in the amount of \$2,550,000 to provide supports to First Nations claimants for a five (5) year term beginning April 1, 2024, and ending March 31, 2029. This Process will include administering a help desk with AFN line liaisons and providing culturally safe assistance to Claimants in completing relevant Claims Forms if not covered by the supports available to Class Members by the Administrator (the "**AFN Supports**"). By April 2028, the AFN may approach the Settlement Implementation

Committee for an extension of the funding for the AFN Supports. Subject to the Settlement Implementation Committee's approval to an extension of the AFN Supports, Canada will provide further block funding to the AFN to continue the AFN Supports for a period agreeable to the AFN, the Settlement Implementation Committee, and Canada.

- 3) Canada will fund the enhancement of the Hope for Wellness Line to include training to their call operators and counsellors on the Actions and promote this service to Class Members as soon as possible and prior to the approval of the Settlement. The Parties will recommend that the Court will appoint a third-party Indigenous organization funded by Canada, to provide a culturally-safe, youth-specific support line that would provide counselling services for youth and young adult class members and to refer to post-majority care services when appropriate.
- 4) Without limitation to the foregoing, Canada will pay for mental health, and cultural supports, navigators to promote communications and provide referrals to health services, help desk with AFN line liaisons, reasonable costs incurred by First Nations service providers in providing access to records to support Claimant eligibility from provinces, territories, and agencies, and professional services (taxonomy and actuarial services), and reasonable fees relating to a structured settlement (if applicable) to be agreed. Canada will fund mental health and cultural supports based on evolving needs of the Class, with over half of the Class Members being adults expected to access compensation in the first five years, and transitioning to a focus on young adults in the remaining years of implementation of the Agreement, building on the existing suite of First Nations mental wellness services. Canada will work with the Parties to also adapt supports to include innovative, First Nations-led mental health and wellness initiatives.
- 5) The costs of supports pursuant to this Article are payable by Canada and will not be deducted from the Settlement Funds.
- 6) Canada will provide annual reports to the Settlement Implementation Committee on the health supports, trauma-informed mental supports set out in Schedule C: Framework for Supports for Claimants in Compensation Process.

ARTICLE 9 - EFFECT OF AGREEMENT

9.01 Releases

- 1) The Settlement Approval Order issued by the Court will declare that, except as otherwise agreed to in this Agreement and in consideration for Canada's obligations and liabilities under this Agreement, each Class Member or their Estate Executor, Estate Claimant, or Personal Representative on behalf of such Individual Class Member or their estate and each First Nation Class Member (hereinafter collectively the "**Releasors**") has fully, finally and forever released Canada and its servants, agents, officers and employees,

predecessors, successors, and assigns (hereinafter collectively the “**Releasees**”), from any and all actions, causes of action, claims, and demands of every nature or kind available, whether or not known or anticipated, which the Releasers had, now have or may in the future have against the Releasees in respect of the claims asserted or capable of being asserted in the Actions, including any claim with regard to the costs referred to under Article 12.02(3).

- 2) It is understood that Class Members retain their rights to make claims against third parties for the physical, sexual or emotional abuse they suffered, restricted to whatever liability such third party may have severally, not including any liability that the third party may have jointly or otherwise with Canada, such that the third party will have no basis to seek contribution, indemnity or relief over by way of equitable subrogation, declaratory relief or otherwise against Canada for the physical, sexual or emotional abuse they suffered. No compensation paid to a Class Member under this settlement will be imputed to payment for injuries suffered as a result of physical, sexual abuse or emotional abuse.
- 3) For greater certainty, each Releaser is deemed to agree that, if they make any claim or demand or take any action or proceeding against another person, persons or entity in which any claim could arise against Canada for damages or contribution or indemnity and/or other relief over, whether by statute, common law, or Quebec civil law, in relation to allegations and matters set out in the Actions, including for physical, sexual or emotional abuse they suffered while in care, the Releaser will expressly limit their claim so as to exclude any portion of Canada’s responsibility, and in the event Canada is found to have any such liability, the Releasers will indemnify Canada to the full extent of any such liability including any liability as to costs.
- 4) Upon a final determination of a Claim made under and in accordance with the Claims Process, the Releasers are also deemed to fully and finally release the Parties, counsel for the Parties, Class Counsel, counsel for Canada, the Settlement Implementation Committee and its Members, the Administrator, and the Third-Party Assessor with respect to any claims that have arisen, arise or could arise out of the implementation of the Claims Process, including any claims relating to the calculation of compensation, the sufficiency of the compensation received, and the allocation and distribution of a Trust Fund Surplus.

9.02 Continuing Remedies

- 1) The Parties acknowledge and agree that, notwithstanding any provision of this Agreement, Class Members do not release, and specifically retain, their claims or causes of action for any breach by Canada of its ongoing obligations under this Agreement, including:
 - (a) failing to pay the Settlement Funds in their entirety;
 - (b) funding reasonable notice and other administration fees involved in carrying out this Agreement, including, but not limited to, information and notice to the Class

Members about certification, this Agreement, settlement approval, and the Claims Process, as well as third-party administration costs;

- (c) paying reasonable legal fees to Class Counsel, over and above the Settlement Funds;
 - (d) communicating with provincial and territorial Deputy Ministers responsible for child and family services, health, and education, as well as other relevant Deputy Ministers regarding taxation, Children's Special Allowance, social assistance payments, post-majority care or other provincial/territorial benefits "claw backs" without affecting funding received through a Jordan's Principle request, whether pending or approved;
 - (e) proposing a public apology by the Prime Minister;
 - (f) working toward the intention of the Parties that the Settlement Funds, including any income earned on the Settlement Funds awaiting distribution, will be distributed to Class Members as compensation, as opposed to "income" subject to taxation; and
 - (g) jointly seeking an order from the Tribunal declaring that the Order for compensation has been fully satisfied.
- 2) The Parties agree that, subject to the *Crown Liability and Proceedings Act*, R.S.C. 1985, c. C-50, the Parties will be entitled to seek relief to prevent breaches or threatened breaches of this Agreement, and to enforce compliance with the terms of this Agreement, without any requirement for the securing or posting of any bond in connection with the obtaining of any such injunctive or other equitable relief allowed by law, this being in addition to damages and any other remedy to which the Parties may be entitled at law or in equity for any breach of this Agreement.

9.03 Canadian Income Tax and Social Benefits

- 1) Canada will make best efforts to ensure that any Class Member's entitlement to federal social benefits or social assistance benefits will not be negatively affected in any manner by the Class Member's receipt, directly or indirectly, of any payment in accordance with this Agreement, and that no such payment will be considered taxable income within the meaning of the *Income Tax Act*.
- 2) The Parties agree that the payments to Class Members, including payments of any income earned on the Settlement Funds, are in the nature of personal injury damages and are not taxable income and Canada will make best efforts to obtain a technical interpretation to the same effect from the Income Tax Rulings Directorate of the Canada Revenue Agency.
- 3) Upon approval of this Agreement by the Court, Canada will write to all provincial and territorial Deputy Ministers responsible for child and family services, health, and

education, as well as other relevant Deputy Ministers, to encourage them to collaborate in:

- (a) exempting Class Member claims payouts under this Agreement from taxation, including payments of any income earned on the Settlement Funds, the Children's Special Allowance, social assistance payments, post-majority care or other provincial/territorial benefits "claw backs"; and
 - (b) ensuring that receipt of any compensation under this Agreement will in no way affect funding received through a Jordan's Principle request, whether pending or approved.
- 4) Canada will not in any way consider receipt of compensation under this Agreement as a factor in deciding any pending, approved or future requests pursuant to Jordan's Principle or with respect to individual entitlements under ISC programs where ISC makes a decision with respect to an individual's eligibility for funding.

ARTICLE 10 - IMPLEMENTATION OF THIS AGREEMENT

10.01 Settlement Approval Order

- 1) This Agreement is conditional upon the Tribunal confirming the satisfaction of its Compensation Order and the Compensation Framework Order (2021 CHRT 7), as well as the approval by the Court of this Agreement.
- 2) Prior to seeking the Settlement Approval Order from the Court, the AFN and Canada will jointly seek an order from the Tribunal declaring that the Compensation Order has been fully satisfied. The Parties will take all reasonable steps to support the application before the Tribunal, including filing such evidence and submissions as may be required.
- 3) The AFN agrees to act as the lead applicant before the Tribunal in seeking the above order, and to take all reasonable steps to publicly promote and defend the Agreement.
- 4) The Representative Plaintiffs, or any of them, in the Consolidated Action and the Trout Action may seek interested party status and/or standing to make representations before, and to answer questions posed by, the Tribunal in respect of the satisfaction of the Compensation Order and Canada consents to them obtaining such standing.
- 5) The Parties will consent to the issuance of the Settlement Approval Order.
- 6) The Parties will take all reasonable measures to cooperate in requesting that the Court issue the Settlement Approval Order and related orders on notice of certification, Settlement Approval Hearing, and any other orders required for the implementation of this Agreement.
- 7) The Parties will schedule the Settlement Approval Hearing as soon as practicable considering the requirements of the Notice Plan, the decision required from the Tribunal

and the Court's availability, noting that such hearing is currently scheduled for five days beginning on September 19, 2022.

- 8) The Parties will consider seeking orders from provincial superior courts to obtain relevant data from provinces and territories should that become necessary and agree to cooperatively approach the provinces and territories to encourage their compliance.
- 9) The Parties will take all reasonable measures to cooperate in seeking federal, provincial and territorial privacy legislation exemptions and consents as may be needed to implement the Agreement.

10.02 Notice Plan

The Parties will seek approval from the Court of the Notice Plan as the means by which Class Members will be provided with notice of settlement and settlement approval, and of the Opt-Out Period, as applicable.

ARTICLE 11 - OPTING OUT

11.01 Opting Out

A Class Member may Opt-Out of the Actions by:

- (a) delivery to the Administrator of an Opt-Out form or a written request to be removed from the Actions before the Opt-Out Deadline; or
- (b) after the Opt-Out Deadline, by obtaining leave of the Court to Opt-Out of the Actions if the Claimant was unable, as a result of physical or psychological illness or challenges, including homelessness or addiction, or other significant obstacles as found by the Court, to take steps to Opt-Out within the Opt-Out Deadline.

11.02 Automatic Exclusion for Individual Claims

A Class Member will be excluded from the Actions if the Class Member does not, before the expiry of the Opt-Out Deadline, discontinue a proceeding brought by the Class Member against Canada to the extent that the separate proceeding raises the common questions set out in the Certification Orders.

ARTICLE 12 - SETTLEMENT IMPLEMENTATION COMMITTEE

12.01 Composition of Settlement Implementation Committee

- 1) A Settlement Implementation Committee will be formed in accordance with this Article, subject to approval by the Court.
- 2) The Settlement Implementation Committee will consist of five (5) members as follows:
 - (a) Two First Nations members ("**Non-Counsel SIC Members**"); and
 - (b) Three Counsel members ("**Counsel SIC Members**").

- 3) All Non-Counsel SIC Members and all Counsel SIC Members are subject to the Court's order appointing them as such.
- 4) No person will serve for more than two (2) five-year terms, consecutive or cumulative, as one of the Non-Counsel SIC Members and/or of the Counsel SIC Members.
- 5) The terms of the five members of the Settlement Implementation Committee will be staggered such that the end of their terms does not occur all at the same time. For that purpose, the first term of one (1) Non-Counsel SIC Members and one (1) Counsel SIC Members will not exceed three (3) years, which terms may be renewed for a subsequent term of five (5) years. The first term of the balance of the members of the Settlement Implementation Committee will be for five years.
- 6) The two Non-Counsel SIC Members will be First Nations individuals only, as defined in Article 1.
- 7) The two Non-Counsel SIC Members will be selected through a solicitation for applications conducted by the AFN Executive Committee.
- 8) For the first round of nominations prior to the establishment of the Settlement Implementation Committee, the AFN Executive Committee will recommend to the Court for approval two Non-Counsel SIC Members selected in accordance with this Article, one for an initial term of three years and one for an initial term of five years.
- 9) After the establishment of the Settlement Implementation Committee, the AFN Executive Committee will recommend to the Settlement Implementation Committee any necessary replacement Non-Counsel SIC Members as those positions become vacant from time to time under this Article for the purposes of seeking the Court's approval of the appointment of such members.
- 10) The three Counsel SIC Members will consist of one (1) lawyer appointed by Sotos LLP, one (1) lawyer appointed by Kugler Kandestin LLP, and one (1) lawyer appointed by the AFN Executive Committee.
- 11) For the first round of nominations prior to the establishment of the Settlement Implementation Committee, Sotos LLP, Kugler Kandestin LLP, and the AFN Executive Committee will each recommend one lawyer to the Court for approval in accordance with this Article. One of these three lawyers will be nominated for an initial term of three years and the other two for an initial term of five years in accordance with this Article. If Sotos LLP, Kugler Kandestin LLP, and the AFN Executive Committee cannot agree on which lawyer will be recommended to the Court for an initial term of three years, they will ask the Court to select any one of the three recommended lawyers for a term of three years in the Court's full discretion.
- 12) After the establishment of the Settlement Implementation Committee, Sotos LLP, Kugler Kandestin LLP, and the AFN Executive Committee will recommend to the Settlement

Implementation Committee the necessary number of replacement Counsel SIC Members separately for each of their respective counsel as those positions become vacant from time to time in accordance with this Article for the purposes of seeking the Court's approval of the appointment of such members.

- 13) A member of the Settlement Implementation Committee may be removed prior to the expiry of their term with a special majority vote of four (4) members of the Settlement Implementation Committee. Such a removal is not effective unless and until approved by the Court.
- 14) The Court may substitute any member of the Settlement Implementation Committee in accordance with this Article in the best interests of the Class.
- 15) A meeting of the Settlement Implementation Committee may be held if at least four (4) members are present. In making decisions under this Agreement, the Settlement Implementation Committee will make reasonable efforts to reach consensus. If consensus is not possible, the Settlement Implementation Committee will decide by majority vote unless specified otherwise in this Agreement.
- 16) If any member of the Settlement Implementation Committee believes that the majority of the Settlement Implementation Committee has taken a decision that is not in the best interests of the Class, that Member may refer the decision to confidential mediation in accordance with the ADR Chambers Mediation Rules. If the members of the Settlement Implementation Committee cannot agree on a mediator, they may ask the Court to appoint one. The reasonable costs of the mediation will be a disbursement of the Settlement Implementation Committee payable in accordance with Article 3.04(1). If the matter cannot be resolved at mediation, the matter may be referred to the Court for determination.
- 17) For the first two (2) years following the Implementation Date of this Agreement, the Settlement Implementation Committee will meet monthly, either in-person or virtually, and thereafter, the Settlement Implementation Committee will meet quarterly, unless the Settlement Implementation Committee believes that more frequent meetings are required. Notwithstanding this Article, the Settlement Implementation Committee may deal with administrative and urgent issues, if and when necessary.
- 18) The Settlement Implementation Committee, all Non-Counsel SIC Members, and all Counsel SIC Members will at all times act solely in the best interests of the Class, and not in the interests of any other party, stakeholder or entity.
- 19) In the event that either Sotos LLP or Kugler Kandestin LLP merges with another law firm, this Agreement will be binding on the successor firm.
- 20) If after the Implementation Date, Sotos LLP, Kugler Kandestin LLP or the AFN Executive Committee determine in their respective sole and unfettered discretion that they no longer

need or want to nominate members to the Settlement Implementation Committee in accordance with this Article, they will advise the Settlement Implementation Committee in writing. In that event, the Court will determine a prospective replacement for such members in the best interests of the Class on the recommendation of the Settlement Implementation Committee.

12.02 Settlement Implementation Committee Fees

- 1) Canada's liability for the fees of Counsel SIC Members and any other counsel to whom work is delegated will be negotiated by the Parties by way of the process identified in Article 16, Legal Fees.
- 2) Counsel SIC Members may delegate the legal work reasonably necessary for the fulfillment of the Settlement Implementation Committee's responsibilities under this Agreement among Class Counsel or retain other counsel as Counsel SIC Members consider necessary.
- 3) Canada will pay a total of \$750,000, separate and in addition to any other amounts in this Agreement to be paid at the direction of the AFN Executive Committee to fund an honorarium of \$200 per hour to each of the Non-Counsel SIC Members for reasonable participation in the work of the Settlement Implementation Committee, up to a maximum of \$1000 per day, subject to the Court's approval. The Settlement Implementation Committee may propose, and the Court may implement a change in the quantum of such honoraria from time to time.

12.03 Settlement Implementation Committee Responsibilities

- 1) In addition to matters specified elsewhere in this Agreement, the Settlement Implementation Committee's responsibilities will include the following:
 - (a) monitoring the work of the Administrator and the Third-Party Assessor, and the Claims Process overall;
 - (b) receiving and considering reports from the Administrator, including on administrative costs;
 - (c) engaging experienced practitioners as needed who are familiar with family and child welfare documents and records in each province and territory to assist with the work of the Administrator and the Third-Party Assessor, where necessary to substantiate allegations of Abuse or conduct isolated audits of some Claims Forms where ISC data is insufficient or lacking;
 - (d) giving such process directions to the Administrator or the Third-Party Assessor as may be necessary in accordance with the mandate of the Settlement Implementation Committee and the provisions of this Agreement;

- (e) proposing for the Court’s approval such protocols as may be necessary for the implementation of this Agreement, including any amendments to the Claims Process and distribution protocol as may be necessary;
 - (f) addressing any other matter referred to the Settlement Implementation Committee by the Court;
 - (g) receiving, through the Investment Committee, and seeking Court approval on advice from the Actuary and investment experts on the investment of the Trust Fund;
 - (h) recommending to the Court any change of the Administrator;
 - (i) setting Terms of Reference for the Investment Committee regarding investment objectives and strategy (the “**Investment Committee Terms of Reference**”) in accordance with the principles set out in Schedule G: Investment Committee Guiding Principles;
 - (j) engaging experts as reasonably needed including, but not limited to, experts in First Nations data governance, trauma, community relations, health and social services, and actuaries to assist with the Claims Process;
 - (k) receiving annual reports from Canada on the health supports, trauma-informed mental supports, and Claims Process supports provided to Class Members;
 - (l) providing an annual Settlement Implementation Report to the Court, which includes updates on the implementation of the Agreement, actuarial reporting on the Trust Fund and distribution, annual audited financial reporting, any issues with the Trust, any systemic issues in implementation and proposed or approved resolution to such issues, etc.; and
 - (m) providing the AFN Executive Committee with a concurrent copy of the annual Settlement Implementation Report.
- 2) The Settlement Implementation Committee may retain experts and consultants as reasonably required for the implementation of this Agreement. The fees and disbursements of such experts and consultants will be a disbursement of the Settlement Implementation Committee payable by Canada in accordance with Article 3.04.
 - 3) The Settlement Implementation Committee may bring or respond to whatever motions or institute whatever proceedings it considers necessary to advance its responsibilities under this Agreement and the interests of Class Members.

12.04 Investment Committee

- 1) The Investment Committee will adhere to the Investment Committee Terms of Reference as set by the Settlement Implementation Committee.

- 2) The Investment Committee will be constituted of up to two (2) members that are not investment professionals but have relevant board experience regarding the management of funds and one (1) independent investment professional (the “**Investment Professional Member**”).
- 3) The Investment Committee members will be nominated by the Settlement Implementation Committee to five (5) year renewable terms, subject to approval by the Court.
- 4) The reasonable fees of the Investment Committee, including the Investment Professional Member, will be payable by Canada to a maximum of four quarterly meetings per annum and will be subject to Court approval. The reasonable fees of any investment consultant retained by the Investment Committee will be payable by Canada, subject to Court Approval. Canada will not be responsible for the payment of fees for investment managers retained by the Investment Committee.
- 5) The Investment Committee will meet quarterly, or more frequently as required, during the first five (5) years following its establishment. In subsequent years, the Investment Committee will meet at least once annually, or more frequently if required and approved by the Settlement Implementation Committee. The Investment Committee will periodically, and no less than annually, review the viability of the investment strategy of the Trust Fund and submit such a review to the Settlement Implementation Committee.

ARTICLE 13 - PAYMENTS FOR DECEASED INDIVIDUAL CLASS MEMBERS AND PERSONS UNDER DISABILITY

13.01 Persons Under Disability

If a Claimant who submitted a Claim to the Administrator within the Claims Deadline is or becomes a Person Under Disability prior to their receipt of compensation, the Personal Representative of the Claimant will be paid the compensation to which the Claimant would have been entitled under the Claims Process.

13.02 General Principles for Compensation if Deceased

Only the Estates of the deceased members of the Removed Child Class, Jordan’s Principle Class or Trout Child Class may be eligible for compensation under this Agreement (“**Eligible Deceased Class Member**” or “**Eligible Deceased Class Members**”). The Estates of the Removed Child Family Class, the Jordan’s Principle Family Class or the Trout Family Class are not eligible for compensation, unless a complete Claim was submitted by the member of the Removed Child Family Class, the Jordan’s Principle Family Class or the Trout Family Class prior to death.

13.03 Compensation if Deceased: Grant of Authority or the Like

- 1) Where an Estate Executor or Estate Administrator of an Eligible Deceased Class Member has been appointed under the *Indian Act* or under the governing provincial or territorial legislation, the Estate Executor or Estate Administrator may submit a Claim for compensation in accordance with this Agreement.
- 2) In support of a Claim made pursuant to Article 13.01, the Estate Executor or Estate Administrator for an Eligible Deceased Class Member will submit to the Administrator, in each case in a form acceptable to the Administrator:
 - (a) A Claims Form (if a Claims Form was not submitted by such Eligible Deceased Class Member or their Personal Representative prior to their death);
 - (b) Evidence that such Eligible Deceased Class Member is deceased and the date on which such Eligible Deceased Class Member died;
 - (c) Evidence in the following form identifying such representative as having the legal authority to receive compensation on behalf of the estate of the Eligible Deceased Class Member:
 - i) If the claim to entitlement to receive compensation on behalf of a decedent estate is based on a will or other testamentary instrument or on intestacy, a copy of a grant of probate or a grant and letters testamentary or other document of like import, or a grant of letters of administration or other document of like import, issued by any court or authority in Canada; or
 - ii) If in Quebec, a notarial will, a probated holograph will, a probated or other document of like import made in the presence of witnesses in accordance with the *Civil Code of Quebec* and the *Indian Act*.

13.04 Compensation if Deceased: No Grant of Authority or the Like

- 1) For the purpose of this Article a “spouse” means a person who:
 - (a) is legally married;
 - (b) persons who are not married, but:
 - i) have a common law relationship for a period of not less than one year, the time prescribed in accordance with the *Indian Act*, at the time of death; or
 - ii) have a relationship of some permanence if they are the parents of a child.
- 2) If a Claims Form is submitted to the Administrator on behalf of an Eligible Deceased Class Member without proof of a will or the appointment of an Estate Executor or Estate Administrator, the Administrator may, upon receiving Supporting Documentation, treat the Eligible Deceased Class Member’s Claim in accordance with

the priority level of heirs under the *Indian Act* in respect of distribution of property on intestacy as follows:

- (a) The spouse of the Eligible Deceased Class Member at the time of death.
 - (b) Where the Eligible Deceased Class Member has no spouse, the Child or Children of the eligible Deceased Class Member. Any Child of the Eligible Deceased Class Member will be able to submit a Claim to the Administrator if so entitled pursuant to the priorities herein. The compensation will be divided pro rata amongst all the Children of the Eligible Deceased Class Member who are living at the time when the Claim is received by the Administrator.
 - (c) Where the Eligible Deceased Class Member has no spouse and no child/children, the Caregiving Parents or Caregiving Grandparents of the Eligible Deceased Class Member, as applicable. Any surviving Caregiving Parent or Caregiving Grandparent of the Eligible Deceased Class Member may advance a claim to the Administrator if so entitled pursuant to the priorities herein. The compensation will be divided pro rata between the Caregiving Parents or Caregiving Grandparents of the Eligible Deceased Class Member who are alive when the Claim is received by the Administrator.
 - (d) Where an Eligible Deceased Class Member leaves no spouse, child, or Caregiving Parent or Caregiving Grandparent, the sibling(s) of the Eligible Deceased Class Member. Any sibling of the Eligible Deceased Class Member may advance a Claim to the Administrator if so entitled pursuant to the priorities herein. The compensation will be distributed equally among the siblings of the Eligible Deceased Class Member who are alive when the claim is received by the Administrator.
- 3) Subject to sections 4(3) and 42 to 51 of the *Indian Act*, Canada, as represented by the Minister of Indigenous Services Canada, may administer or appoint administrators for the estates of Eligible Deceased Class Members who are under Canada's jurisdiction and who have or are entitled to receive direct compensation under this Agreement.
 - 4) Canada may consult with the Settlement Implementation Committee to utilize the existing ISC framework for the administration of the estates of Eligible Deceased Class Members consistent with the exercise of Ministerial discretion considering individual circumstances. Canada will conduct the administration process in a trauma-informed manner and with a view to ensuring that it is as expeditious, cost-effective, user-friendly, and culturally sensitive as possible. This may include:

- (a) where Canada is advised that an Estate Executor or Estate Administrator has not already been appointed on behalf of the estate of an Eligible Deceased Class Member, Canada may appoint an Estate Administrator as needed who will act in accordance with their fiduciary and statutory duties, which may include submitting a Claim on behalf of such Class Member; and
 - (b) where Canada administers an estate of an Eligible Deceased Class Member, there will be no cost recovery against the estate for doing so and, except in exceptional circumstances, Canada will seek to minimize or eliminate any related third-party costs.
- 5) Subject to issues that may arise in individual cases, Canada may, but is not obligated to, exercise its discretion under the *Indian Act* to assume jurisdiction over the administration of the estates referred to above. Nothing in this Article should be taken to extend the jurisdiction under the *Indian Act* over the administration of estates.

13.05 Canada, Administrator, Class Counsel, Third-Party Assessor, Settlement Implementation Committee, and Investment Committee Held Harmless

Canada and its counsel, the Administrator, Class Counsel, AFN in-house counsel, the Third-Party Assessor, the Settlement Implementation Committee and its members, and the Investment Committee will be held harmless from any and all claims, counterclaims, suits, actions, causes of action, demands, damages, penalties, injuries, setoffs, judgments, debts, costs, expenses (including legal fees and expenses) or other liabilities of every character whatsoever by reason of or resulting from a payment or non-payment to or on behalf of a Eligible Deceased Class Member or a Person Under Disability, or to an Estate Executor, estate, or Personal Representative pursuant to this Agreement, and this Agreement will be a complete defence.

ARTICLE 14 - TRUSTEE AND TRUST

14.01 Trust

- 1) Subject to advice received by third-party professionals, the Parties agree to the following provisions.
- 2) No later than thirty (30) days following the appointment by the Court of the Trustee, Canada will settle a single trust (the “**Trust**”) with ten dollars (\$10), to be held by the Trustee in accordance with the terms of this Agreement.
- 3) The Plaintiffs will submit the initial investment strategy created with help from experts to the Court for approval together with this Agreement.

14.02 Trustee

- 1) The Court will appoint the Trustee to act as the trustee of the Trust, with such powers, rights, duties, and responsibilities as the Court orders. Without limiting the generality of the foregoing, the duties and responsibilities of the Trustee will include:
 - (a) to hold the Trust Fund;
 - (b) to invest the Settlement Funds in accordance with the Statement of Investment Policies and Procedures as instructed by the Investment Committee, having regard to the best interests of Class Members and the ability of the Trust to meet its financial obligations, subject to the Court's ongoing supervision;
 - (c) upon instructions from the Administrator and approval of the Settlement Implementation Committee in accordance with the policies of the Settlement Implementation Committee, to provide such amounts from the Trust to the Administrator and any other person as described in Article 3.02, Article 4.02, Article 7.01, and Article 17(3), as required from time to time in order to give effect to any provision of this Agreement, including the payment of compensation to Approved Class Members in the Claims Process;
 - (d) to engage, upon consultation with and approval of the Settlement Implementation Committee, the services of professionals to assist in fulfilling the Trustee's duties;
 - (e) to exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances;
 - (f) to keep such books, records and accounts as are necessary or appropriate to document the assets held in the Trust, and each transaction of the Trust;
 - (g) to take all reasonable steps and actions required under the *Income Tax Act* as set out in the Agreement;
 - (h) to report to the Administrator, Canada and the Settlement Implementation Committee on a quarterly basis the assets held in the Trust at the end of each such quarter, or on an interim basis if so requested; and
 - (i) to do such other acts and things as are incidental to the foregoing, and to exercise all powers that are necessary or useful to carry on the activities of the Trust or to carry out the provisions of this Agreement.

14.03 Trustee Fees

Canada will pay the reasonable fees, disbursements, and other costs of the Trustee relating to the management of the Trust Fund.

14.04 Nature of the Trust

- 1) The Trust will be established for the following purposes:

- (a) to acquire the Settlement Funds payable by Canada;
- (b) to hold the Settlement Funds in the Trust;
- (c) to pay compensation in accordance with this Agreement;
- (d) to invest cash in investments in the best interests of Class Members, as provided in this Agreement; and
- (e) to do such other acts and things as are incidental to the foregoing, and to exercise all powers that are necessary or useful to carry out the provisions of this Agreement.

14.05 Legal Entitlements

The legal ownership of the assets of the Trust, including the Trust Fund, and the right to conduct the activities of the Trust, including the activities with respect to the Trust Fund, will be, subject to the specific limitations and other terms contained herein, vested exclusively in the Trustee, and the Class Members or any other beneficiaries of the Trust have no right to compel or call for any partition, division or distribution of any of the assets of the Trust or a rendering of accounts. No Class Member or any other beneficiary of the Trust will have or is deemed to have any right of ownership in any of the assets of the Trust.

14.06 Records

The Trustee will keep such books, records, and accounts as are necessary or appropriate to document the assets of the Trust and each transaction of the Trust. Without limiting the generality of the foregoing, the Trustee will keep at its principal office records of all transactions of the Trust and a list of the assets held in trust, including each Fund, and a record of each Fund's account balance from time to time.

14.07 Quarterly Reporting

The Trustee will deliver to the Administrator, Canada, and the Settlement Implementation Committee, within thirty (30) days after the end of each calendar quarter, a quarterly report setting forth the assets held as at the end of such quarter in the Trust and each Fund (including the term, interest rate or yield and maturity date thereof) and a record of the Trust's account balance during such quarter.

14.08 Annual Reporting

The Auditors will deliver to the Administrator, the Trustee, Canada, the Settlement Implementation Committee, the AFN Executive Committee and the Court, within sixty (60) days after the end of each anniversary of the date that the Trust was funded, which date will be the fiscal year-end for the Trust:

- (a) the audited financial statements of the Trust for the most recently completed fiscal year, together with the report of the Auditors thereon;

- (b) a report setting forth a summary of the assets held in trust as at the end of the fiscal year for each Fund and the disbursements made by the Trust during the preceding fiscal year; and
- (c) the audited financial statements of the Administrator.

14.09 Method of Payment

The Trustee will have sole discretion to determine whether any amount paid or payable out of the Trust is paid or payable out of the income of the Trust or the capital of the Trust.

14.10 Additions to Capital

Any income of the Trust not paid out in a fiscal year will at the end of such fiscal year be added to the capital of the Trust.

14.11 Tax Elections

For each taxation year of the Trust, the Trustee will file any available elections and designations under the *Income Tax Act* and equivalent provisions of the *Income Tax Act* of any province or territory and take any other reasonable steps such that the Trust and no other person is liable to taxation on the income of the Trust, including the filing of an election under the *Income Tax Act* and equivalent provisions of the *Income Tax Act* of any province or territory for each taxation year of the Trust and the amount to be specified under such election will be the maximum allowable under the *Income Tax Act* or the *Income Tax Act* of any province or territory, as the case may be.

14.12 Canadian Income Tax

- 1) Canada will make best efforts to exempt any income earned by the Trust from federal taxation, and Canada will take into account the measures that it took in similar circumstances for the class action settlements addressed in section 81 (1) (g.3) of the *Income Tax Act*.
- 2) The Parties agree that the payments to Class Members, including payments of any income earned on the Settlement Funds, are in the nature of personal injury damages and are not taxable income and Canada will make best efforts to obtain a technical interpretation to the same effect from the Income Tax Rulings Directorate of the Canada Revenue Agency.

ARTICLE 15 – AUDITORS

15.01 Appointment of Auditors

On the recommendation of the Settlement Implementation Committee, the Court will appoint Auditors with such powers, rights, duties and responsibilities as the Court directs. On the recommendation of the Parties, or of their own motion, the Court may replace the

Auditors at any time. Without limiting the generality of the foregoing, the duties and responsibilities of the Auditors will include:

- (a) to audit the accounts for the Trust in accordance with generally accepted auditing standards on an annual basis;
- (b) to provide the reporting set out in Article 14.08;
- (c) to audit the financial statements of the Administrator in relation to the administration of this Agreement; and
- (d) to file the financial statements of the Trust together with the Auditors' report thereon with the Court and deliver a copy thereof to Canada, the Settlement Implementation Committee, the Administrator, and the Trustee within sixty (60) days after the end of each financial year of the Trust.

15.02 Payment of Auditors

Canada will pay the reasonable fees, disbursements, and other costs of the Auditors in accordance with Article 3.04, as approved by the Court.

ARTICLE 16 - LEGAL FEES

16.01 Class Counsel Fees

- 1) Canada will pay Class Counsel the amount approved by the Court, plus applicable taxes, in respect of their legal fees and disbursements for the prosecution of the Actions to the date of the Settlement Approval Hearing, together with advice to Class Members regarding the Agreement and Acceptance, over and above the Settlement Funds. Subject to Article 12.02(1), Canada will also pay the reasonable legal fees of Class Counsel for their work on or for the Settlement Implementation Committee and the Investment Committee. A disagreement between the Parties over legal fees will not prevent the Parties from signing this Agreement. Canada and Class Counsel will participate in mediation if they are unable to agree upon the legal fees, to be presided over by a mediator to be agreed upon by and between Canada and Class Counsel or, failing agreement, appointed by the Court. In the event that Canada and Class Counsel are not able to agree upon legal fees during mediation, fees will be subject to the approval of the Court, subject to appeal. Canada will have standing to make submissions to the Court regarding such fees.
- 2) No such amounts will be deducted from the Settlement Funds.
- 3) Class Counsel will not charge individual Class Members any amounts for legal services rendered in accordance with this Agreement. Such assistance to Class Members will not be considered to constitute or be cause for a conflict.

16.02 Ongoing Legal Services

- 1) Following the Implementation Date, responsibility for representing the interests of the Class as a whole (as distinct from assisting a particular Class Member or Class Members, as reasonably requested) will pass from Class Counsel to the Settlement Implementation Committee, and Class Counsel will have no further obligations in that regard.
- 2) In addition to the legal services provided to the Settlement Implementation Committee in Article 12, Counsel SIC Members may also respond to legal inquiries from Class Members about this Agreement that are beyond the training and/or competence of the navigational support services provided by the Administrator. Legal fees for such services are subject to Article 12.02(1).

16.03 Ongoing Fees

- 1) The Settlement Implementation Committee will maintain appropriate records of payment, fees and disbursements for Ongoing Legal Services.
- 2) The Settlement Implementation Committee may submit the bills relating to Counsel SIC Members to Canada for payment on a monthly basis, subject to Article 12.02(1).
- 3) The Settlement Implementation Committee will seek approval of its accounts from the Court on an annual basis.

ARTICLE 17 - GENERAL DISPUTE RESOLUTION

- 1) Where a dispute arises regarding any right or obligation under this Agreement (“**Dispute**”), the parties to the Dispute will refer the Dispute to confidential mediation in accordance with the ADR Chambers Mediation Rules. If the parties to the Dispute cannot agree on a mediator, they may ask the Court to appoint one (the “**Dispute Resolution Process**”).
- 2) If the Dispute cannot be resolved through the Dispute Resolution Process, it can be referred to the Court for determination.
- 3) The costs of dispute resolution amongst members of the Settlement Implementation Committee, in accordance with the Dispute Resolution Process, or by referral to the Court, may be paid out of the Trust Fund in circumstances where deemed appropriate by the mediator or the Court.
- 4) Where Canada is a party to a matter referred to the Dispute Resolution Process, the mediator will have the discretion to award costs of the mediation against any party.
- 5) For greater certainty, this Article will not apply to disputes regarding Claimants in the Claims Process, including eligibility for membership in the Class, extension of the Claims Deadline for an individual Class Member or compensation due to any Class Member.

ARTICLE 18 - TERMINATION AND OTHER CONDITIONS

18.01 Termination of Agreement

- 1) Except as set forth in Article 18.01(2), this Agreement will continue in full force and effect until all obligations under this Agreement are fulfilled and the Court orders that the Agreement has terminated.
- 2) Notwithstanding any other provision in the Agreement, the following provisions will survive the termination of this Agreement:
 - (a) Article 9.01 – Releases
 - (b) Article 20 – Confidentiality
 - (c) Article 22 – Immunity

18.02 Amendments

Except as expressly provided in this Agreement, no amendment may be made to this Agreement unless agreed to by the Parties in writing, and if the Court has issued the Settlement Approval Order, then any amendment will only be effective once approved by the Court. A material amendment to the Schedules hereto will require the Court's approval.

18.03 Non-Reversion of Settlement Funds

No amount or earned interest that remains after the distribution of the Settlement Funds will revert to Canada. Such amounts will instead be further distributed in accordance with the distribution protocol designed and approved for the Claims Process.

18.04 No Assignment

- 1) No compensation payable under this Agreement to a Class Member can be assigned, charged, pledged, hypothecated and any such assignment, charge, pledge, or hypothecation is null and void except as expressly provided for in this Agreement.
- 2) No portion of the Settlement Funds or amounts accrued thereon that remain will be charged to a Claimant for completing Claims Forms or providing Supporting Documentation.
- 3) Any payment to which a Claimant is entitled will be made to such Claimant in accordance with the direction that such Claimant provides to the Administrator unless a court of competent jurisdiction has ordered otherwise.
- 4) Any payments in respect of a Deceased Class Member or a Person Under Disability will be made in accordance with Article 13.

- 5) In the absence of fraud, any amount paid pursuant to this Agreement is not refundable in the event that it is later determined that the Claimant was not entitled to receive or be paid all or part of the amount so paid, but the Claimant may be required to account for any amount that they were not entitled to receive against any future payments that they would otherwise be entitled to receive pursuant to this Agreement.

ARTICLE 19 – WARRANTIES AND REPRESENTATIONS ON SIZE OF THE CLASS

- 1) The Parties acknowledge that, in preparing the Joint Report, the Experts relied on data from ISC to determine the Estimated Removed Child Class Size. Both the Plaintiffs and Canada were aware that parts of this data came from third parties, was incomplete and, in some cases, inaccurate. The Parties, including Canada, took account of the nature of this data in entering into this Agreement.
- 2) Canada warrants and represents that it provided to the Experts all of the data in Canada's possession relating to the Estimated Removed Child Class Size. However, Canada does not represent or warrant the accuracy of the data it provided nor the accuracy of the Joint Report of the Experts.

ARTICLE 20 – CONFIDENTIALITY

20.01 Confidentiality

Any information provided, created, or obtained in the course of implementing this Agreement will be kept confidential and will not be used for any purpose other than this Agreement unless otherwise agreed by the Parties.

20.02 Destruction of Class Member Information and Records

- 1) Subject to Article 20.02(2), two years after completing the payment of all compensation under this Agreement, the Administrator will destroy all Class Member information and documentation in its possession, unless a Class Member or their Estate Executor or Estate Claimant specifically requests the return of such information within the two-year period. Upon receipt of such request, the Administrator will forward the Class Member information as directed. Before destroying any information or documentation in accordance with this Article, the Administrator will prepare an anonymized statistical analysis of the Class in accordance with the Claims Process.
- 2) Prior to destruction of the records, the Administrator will create and provide to Canada a list showing the Approved Class Member's: (i) name (ii) Indian registration number, (iii) Band or First Nation affiliation, (iv) birthdate, (v) class membership, and (vi) amount and date of payment with respect to each compensation payment made. Notwithstanding anything else in this Agreement, this list must be retained by Canada in strict confidence

and can only be used in a legal proceeding or settlement where it is relevant to demonstrating that a claimant received a payment under this Agreement.

- 3) The destruction of records in the possession or control of Canada is subject to the application of any relevant provincial or federal legislation such as the *Privacy Act*, the *Access to Information Act*, the *Personal Information Protection and Electronic Documents Act* and the *Library and Archives of Canada Act*.

20.03 Confidentiality of Negotiations

Save as may otherwise be agreed between the Parties, the undertaking of confidentiality as to the discussions and all communications, whether written or oral, made in and surrounding the negotiations leading to the AIP and this Agreement continues in force. The Parties expressly agree that the AIP and the materials and discussions related to it are inadmissible as evidence to determine the meaning and scope of this Agreement, which supersedes the AIP.

ARTICLE 21 – COOPERATION

21.01 Cooperation on Settlement Approval and Implementation

Upon execution of this Agreement, the Representative Plaintiffs in the Actions, the AFN, Class Counsel, and Canada will make best efforts to obtain approval of this Agreement by the Court and to support and facilitate participation of Class Members in all aspects of this Agreement. If this Agreement is not approved by the Court, the Parties will negotiate in good faith to attempt to cure any defects identified by the Court but will not be obligated to agree to any material amendment to the Agreement executed by the Parties.

21.02 Public Announcements

Upon the issuance of the Settlement Approval Order, the Parties will release a joint public statement announcing the settlement in a form to be agreed by the Parties and, at a mutually agreed time, will make public announcements in support of this Agreement. The Parties will continue to speak publicly in favour of the Agreement as reasonably requested by any Party.

ARTICLE 22 – IMMUNITY

Canada and its counsel, Class Counsel, AFN and its in-house counsel, the Administrator, the Settlement Implementation Committee and its Members and counsel, the Investment Committee, and the Third-Party Assessor will be released from, be immune to, and be held harmless from any and all claims, counterclaims, suits, actions, causes of action, demands, damages, penalties, injuries, setoffs, judgments, debts, costs, expenses (including legal fees and expenses) or other liabilities of every character whatsoever by

any reason, except fraud relating to the Actions and to this Agreement, and this Agreement will be a complete defence.

ARTICLE 23 – PUBLIC APOLOGY

Upon execution of this Agreement, Canada will propose to the Office of the Prime Minister that the Prime Minister make a public apology for the discriminatory conduct underlying the Class Members' claims and the past and ongoing harm it has caused.

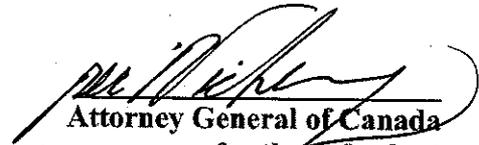
ARTICLE 24 – COMPLETE AGREEMENT

This Agreement constitutes the entire agreement among the Parties with respect to the subject matter hereof and cancels and supersedes any prior or other understandings and agreements between or among the Parties with respect thereto, including the AIP. There are no representations, warranties, terms, conditions, undertakings, covenants or collateral agreements, express, implied or statutory between or among the Parties with respect to the subject matter hereof other than as expressly set forth or referred to in this Agreement.

[The remainder of this page is left intentionally blank. Signature pages follow.]

Signed at *Ottawa*, this *30th* day of June 2022.

**CANADA, as represented by the Attorney General of Canada
BY:**


**Attorney General of Canada
for the defendant**

**THE PLAINTIFFS, as represented by class counsel
BY:**

**Sotos LLP/ Kugler Kandestin LLP/Miller Titerle + Co
for the plaintiffs
Xavier Moushoom, Jeremy Meawasige (by his litigation guardian Jonavon Meawasige),
Jonavon Joseph Meawasige, and Zacheus Joseph Trout**

**Nahwegahbow, Corbierc/ Fasken LLP/ Stuart Wuttke
for the plaintiffs
Assembly of First Nations, Ashley Dawn Bach, Karen Osachoff, Melissa Walterson, Noah
Buffalo-Jackson by His Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo and Dick
Eugene Jackson Also Known as Richard Jackson**

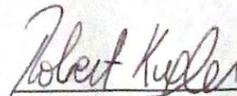
Date signed June 30, 2022

Signed at Montreal, this 30th day of June 2022.

**CANADA, as represented by the Attorney General of Canada
BY:**

**Attorney General of Canada
for the defendant**

**THE PLAINTIFFS, as represented by class counsel
BY:**



**Sotos LLP/ Kugler Kandestin LLP/Miller Titerle + Co
for the plaintiffs**

**Xavier Moushoom, Jeremy Meawasige (by his litigation guardian Jonavon Meawasige),
Jonavon Joseph Meawasige, and Zacheus Joseph Trout**

**Nahwegahbow, Corbiere/ Fasken LLP/ Stuart Wuttke
for the plaintiffs**

**Assembly of First Nations, Ashley Dawn Bach, Karen Osachoff, Melissa Walterson, Noah
Buffalo-Jackson by His Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo and Dick
Eugene Jackson Also Known as Richard Jackson**

Date signed June 30, 2022

Signed at Rama First Nation , this 30th day of June 2022.

**CANADA, as represented by the Attorney General of Canada
BY:**

**Attorney General of Canada
for the defendant**

**THE PLAINTIFFS, as represented by class counsel
BY:**

**Sotos LLP/ Kugler Kandestin LLP/Miller Titerle + Co
for the plaintiffs
Xavier Moushoom, Jeremy Meawasige (by his litigation guardian Jonavon Meawasige),
Jonavon Joseph Meawasige, and Zacheus Joseph Trout**



**Nahwegahbow, Corbiere/ Fasken LLP/ Stuart Wuttke
for the plaintiffs
Assembly of First Nations, Ashley Dawn Bach, Karen Osachoff, Melissa Walterson, Noah
Buffalo-Jackson by His Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo and Dick
Eugene Jackson Also Known as Richard Jackson**

Date signed June 30, 2022

Schedule A - Consolidated Action Certification Order

(provided in English and French)

Federal Court



Cour fédérale

Date: 20211126

**Docket: T-402-19
T-141-20**

Citation: 2021 FC 1225

Ottawa, Ontario, November 26, 2021

PRESENT: The Honourable Madam Justice Aylen

CLASS PROCEEDING

BETWEEN:

**XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian,
JONAVON JOSEPH MEAWASIGE) AND JONAVON JOSEPH MEAWASIGE**

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

BETWEEN:

**ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN
OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (by his
litigation guardian, CAROLYN BUFFALO), CAROLYN BUFFALO AND DICK
EUGENE JACKSON also known as RICHARD JACKSON**

Plaintiffs

and

HER MAJESTY THE QUEEN

AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER AND REASONS

UPON MOTION by the Plaintiffs, on consent and determined in writing pursuant to Rule 369 of the *Federal Courts Rules*, for an order:

- (a) Granting the Plaintiffs an extension of time to make this certification motion past the deadline in Rule 334.15(2)(b);
- (b) Certifying this proceeding as a class proceeding and defining the class;
- (c) Stating the nature of the claims made on behalf of the class and the relief sought by the class;
- (d) Stipulating the common issues for trial;
- (e) Appointing the Plaintiffs specified below as representative plaintiffs;
- (f) Approving the litigation plan; and
- (g) Other relief;

CONSIDERING the motion materials filed by the Plaintiffs;

CONSIDERING that the Defendant has advised that the Defendant consents in whole to the motion as filed;

CONSIDERING that the Court is satisfied, in the circumstances of this proceeding, that an extension of time should be granted to bring this certification motion past the deadline prescribed in Rule 334.15(2)(b);

CONSIDERING that while the Defendant's consent reduces the necessity for a rigorous approach to the issue of whether this proceeding should be certified as a class action, it does not relieve the Court of the duty to ensure that the requirements of Rule 334.16 for certification are met [see *Varley v Canada (Attorney General)*, 2021 FC 589];

CONSIDERING that Rule 334.16(1) of the *Federal Courts Rules* provides:

Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if

(a) the pleadings disclose a reasonable cause of action;

(b) there is an identifiable class of two or more persons;

(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;

(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and

(e) there is a representative plaintiff or applicant who

(i) would fairly and adequately represent the interests of the class,

Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :

a) les actes de procédure révèlent une cause d'action valable;

b) il existe un groupe identifiable formé d'au moins deux personnes;

c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;

d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;

e) il existe un représentant demandeur qui :

(i) représenterait de façon équitable et adéquate les intérêts du groupe,

(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,

(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and

(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.

(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,

(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,

(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.

CONSIDERING that, pursuant to Rule 334.16(2), all relevant matters shall be considered in a determination of whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact, including whether: (a) the questions of law or fact common to the class members predominate over any questions affecting only individual members; (b) a significant number of the members of the class have a valid interest in individually controlling the prosecution of separate proceedings; (c) the class proceeding would involve claims that are or have been the subject of any other proceeding; (d) other means of resolving the claims are less practical or less efficient; and (e) the administration of the class proceeding would create greater difficulties than those likely to be experienced if relief were sought by other means;

CONSIDERING that:

(a) The conduct of the Crown at issue in this proposed class action proceeding, as set out in the Consolidated Statement of Claim, concerns two alleged forms of

discrimination against First Nations children: (i) the Crown's funding of child and family services for First Nations children and the incentive it has created to remove children from their homes; and (ii) the Crown's failure to comply with Jordan's Principles, a legal requirement that aims to prevent First Nations children from suffering gaps, delays, disruptions or denials in receiving necessary services and products contrary to their *Charter*-protected equality rights.

(b) As summarized by the Plaintiffs in their written representations, at its core, the Consolidated Statement of Claim alleges that:

(i) The Crown has knowingly underfunded child and family services for First Nations children living on Reserve and in the Yukon, and thereby prevented child welfare service agencies from providing adequate Prevention Services to First Nations children and families.

(ii) The Crown has underfunded Prevention Services to First Nations children and families living on Reserve and in the Yukon, while fully funding the costs of care for First Nations children who are removed from their homes and placed into out-of-home care, thereby creating a perverse incentive for First Nations child welfare service agencies to remove First Nations children living on Reserve and in the Yukon from their homes and place them in out-of-home care.

(iii) The removal of children from their homes caused severe and enduring trauma to those children and their families.

- (iv) Not only does Jordan's Principle embody the Class Members' equality rights, the Crown has also admitted that Jordan's Principle is a "legal requirement" and thus an actionable wrong. However, the Crown has disregarded its obligations under Jordan's Principle and thereby denied crucial services and products to tens of thousands of First Nations children, causing compensable harm.
 - (v) The Crown's conduct is discriminatory, directed at Class Members because they were First Nations, and breached section 15(1) of the *Charter*, the Crown's fiduciary duties to First Nations and the standard of care at common and civil law.
- (c) With respect to the first element of the certification analysis (namely, whether the pleading discloses a reasonable cause of action), the threshold is a low one. The question for the Court is whether it is plain and obvious that the causes of action are doomed to fail [see *Brake v Canada (Attorney General)*, 2019 FCA 274 at para 54]. Even without the Crown's consent, I am satisfied that the Plaintiffs have pleaded the necessary elements for each cause of action sufficient for purposes of this motion, such that the Consolidated Statement of Claim discloses a reasonable cause of action.
- (d) With respect to the second element of the certification analysis (namely, whether there is an identifiable class of two or more persons), the test to be applied is whether the Plaintiffs have defined the class by reference to objective criteria such that a person can be identified to be a class member without reference to the merits

of the action [see *Hollick v Toronto (City of)*, 2001 SCC 68 at para 17]. I am satisfied that the proposed class definitions for the Removed Child Class, Jordan's Class and Family Class (as set out below) contain objective criteria and that inclusion in each class can be determined without reference to the merits of the action.

- (e) With respect to the third element of the certification analysis (namely, whether the claims of the class members raise common questions of law or fact), as noted by the Federal Court of Appeal in *Wenham v Canada (Attorney General)*, 2018 FCA 199 at para 72, the task under this part of the certification determination is not to determine the common issues, but rather to assess whether the resolution of the issues is necessary to the resolution of each class member's claim. Specifically, the test is as follows:

The commonality question should be approached purposively. The underlying question is whether allowing the suit to proceed as a representative one will avoid duplication of fact-finding or legal analysis. Thus an issue will be "common" only where its resolution is necessary to the resolution of each class member's claim. It is not essential that the class members be identically situated vis-à-vis the opposing party. Nor is it necessary that common issues predominate over non-common issues or that the resolution of the common issues would be determinative of each class member's claim. However, the class members' claims must share a substantial common ingredient to justify a class action. Determining whether the common issues justify a class action may require the court to examine the significant of the common issues in relation to individual issues. In doing so, the court should remember that it may not always be possible for a representative party to plead the claims of each class member with the same particularity as would be required in an individual suit. (*Western Canadian Shopping Centres*, above at para 39; see also *Vivendi Canada Inc. v. Dell'Aniello*, 2014 SCC 1, [2014] 1 S.C.R. 3 at paras 41 and 44-46.)

Having reviewed the common issues (as set out below), I am satisfied that the issues share a material and substantial common ingredient to the resolution of each class

member's claim. Moreover, I agree with the Plaintiff that the commonality of these issues is analogous to the commonality of similar issues in institutional abuse claims which have been certified as class actions (such as the Indian Residential Schools and the Sixties Scoop class action litigation). Accordingly, I find that the common issue element is satisfied.

- (f) With respect to the fourth element of the certification analysis (namely, whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law), the preferability requirement has two concepts at its core: (i) whether the class proceeding would be a fair, efficient and manageable method of advancing the claim; and (ii) whether the class proceeding would be preferable to other reasonably available means of resolving the claims of class members. A determination of the preferability requirement requires an examination of the common issues in their context, taking into account the importance of the common issues in relation to the claim as a whole, and may be satisfied even where there are substantial individual issues [see *Brake, supra* at para 85; *Wenham, supra* at para 77 and *Hollick, supra* at paras 27-31]. The Court's consideration of this requirement must be conducted through the lens of the three principle goals of class actions, namely judicial economy, behaviour modification and access to justice [see *Brake, supra* at para 86, citing *AIC Limited v Fischer*, 2013 SCC 69 at para 22].
- (g) Having considered the above-referenced principles and the factors set out in Rule 334.16(2), I am satisfied a class proceeding is the preferable procedure for the just

and efficient resolution of the common questions of fact and law. Given the systemic nature of the claims, the potential for significant barriers to access to justice for individual claimants and the Plaintiffs' stated concerns regarding the other means available for resolving the claims of class members, I am satisfied that the proposed class action would be a fair, efficient and manageable method of advancing the claims of the class members.

- (h) With respect to the fifth element of the certification analysis (namely, whether there are appropriate proposed representatives), I am satisfied, having reviewed the affidavit evidence filed on the motion together with the detailed litigation plan, that the proposed representative plaintiffs (as set out below) meet the requirements of Rule 334.16(1)(e);

CONSIDERING that the Court is satisfied that all of the requirements for certification are met and that the requested relief should be granted;

THIS COURT ORDERS that:

1. The Plaintiffs are granted an extension of time, *nunc pro tunc*, to bring this certification motion past the deadline in Rule 334.15(2)(b) of the *Federal Courts Rules*.
2. For the purpose of this Order and in addition to definitions elsewhere in this Order, the following definitions apply and other terms in this Order have the same meaning as in the Consolidated Statement of Claim as filed on July 21, 2021:
 - (a) **“Class”** means the Removed Child Class, Jordan’s Class and Family Class, collectively.

- (b) **“Class Counsel”** means Fasken Martineau Dumoulin LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere and Sotos LLP.
- (c) **“Class Members”** mean all persons who are members of the Class.
- (d) **“Class Period”** means:
 - (i) For the Removed Child Class members and their corresponding Family Class members, the period of time beginning on April 1, 1991 and ending on the date of this Order; and
 - (ii) For the Jordan’s Class members and their corresponding Family Class members, the period of time beginning on December 12, 2007 and ending on the date of this Order.
- (e) **“Family Class”** means all persons who are brother, sister, mother, father, grandmother or grandfather of a member of the Removed Child Class and/or Jordan’s Class.
- (f) **“First Nation”** and **“First Nations”** means Indigenous peoples in Canada, including the Yukon and the Northwest Territories, who are neither Inuit nor Métis, and includes:
 - (i) Individuals who have Indian status pursuant to the *Indian Act*, R.S.C., 1985, c.I-5 [*Indian Act*];

- (ii) Individuals who are entitled to be registered under section 6 of the *Indian Act* at the time of certification;
 - (iii) Individuals who met band membership requirements under sections 10-12 of the *Indian Act* and, in the case of the Removed Child Class members, have done so by the time of certification, such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List; and
 - (iv) In the case of Jordan's Class members, individuals, other than those listed in sub-paragraphs (i)-(iii) above, recognized as citizens or members of their respective First Nations whether under agreement, treaties or First Nations' customs, traditions and laws.
- (g) **“Jordan's Class”** means all First Nations individuals who were under the applicable provincial/territorial age of majority and who during the Class Period were denied a service or product, or whose receipt of a service or product was delayed or disrupted, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a jurisdictional dispute with another government or governmental department.
- (h) **“Removed Child Class”** means all First Nations individuals who:
- (i) Were under the applicable provincial/territorial age of majority at any time during the Class Period; and

- (ii) Were taken into out-of-home care during the Class Period while they, or at least one of their parents, were ordinarily resident on a Reserve.
 - (i) **“Reserve”** means a tract of land, as defined under the *Indian Act*, the legal title to which is vested in the Crown and has been set apart for the use and benefit of an Indian band.
- 3. This proceeding is hereby certified as a class proceeding against the Defendant pursuant to Rule 334.16(1) of the *Federal Courts Rules*.
- 4. The Class shall consist of the Removed Child Class, Jordan’s Class and Family Class, all as defined herein.
- 5. The nature of the claims asserted on behalf of the Class against the Defendant is constitutional, negligence and breach of fiduciary duty owed by the Crown to the Class.
- 6. The relief claimed by the Class includes damages, *Charter* damages, disgorgement, punitive damages and exemplary damages.
- 7. The following persons are appointed as representative plaintiffs:
 - (a) For the Removed Child Class: Xavier Moushoom, Ashley Dawn Louise Bach and Karen Osachoff;
 - (b) For the Jordan’s Class: Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Measwasige) and Noah Buffalo-Jackson (by his litigation guardian, Carolyn Buffalo); and

- (c) For the Family Class: Xavier Moushoom, Jonavon Joseph Meawasige, Melissa Walterson, Carolyn Buffalo and Dick Eugene Jackson (also known as Richard Jackson),

all of whom are deemed to constitute adequate representative plaintiffs of the Class.

8. Class Counsel are hereby appointed as counsel for the Class.

9. The proceeding is certified on the basis of the following common issues:

- (a) Did the Crown's conduct as alleged in the Consolidated Statement of Claim [Impugned Conduct] infringe the equality right of the Plaintiffs and Class Members under section 15(1) of the *Canadian Charter of Rights and Freedoms*? More specifically:

- (i) Did the Impugned Conduct create a distinction based on the Class Members' race, or national or ethnic origin?
- (ii) Was the distinction discriminatory?
- (iii) Did the Impugned Conduct reinforce and exacerbate the Class Members' historical disadvantages?
- (iv) If so, was the violation of section 15(1) of the *Charter* justified under section 1 of the *Charter*?
- (v) Are *Charter* damages an appropriate remedy?

- (b) Did the Crown owe the Plaintiffs and Class Members a common law duty of care?
 - (i) If so, did the Crown breach that duty of care?

- (c) Did the Crown breach its obligations under the *Civil Code of Québec*? More specifically:
 - (i) Did the Crown commit fault or engage its civil liability?

 - (ii) Did the Impugned Conduct result in losses to the Plaintiffs and Class Members and if so, do such losses constitute injury to each of the Class Members?

 - (iii) Are Class Members entitled to claim damages for the moral and material damages arising from the foregoing?

- (d) Did the Crown owe the Plaintiffs and Class Members a fiduciary duty?
 - (i) If so, did the Crown breach that duty?

- (e) Can the amount of damages payable by the Crown be determined partially under Rule 334.28(1) of the *Federal Courts Rules* on an aggregate basis?
 - (i) If so, in what amount?

- (f) Did the Crown obtain quantifiable monetary benefits from the Impugned Conduct during the Class Period?
 - (i) If so, should the Crown be required to disgorge those benefits?

(ii) If so, in what amount?

(g) Should punitive and/or aggravated damages be awarded against the Crown?

(i) If so, in what amount?

10. The Plaintiffs' Fresh as Amended Litigation Plan, as filed November 2, 2021 and attached hereto as Schedule "A", is hereby approved, subject to any modifications necessary as a result of this Order and subject to any further orders of this Court.
11. The form of notice of certification, the manner of giving notice and all other related matters shall be determined by separate order(s) of the Court.
12. The opt-out period shall be six months from the date on which notice of certification is published in the manner to be specified by further order of this Court.
13. The timetable for this proceeding through to trial shall also be determined by separate order(s) of the Court.
14. Pursuant to Rule 334.39(1) of the *Federal Courts Rules*, there shall be no costs payable by any party for this motion.

"Mandy Ayles"

Judge

ANNEX A

Court File Nos. T-402-19 / T-141-20

| |
|---|
| <p style="text-align: center;">FEDERAL COURT PROPOSED CLASS PROCEEDING</p> <p>BETWEEN:</p> <p>XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE</p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p style="text-align: center;">THE ATTORNEY GENERAL OF CANADA</p> <p style="text-align: right;">Defendant</p> |
| <p style="text-align: center;">FEDERAL COURT PROPOSED CLASS PROCEEDING</p> <p>BETWEEN:</p> <p>ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON</p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p style="text-align: center;">HER MAJESTY THE QUEEN AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA</p> <p style="text-align: right;">Defendant</p> |

FRESH AS AMENDED LITIGATION PLAN

November 2, 2021

SOTOS LLP

180 Dundas Street West
Suite 1200, Toronto ON M5G 1Z8
David Steens dsteens@sotosllp.com
Mohsen Seddigh mohsed@gs@sotosllp.com
Jonathan Schachter jshachter@sotosllp.com
Tel: 416-977-0007
Fax: 416-977-0717

KUGLER KANDESTIN

1 Place Ville-Marie
Suite 1170 Montréal QC H3B 2A7
Robert Kugler rkugler@kklex.com
Pierre Boivin pboivin@kklex.com
William Colish wcolish@kklex.com
Tel: 514-378-2861
Fax: 514-875-8424

MILLER TITERLE + CO.

300 - 638 Smith Street
Vancouver BC V6B 1E3
Joelle Walker joelle@millerliterle.com
Tamara Napoleon tamara@millerliterle.com
Erin Reimer erin@millerliterle.com
Tel: 604-681-4112
Fax: 604-681-4113

Lawyers for the plaintiffs Xavier Monshoom, Jeremy Meawasige
(by his litigation guardian, Jonavon Joseph Meawasige), Jonavon
Joseph Meawasige

NAHWEGAHBOW, CORBIERE

5884 Rama Road, Suite 109
Rama, ON L3V 6H6

Dianne G. Corbiere dgc@nhc.com

Tel: 705.325.0520
Fax: 705.325.7204

FASKEN MARTINEAU DUMOULIN

55 Metcalfe St., Suite 1300
Ottawa, ON K1P 6L5

Peter N. Mantas pnm@fasken.com

Tel: 613.236.3882
Fax: 613.230.6423

Lawyers for the plaintiffs Assembly of First Nations, Ashley Dawn
Louise Bach, Karen Osachoff, Melissa Waterson, Noah Buffalo-
Jackson by his Litigation Guardian, Carolyn Buffalo, Carolyn
Buffalo, and Dick Eugene Jackson also known as Richard Jackson

Table of Contents

| | |
|--|-----------|
| I. DEFINITIONS | 4 |
| II. OVERVIEW | 7 |
| III. PRE-CERTIFICATION PROCESS | 8 |
| A. The Parties | 8 |
| B. The Pleadings | 8 |
| C. Pre-Certification Communication Strategy | 8 |
| D. Settlement Conference | 10 |
| E. Timetable | 10 |
| IV. POST-CERTIFICATION PROCESS | 10 |
| A. Timetable | 10 |
| B. Certification Notice, Notice Program and Opt Out Procedures | 11 |
| C. Identifying and Communicating with Class Members | 14 |
| D. Documentary Production | 15 |
| E. Examinations for Discovery | 16 |
| F. Interlocutory Matters | 16 |
| G. Expert Evidence | 17 |
| H. Determination of the Common Issues | 17 |
| V. POST COMMON ISSUES DECISION PROCESS | 18 |
| A. Timetable | 18 |
| B. Common Issues Notice | 18 |
| C. Claim Forms | 19 |
| D. Determining and Categorizing Class Membership | 20 |
| E. Aggregate Damages Distribution Process | 23 |
| F. Individual Damage Assessment Process | 25 |
| G. Class Proceeding Funding and Fees | 26 |
| H. Settlement Issues | 26 |
| I. Review of the Litigation Plan | 27 |

I. DEFINITIONS

1. The definitions below will be used throughout this Litigation Plan. Any term defined in the Consolidated Statement of Claim that is also used in this Litigation Plan has the same meaning as that included in the Consolidated Statement of Claim or as otherwise defined by the Court.

Aggregate Damages Distribution Process means the system directed by the Court for the **Class Action Administrator** to distribute aggregate damages to **Approved Class Members**;

Approved Class Member(s) means **Approved Removed Child Class Member(s)** and/or **Approved Jordan's Class Member(s)** and/or **Approved Family Class Members**;

Approved Family Class Member(s) means a Family Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Family Class Member, including the brother, sister, mother, father, grandmother or grandfather of an **Approved Removed Child Class Member** (regardless of whether the **Approved Removed Child Class Member** is alive) and whose approval as a Family Class Member has not been successfully challenged;

Approved Jordan's Class Member(s) means a Jordan's Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Jordan's Class Member and whose approval as a Jordan's Class Member has not been successfully challenged;

Approved Removed Child Class Member(s) means a Removed Child Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Removed Child Class Member and whose approval as a Removed Child Class Member has not been successfully challenged;

Certification Notice means the information set out in Schedule A to this Litigation Plan, as may be subsequently amended and as approved by the Court;

CHRT Decision means the decision of the **CHRT** in the **CHRT Proceeding** dated January 26, 2016, bearing citation 2016 CHRT 2;

CHRT means the Canadian Human Rights Tribunal;

CHRT Proceeding means the proceeding before the **CHRT** under file number T1340/7008;

Claim Form means the form set out in Schedule C to this Litigation Plan used by the **Removed Child Class Members** and/or the **Jordan's Class Members** and/or the **Family Class Members** to submit a claim, as may be subsequently amended and as approved by the Court;

Class Action Administrator means any settlement administrator or other appropriate firm appointed by the Court to assist in the administration of the class proceeding;

Class Counsel means the consortium of law firms acting as co-counsel in this class proceeding, with the firms of Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Naliwegahbow, Corbiere and Faskens LLP as Solicitors of Record;

Class Member(s) means an individual who falls within the definition of the Removed Child Class and/or the Jordan's Class and/or the Family Class, as pleaded in the Consolidated Statement of Claim and as approved by the Court;

Common Issues means the issues listed in the Notice of Motion for Certification, or as found by the Court, as may be subsequently amended and as approved by the Court;

Common Issues Notice means the information set out in the notice regarding the **Common Issues** to be certified by the Court at Certification, as may be subsequently amended and as approved by the Court;

Crown Class Member Information means information to be provided by the Crown, at the request of the plaintiffs and/or as ordered by the Court, to the **Class Action Administrator** and/or **Class Counsel** regarding the names and last known contact information of all individuals who meet the criteria of Class Members as set out in the Consolidated Statement of Claim or as otherwise defined by the Court, including: (a) a list of all known Class Members' names and last known addresses using the information in the Crown's possession or under its control¹ as well as all individuals who received a product or service pursuant to Jordan's Principle following the CHRT Decision (estimated by the Crown in its representations to the CHRT to be individuals having received over 165,000 services under Jordan's Principle as of October 2018).

Individual Damage Assessment Form means the form set out in Schedule D to this Litigation Plan, as may be subsequently amended and as approved by the Court, to be used by **Approved Class Member(s)** to elect an individual assessment of their damages and commence an individual damage assessment under the **Individual Damage Assessment Process**;

Individual Damage Assessment Process means the procedure and system to be approved by the Court following the **Common Issues** trial to be used to assess and distribute damages to **Approved Class Member(s)** who have requested an individual damage assessment by submitting an **Individual Damage Assessment Form**;

Notice Program means the process, set out in the Litigation Plan, for communicating the **Certification Notice** and/or the **Common Issues Notice** to **Class Members**, as may be subsequently amended and as approved by the Court;

¹Where Class Members are known to be represented by counsel, only their name should be provided along with their counsel's name and address.

Opt Out Form means the form set out in Schedule B to this Litigation Plan used by Class Members to opt out of the class proceeding, as may be subsequently amended and as approved by the Court;

Opt Out Period means the deadline, proposed by the plaintiffs as six months from the date on which notice of certification to the Class is published in the manner to be specified by the Court or as otherwise determined by the Court, to opt out of the class proceeding;

Opt Out Procedures means the procedures, set out in the Litigation Plan, for Class Members to opt out of this class proceeding, as may be subsequently amended and as approved by the Court; and

Special Opt Out Procedures means the procedures, set out in the Litigation Plan, for Class Members who have already commenced a civil proceeding in Canada or who are known by the Crown to have already retained legal counsel to opt out of this class proceeding, as may be subsequently amended and as approved by the Court.

II. OVERVIEW

2. The plaintiffs have commenced this action on behalf of First Nations individuals who allege that the Crown has engaged in the discriminatory underfunding of child and family services and breached the equality obligations underlying Jordan's Principle. The class action advances the rights of tens of thousands of First Nations children, former children and family members.

3. This Litigation Plan is advanced as a workable method of advancing the proceeding on behalf of the Class and of notifying Class Members as to how the class proceeding is progressing, pursuant to rule 334.16(1)(e)(ii) of the *Federal Court Rules*. The Litigation Plan is modelled on the class action relating to the Indian Residential Schools.³

4. This Litigation Plan sets out a detailed plan for the common stages of this litigation, and sets out, on a without prejudice basis, an early plan for how the individual stage of the action may progress. Given the early stage of the litigation, the plan is necessarily subject to substantial revisions as the case progresses.

5. The plaintiffs are mindful that the CHRT has awarded statutory compensation to a subset of the Class Members pursuant to the CHRA (*First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada)*, 2019 CHRT 39). If CHRT compensation is paid to any Class Members, the plaintiffs will seek a determination from the Court as to whether the Crown is entitled to a set-off or deduction of damages in this action for such amounts.

³ See *Baxter v Canada (Attorney General)*, 2006 CanLII 41673 (Ont Sup Ct), and subsequent orders of the Court. See also information available on the website of the Indian Residential Schools Adjudication Secretariat, online <<http://www.iap-pej.ca/home-eng.php>>.

III. PRE-CERTIFICATION PROCESS

A. The Parties

i. The Plaintiffs

6. The plaintiffs have proposed three classes:
 - (a) the Removed Child Class, represented by Xavier Moushoom, Ashley Dawn Louise Bach, and Karen Osachoff;
 - (b) the Family Class, represented by Xavier Moushoom, Jonavon Joseph Meawasige, Melissa Walterson, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson; and
 - (c) the Jordan's Class, represented by Jeremy Meawasige, by his litigation guardian, Jonavon Joseph Meawasige; and Noah Buffalo-Jackson, by his litigation guardian, Carolyn Buffalo.

ii. The Defendant

7. The defendant is the Crown.

B. The Pleadings

i. Consolidated Statement of Claim

8. The plaintiffs have delivered a Consolidated Statement of Claim issued with leave of the Honourable Justice St-Louis dated July 7, 2021.

ii. Statement of Defence

9. The Crown has not delivered a Statement of Defence.

iii. Third Party Claim

10. The Crown has not issued any Third Party Claim.

C. Pre-Certification Communication Strategy

i. Responding to Inquiries from Putative Class Members

11. Both before and since the commencement of this class proceeding, Class Counsel have received many communications from Class Members affected by this class proceeding.

12. With respect to each inquiry, the individual's name, address, email and telephone number is added to a confidential database. Class Members are asked to register on the websites of Class Counsel. Once registered, they receive regular updates on the progress of the class proceeding in French and English. Any individual Class Members who contact Class Counsel are responded to in their preferred language.

ii. Pre-Certification Status Reports

13. In addition to responding to individual inquiries, Class Counsel have created a webpage concerning the class proceeding in English and French (see: <http://kotoclassactions.com/cases/current-cases/first-nations-youth/>). The most current information on the status of the class proceeding is posted and is updated regularly in English and French.

14. Copies of the publicly filed court documents and court decisions are accessible from the webpage. In addition, phone numbers for Class Counsel in Quebec and Ontario as well as email contact information are provided.

15. Class Counsel send update reports to Class Members who have provided their contact information and have indicated an interest in being notified of further developments in the class proceeding.

iii. Pre-certification outreach

16. Class Counsel have presented the proposed class action to a council of First Nations social services delivery personnel for the Province of Québec and the region of Labrador, as well as the First Nations youth directors forum in British Columbia. Class Counsel are in the process of arranging similar presentations to affected communities in Québec and elsewhere in Canada.

D. Settlement Conference

i. Pre-Certification Settlement Conference

17. The plaintiffs have participated in a pre-Certification mediation to determine whether any or all of the issues arising in the class proceeding can be resolved. Mediation is ongoing and may require that some of the targeted timelines in this Litigation Plan be amended on agreement of the parties or as otherwise ordered by the Court to allow negotiations to advance.

E. Timetable

IV. POST-CERTIFICATION PROCESS

A. Timetable

i. Plaintiffs' Timetable for the Post-Certification Process

18. The plaintiffs intend to proceed to trial on an expedited basis or a hybrid summary judgment/*viva voce* trial. It is anticipated that all of the documentary evidence produced by the Crown in the CHRT Proceeding will be relevant and producible in this class proceeding. Because of the extensive documentary production in the CHRT Proceeding, the plaintiffs expect few, if any, disputes as to documentary productions in this case relating to the time period covered by the CHRT Proceeding (*i.e.*, 2006-present). Furthermore, in light of the extensive testimony given at the CHRT Proceeding, it is anticipated that oral discovery can proceed quickly after certification and can be completed in a limited period of time. The plaintiffs have less clarity at this time regarding productions pertaining to the 1991-2006 period.

19. The plaintiffs propose that the following post-Certification process timetable, as explained in detail below:

| | |
|---|---|
| Certification Notice to Class Members commences | at a date to be determined by the Court after certification |
| Exchange Affidavits of Documents within | 90 days after Certification Notice to Class Members |

ii

| | |
|---|---|
| Motions for Production of Documents, Multiple Examinations of Crown representatives or for Examinations of Non-Parties to be conducted within | 120 days after Certification Notice to Class Members |
| Examinations for Discovery to be conducted within | 150 days after Certification Notice to Class Members |
| Certification Notice to Class Members completed within | 60 days from a date to be determined by the Court |
| Trial Management Conference re: Expert Evidence | 180 days after Certification Notice to Class Members |
| Motions arising from Examinations for Discovery within | 180 days after Certification Notice to Class Members |
| Undertakings answered within | 200 days after Certification Notice to Class Members |
| Further Examinations, if necessary, within | 240 days after Certification Notice to Class Members |
| Common Issues Pre-Trial to be conducted | 290 days after Certification Notice to Class Members |
| Opt Out Period deadline | Six months after Notice of Certification to Class Members |
| Common Issues Trial or Hybrid Trial to be conducted within | 330 days after Certification Notice to Class Members |

B. Certification Notice, Notice Program and Opt Out Procedures

1. Certification Notice

20. The Certification Notice and all other notices to Class Members provided by the plaintiffs will, once finalized and approved by the Court, be translated into French. The plaintiffs will explore whether it will be necessary to translate the Certification Notice and/or other notices into some First Nations languages, subject to Court approval.

21. The Certification Notice will, subject to further amendments, be in the form set out in Schedule A hereto.

ii. Notice Program

22. The plaintiffs propose to communicate the Certification Notice to Class Members through the following Notice Program.

23. The plaintiffs will provide Certification Notice to Class Members by arranging to have the Certification Notice (and its translated versions whenever possible) communicated/published in the following media starting on a date to be determined by the Court, as frequently as may be reasonable or as directed by the Court under rule 334.32 of the *Federal Courts Rules*. In particular, the plaintiffs propose the following means of providing Certification Notice:

- (a) A press release on the start date of notice of certification to the Class to be determined by order of the Court;
- (b) Direct communication with Class Members:
 - (i) by email or regular mail to the last known contact information of Class Members provided by the Crown (*i.e.*, Crown Class Member Information);
 - (ii) by email or regular mail to all Class Members who have provided their contact information to Class Counsel, including through the Class Proceeding's webpage;
 - (iii) by regular mail to the last known addresses of all Status Card holders in Canada born on or after April 1, 1991;
- (c) Distribution by the Assembly of First Nations to its membership of First Nations bands across Canada;

- (d) Email to First Nations children's aid societies across Canada;
- (e) Circulation through the following media:
 - (i) Aboriginal newspapers/publications such as First Nations Drum, The Windspeaker, Mi'kmaq Maliseet Nations News, APTN National News;
 - (ii) radio outlets, such as Aboriginal radio CFWE, CBC national and CBC regional;
 - (iii) television outlets, such as on The Aboriginal Peoples Television Network; and / or
 - (iv) social media outlets, such as Facebook and Instagram

iii. Opt Out Procedures

24. The plaintiffs propose Opt Out Procedures for Class Members who do not wish to participate in the class proceeding.

25. The Certification Notice will include information about how to Opt Out of the class proceeding and will provide information about how to obtain and submit the appropriate Opt Out Forms to the Class Action Administrator and/or Class Counsel.

26. There will be one standard Opt Out Form for all Class Members.

27. Class Members will be required to file the Opt Out Form with the Class Action Administrator and/or Class Counsel within the Opt Out Period.

28. The Class Action Administrator or Class Counsel shall, within 30 days after the expiration of the Opt Out Period, deliver to the Court and the Parties an affidavit listing the names of all persons who have opted out of the Class Action.

iv. Special Opt Out Procedures

29. The plaintiffs propose Special Opt Out Procedures for Class Members who are either named party plaintiffs in a civil proceeding in Canada or who are known by the Crown to have retained legal counsel in respect of the subject matter of this action with the express purpose of starting a separate action against the Crown.

30. Ongoing civil actions by Class Members who do not opt out of the Class Action should be dealt with in a manner to be determined by this Court or by the Court in which such proceedings are brought.

C. Identifying and Communicating with Class Members

i. Identifying Class Members

31. As stated above, the plaintiffs intend to request the Crown Class Member Information.

ii. Database of Class Members

32. Class Counsel will maintain a confidential database of all Class Members who contact Class Counsel. The database will include each individual's name, address, telephone number, and/or email address where available.

iii. Responding to Inquiries from Class Members

33. Class Counsel and their staff respond to each inquiry by Class Members.

34. Class Counsel have a system in place to allow for responses to inquiries by Class Members in their language of choice whenever possible.

iv. Post Certification Status Reports

35. In addition to responding to individual inquiries, Class Counsel will continually update the webpage dedicated to this class action with information concerning the status of the class proceeding.

36. Class Counsel will send update reports to Class Members who have provided their contact information. These update reports will be sent as necessary or as directed by the Court.

D. Documentary Production

i. Affidavit/List of Documents

37. The plaintiffs will be required to deliver an Affidavit of Documents within 90 days after notice of certification is given to Class Members. The Crown will similarly be required to deliver a List of Documents within 90 days after notice of certification is given to Class Members.

38. The Parties are expected to serve Supplementary Affidavits (or Lists) of Documents as additional relevant documents are located.

ii. Production of Documents

39. All Parties are expected to provide, at their own expense, electronic copies of all Schedule "A" productions at the time of delivering their Affidavit of Documents. All productions are to be made in electronic format.

40. Documentary productions are to include, but not be limited to, all documents produced and exhibits tendered in the CHRT Proceedings.

iii. Motions for Documentary Production

41. Any motions for documentary production shall be made within 120 days after certification notice is given to Class Members.

iv. Document Management

42. The Parties will each manage their productions with a compatible document management system, or as directed by the Court. All documents are to be produced in OCR format.

43. All productions should be numbered and scanned electronically to enable quick access and efficient organization of documents.

E. Examinations for Discovery

44. Examinations for Discovery will take place within 150 days after certification notice is given to Class Members.

45. The plaintiffs expect to request the Crown's consent to examine more than one Crown representative. In the event that a dispute arises in this regard, the plaintiffs propose to bring a motion within 120 days after certification notice is given to Class Members.

46. The plaintiffs anticipate that the Examination for Discovery of a properly selected and informed officer of the Crown will take approximately 10 days, subject to refusals and undertakings.

47. The plaintiffs anticipate that the Examination for Discovery of the representative plaintiffs will take approximately one day, subject to refusals and undertakings.

F. Interlocutory Matters

i. Motions for Refusals and Undertakings

48. Specific dates for motions for refusals and undertakings that arise from the Examinations for Discovery will be requested upon Certification. Motions for refusals and undertakings will be heard within 180 days after certification notice is given to Class Members.

ii. Undertakings

49. Undertakings are to be answered within 200 days after certification notice is given to Class Members.

iii. Re-attendances and Further Examinations for Discovery

50. Any re-attendances or further Examinations for Discovery required as a result of answers to undertakings or as a result of the outcome of the motions for refusals and undertakings should be completed within 240 days after certification notice is given to Class Members.

G. Expert Evidence

i. Identifying Experts and Issues

51. A Trial Management Conference will take place following Examinations for Discovery at which guidelines for identifying experts and their proposed evidence at trial will be determined.

H. Determination of the Common Issues

i. Pre-Trial of the Common Issues

52. Upon Certification, the Court will be asked to assign a date for a Pre-Trial relating to the Common Issues trial.

53. The plaintiffs expect that a full day will be required for a Pre-Trial and will request that the Pre-Trial be held within 290 days after certification notice is given to Class Members and, in any event, at least 90 days before the date of the Common Issues trial.

ii. Trial of the Common Issues

54. Upon Certification, the Court will be asked to assign a date for the Common Issues trial.

55. The plaintiffs propose that the trial of the Common Issues be held 330 days after certification notice is given to Class Members.

56. The length of time required for the Common Issues trial will depend on many factors and will be determined at the Trial Management Conference.

V. POST COMMON ISSUES DECISION PROCESS

A. Timetable

i. Plaintiffs' Timetable for the Post-Common Issues Decision Process

57. The plaintiffs propose that the following timetable be imposed by the Court following the Court's judgment on the Common Issues:

| | |
|---|--|
| Common Issues Notice provided | Within 90 days of Common Issues decision |
| Individual Issue Hearings, if any, begin | 120 days after decision |
| Individual Damage Assessments, if any, begin | 240 days after decision |
| Deadline to Submit Claim Forms (as of right) | Within 1 year of decision |
| Deadline to Submit Claim Forms (as of right in prescribed circumstances or with leave of the Court) | 1 year after decision |

B. Common Issues Notice

i. Notifying Class Members

58. The Common Issues Notice will, subject to further amendments, be substantially in the form approved by the Court at the Common Issues trial. The Common Issues Notice may contain, amongst others, information on any aggregate damages awarded and any issues requiring individual determination, as approved by the Court.

59. The plaintiffs propose to circulate the Common Issues Notice within 90 days after the Common Issues judgment.

60. The Common Issues Notice will be circulated in the same manner as set out above dealing with the Certification Notice or as directed by the Court.

C. Claim Forms

i. Use of Claim Forms

61. The Court will be asked to approve under rule 334.37 the use of standardized Claim Forms by Class Members who may be entitled to a portion of the aggregate damage award or who may be entitled to have an individual assessment.

ii. Obtaining and Filing Claim Forms

62. The procedure for obtaining and filing Claim Forms will be set out in the Common Issues Notice.

63. The plaintiffs propose to use a single standard Claim Form, substantially in the form attached as Schedule C, for all three classes, subject to further amendments and as approved by the Court.

64. The plaintiffs propose that counselling be made available to Class Members in need of support and assistance when completing the Claim Forms. Where necessary, a process for appointing a guardian or trustee to assist the Class Members will be developed.

65. Before completing a Claim Form, Class Members will be able to review information about them in the possession of Canada relevant to their claim (the Crown Class Member Information). That information may include:

- (a) any records relating to the Class Member's voluntary or involuntary placement in out-of-home care during the Class Period;
- (b) any records relating to a need by the Class Member for a service or product;
- (c) any records relating to a request made by the Class Member for a service or product;
- (d) any records relating to the denial of a service or product to the Class Member;

- (e) any records relating to any service(s) or product(s) provided by the Crown to the Class Member, and/or
- (f) any records relating to the family status or family relationship between a Family Class Member and a Removed Child Class Member or a Jordan's Class Member.

66. Class Members will be required to file the appropriate Claim Form with the Class Action Administrator and/or Class Counsel within the deadlines set out below or as directed by the Court.

67. The Class Action Administrator will be responsible for receiving all Claim Forms.

iii. Deadline for Filing Claim Forms

68. Class Members will be advised of the deadline for filing Claim Forms in the Common Issues Notice.

69. The plaintiffs propose that Class Members be given one year, or such period as set out by the Court, after the Common Issues judgment to file Claim Forms as of right.

70. The plaintiffs propose that Class Members be entitled to file Claim Forms more than one year after the Court's judgment on the Common Issues in certain circumstances prescribed by the Court (*i.e.*, lack of awareness of entitlement, etc.) or with leave of the Court (*i.e.*, based on mental or physical health issues, etc.).

D. Determining and Categorizing Class Membership

i. Approving Removed Child Class Members

71. The Class Action Administrator will determine whether an individual submitting a Claim Form as a Removed Child Class Member properly qualifies as a Class Member.

72. In addition, the Class Action Administrator will determine and categorize the duration of the Removed Child Class Member's presence in out-of-home care. The Class Action Administrator will also determine the number of out-of-home care locations that the Removed

Child Class Member was placed in, as well as whether such locations were on or off Reserve and whether such locations were within the community of the Class Member.

73. The Class Action Administrator will make these determinations by referring to the information set out in the Claim Form as well as the Crown Class Member Information.

74. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual filing the Removed Child Class Claim Form or the Crown to make these determinations.

ii. Approving Jordan's Class Members

75. The Class Action Administrator will determine whether an individual submitting a Claim Form as a Jordan's Class Member properly qualifies as a Class Member.

76. The Class Action Administrator will make these determinations following guidelines determined by the Court at the Common Issues trial in part by referring to the information set out in the Claim Form. Such guidelines may include: (a) whether the Class Member needed a service or product at any point during the Class Period; (b) whether the Class Member was denied that service or product; (c) whether the Class Member's receipt of a service or product was delayed or disrupted; (d) whether such denial, delay or disruption was based on lack of funding, lack of jurisdiction or a jurisdictional dispute between governments or government departments; and/or (e) whether such denial, disruption or delay happened while the Class Member was under the applicable provincial/territorial age of majority.

77. The Class Action Administrator will also make these determinations in part by referring to the Crown Class Member Information regarding the number of Class Members who have received a service or product under Jordan's Principle since the CHRT Decision.

78. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual submitting the Jordan's Class Claim Form or the Crown to make these determinations.

iii. Approving Family Class Members

79. The Class Action Administrator will determine whether an individual submitting a Family Class Claim Form properly qualifies as a Family Class Member.

80. These determinations will be made by the Class Action Administrator by referring to Crown Class Member Information and the information set out in the Claim Form with respect to the relationship of the proposed Family Class Member with an Approved Removed Child Class Member.

81. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual filing the Claim Form to make these determinations.

iv. Deceased Class Members

82. The estate of a deceased Class Member may submit a Claim Form if the deceased Class Member died on or after April 1, 1991.

83. If the deceased Class Member would otherwise have qualified as an Approved Class Member, the estate will be entitled to be compensated in accordance with the Aggregate Damages Distribution Process. The estate will not have the option to proceed under the Individual Damage Assessment Process except with leave of the Court.

v. Notifying Class Members, Challenging and Recording Decisions

84. Within 30 days of receipt of a Claim Form, the Class Action Administrator will notify the individual of its decision on whether the individual is an Approved Class Member. Individuals

who are not approved as Class Members will be provided with information on the procedures to follow to challenge the decision of the Class Action Administrator. The plaintiffs propose that these procedures include an opportunity to resubmit an amended Claim Form with supporting documentation capable of verifying that the individual is a Class Member.

85. All interested parties will be provided with the ability to appeal a decision by the Class Action Administrator to the Court or in a manner to be prescribed. Class Counsel may challenge the decision on behalf of affected individuals.

86. The Class Action Administrator will keep records of all Approved Class Members and their respective Claim Forms and will provide this information to Class Counsel, the Crown and other interested parties on a monthly basis. Class Counsel and/or other interested parties will have 30 days after receiving this information to challenge the Class Action Administrator's decision by advising the Class Action Administrator and the other affected parties in writing of the basis for their challenge. The responding party will be given 30 days thereafter to respond in writing to the challenge at which time the Class Action Administrator will reconsider its decision and advise all parties.

E. Aggregate Damages Distribution Process

i. Distribution of Aggregate Damages

87. The Class Action Administrator will distribute the aggregate damages to all Approved Class Members in the manner directed by the Court.

88. The plaintiffs will propose that Approved Class Members be entitled to a proportion of the aggregate damages as determined by the Class Action Administrator based on factors to be approved by the Court, including but not limited to: (a) the duration of the Class Member's

presence in out-of-home care; (b) the number of out-of-home care locations where the Class Member was placed as a child; (c) the duration of deprivation from a service or product as a result of a delay, denial or disruption contrary to Jordan's Principle; and (d) the family relationship of the Family Class Member to a given Removed Child Class Member.

89. The Class Action Administrator, upon advising Approved Class Members of its decision on their membership as set out above, will within a reasonable period of time to be determined by the Court, advise the Approved Class Members of the proportion of aggregate damages owing to each Approved Class Member under the Aggregate Damages Distribution Process to be approved by the Court.

90. In addition, if applicable, the Class Action Administrator will provide Approved Class Members with a package of materials including: information on how to collect their aggregate damage awards, information on Class Members' ability to proceed through the Individual Damage Assessment Process, copies of the Individual Damage Assessment Form along with a guide on how to complete the form, and contact information for obtaining independent legal advice and counselling. Such information is to be provided in a culturally responsive and appropriate style, making full use of interactive media, including video tutorials.

ii. Seeking an Individual Damage Assessment

91. Approved Class Members, when notified of their entitlement to aggregate damages, may be given information on their right to have their compensation individually assessed under the Individual Damage Assessment Process set out below.

F. Individual Damage Assessment Process

i. Individual Damage Assessment Forms

92. When Approved Class Members are notified of their aggregate damage entitlement and information on their right to proceed under the Individual Damage Assessment Process, they will be provided with an Individual Damage Assessment Form as set out in Schedule D.

93. If applicable, the plaintiffs propose that a request for individual damages be made by sending an Individual Damage Assessment Form to the Class Action Administrator, and that only those individuals who wish to proceed through the Individual Damage Assessment Process be required to submit Individual Damage Assessment Forms.

ii. Individual Damage Assessments

94. The Court may be asked to approve the use of an Individual Damage Assessment Process after a judgment on the Common Issues or otherwise as directed by the Court.

95. The Individual Damage Assessment Process would be available to all Approved Class Members except those who are found by the Court not to be entitled to individual damages following the Common Issues trial.

iii. Individual Issue Hearings

96. The Court will be asked to provide directions, or to appoint persons to conduct references under rule 334.26 of the *Federal Courts Rules* or appoint a judge to conduct test cases involving selected Approved Class Members who are proceeding under the Individual Damage Assessment Process to assist with the matters that may or may not remain in issue after the determination of the Common Issues, such as:

- (a) Hearing rules for individual assessments;
- (b) A compensation matrix for individual damages;

- (e) Assistance in resolving disputes relating to the definitions of key terms such as “cultural and language loss”, “pain and suffering”, “physical abuse”, and “sexual abuse”; and
- (d) Other matters raised by the Court or the parties during the Common Issues litigation.

G. Class Proceeding Funding and Fees

i. Plaintiffs' Legal Fees

97. The plaintiffs' fees are to be paid on a contingency basis, subject to the Court's approval under rule 334.4 of the *Federal Courts Rules*.

98. The agreement between the representative plaintiffs and Class Counsel states that legal fees and disbursements to be paid to Class Counsel shall be on the following basis:

- (a) Aggregate damages recovery: 20% of the first two hundred million dollars (\$200,000,000) in recovery by settlement or judgment, plus 10% of any amounts recovered by settlement or judgment beyond the first two hundred million dollars; and
- (b) Individual damages recovery: 25% of settlement or judgment.

ii. Funding of Disbursements

99. Funding of legal disbursements for the representative plaintiffs has been, and will continue to be, available through Class Counsel, unless the plaintiffs and Class Counsel subsequently deem it to be in the best interests of the Class to obtain third-party funding. Class Counsel will advise the Court of such third-party funding and seek approval thereof.

H. Settlement Issues

i. Settlement Offers and Negotiations

100. The plaintiffs have been conducting settlement negotiations with the Crown with a view to achieving a fair and timely resolution.

ii. Mediation and Other Non Binding Dispute Resolution Mechanisms

101. The plaintiffs have been participating in mediation and negotiations in an effort to try to resolve the dispute or narrow the issues in dispute between the Parties.

I. Review of the Litigation Plan

i. Flexibility of the Litigation Plan

102. This Litigation Plan will be reconsidered on an ongoing basis and may be revised under the continued case management authority of the Court before or after the determination of the Common Issues or as the Court sees fit.

| | | | |
|------------------|---|--|--|
| October 29, 2021 | <p>SOTOS LLP 180 Dundas Street West Suite 1200 Toronto ON M5G 1Z8</p> <p>David Sterns (LSO# 36274J) dsterns@sotosllp.com Mohsen Seddigh (LSO# 70744I) mseddigh@sotosllp.com Jonathan Schachter (LSO# 63858C) jtschachter@sotosllp.com Tel: 416-977-0007 Fax: 416-977-0717</p> <p>Lawyers for the Plaintiffs</p> | <p>KUGLER KANDESTIN 1 Place Ville-Marie Suite 1170 Montréal QC H3B 2A7</p> <p>Robert Kugler rkugler@kklex.com Pierre Boivin pboivin@kklex.com William Colish wcolish@kklex.com Tel: 514-878-2861 Fax: 514-875-8424</p> | <p>MILLER TITERLE + CO. 300 - 638 Smithe Street Vancouver BC V6B 1E3 Joelle Walker joelle@millerlitterle.com Tamara Napoleon tamara@millerlitterle.com Erin Reimer erin@millerlitterle.com Tel: 604-681-4112 Fax: 604-681-4113</p> |
| | | | <p>Lawyers for the plaintiffs Xavier Moushoom, Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Meawasige), Jonavon Joseph Meawasige</p> |

**NAHWEGAHBOW,
CORBIERE**
5884 Rama Road, Suite 109
Rama, ON L3V 6H6

Dianne G. Corbiere
dgcobiere@mcfirm.ca

Tel: 705.325.0520
Fax: 705.325.7204

**FASKEN MARTINEAU
DUMOULIN**
55 Metcalfe St., Suite 1300
Ottawa, ON K1P 6L5

Peter N. Mantas
pnm@fasken.com

Tel: 613.236.3882
Fax: 613.230.6423

Lawyers for the plaintiffs Assembly of First Nations, Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson by his Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson

SCHEDULE "A"

**FIRST NATIONS YOUTH CARE (THE MILLENNIUM SCOOP) CLASS ACTION
PROPOSED NOTICE OF CERTIFICATION**

THIS NOTICE MAY AFFECT YOUR RIGHTS. PLEASE READ CAREFULLY.

The Nature of the Lawsuit

In March 2019, Sotos LLP, Kugler Kandestin LLP and Miller Titerle + Co. (collectively "Class Counsel") commenced an action on behalf of First Nations plaintiffs in the Federal Court of Canada in Montreal, against the Attorney General of Canada (the "Crown").

The lawsuit claims that starting in 1991 the Crown instituted discriminatory funding policies across Canada that led to First Nations children being removed from their homes and communities and placed in out-of-home care. The lawsuit also claims that the Crown delayed, disrupted or denied the delivery of needed public services and products to First Nations youth contrary to Jordan's Principle.

The action was brought on behalf of a Class of:

(a) all First Nations youths who were taken into out-of-home care since April 1, 1991, while they or at least one of their parents were ordinarily resident on a Reserve;

(b) all First Nations youths who were denied a public service or product, or whose receipt of a public service or product was delayed or disrupted, on the grounds of lack of funding or lack of jurisdiction, or as a result of a jurisdictional dispute with another government or governmental department (contrary to Jordan's Principle);

(c) family members of the Class Members cited in (a) above.

By order dated [INSERT DATE], The Honourable Justice St-Louis certified the action as a class proceeding, appointing Xavier Moushoom and Jeremy Meawasige (by his

litigation guardian, Maurina Beadle) as representative plaintiffs for the class.

The Court found that the following issues affecting the Class will be tried at a Common Issues trial:

- o [INSERT CERTIFIED COMMON ISSUE]
- o ...

Participation in the Class Action

If you fall within the class definition, you are automatically included as a member of the Class, unless you choose to opt out of the Class Action, as explained below. All members of the Class will be bound by the judgment of the Court, or any settlement reached by the parties and approved by the Court.

At this juncture, the Court has not taken a position as to the likelihood of recovery for the representative plaintiffs or the Class, or with respect to the merits of the claims or defences asserted by the Crown.

Fees and Disbursements

You do not need to pay any legal fees out of your own pocket. A retainer agreement has been entered into between the representative plaintiffs and Class Counsel with respect to legal fees. The agreement provides that the law firms have been retained on a contingency fee basis, which means they will only be paid their fees in the event of a successful result in the litigation or a Court-approved settlement.

You will not be responsible for Defendant's legal costs if the class action is unsuccessful. Any fee paid to lawyers for the Class is subject to the Court's approval.

Opt Out

If you are a class member and wish to exclude yourself from this class proceeding ("opt out"), you must complete and return the "Class Member Opt Out" form by no later than [INSERT DATE]. The Opt Out form may be downloaded at: [INSERT WEBSITE ADDRESS].

Class members who choose to opt out within the above noted deadline will not recover any monies if the representative plaintiffs are successful in this action. If class members do not choose to opt out by the deadline, they will be bound by any judgment ultimately obtained

in this class action, whether favourable or not, or any settlement if approved by the Court.

Contact Information

If you have any questions or concerns about the matters in this Notice or the status of the class action, you may contact Class Counsel in a number of ways.

By phone: [INSERT PHONE NUMBER]

By email: [INSERT EMAIL]

Toll-Free Hotline: [INSERT TELEPHONE]

By mail. [INSERT ADDRESS]

SCHEDULE "B"

OPT OUT FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I do not want to participate in the class action styled as *Xavier Moushoom et al v. The Attorney General of Canada* regarding the claims of discrimination against First Nations children. I understand that by opting out, I will not be eligible for the payment of any amounts awarded or paid in the class action, and if I want an opportunity to be compensated, I will have to make an individual claim and decide whether to engage a lawyer at my own expense.

Dated: _____

Signature

Full Name

Address

City, Province, Postal Code

Telephone

Email

This Notice must be delivered by regular mail, email or fax on or before _____, 201_ to be effective.

SCHEDULE "C"

CLAIM FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
 [Address]
 [Email]
 [Fax]
 [Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I, _____ (insert full name(s), including maiden name if applicable), have received Notice of the National Class Action styled as *Xavier Moushoom et al v. The Attorney General of Canada* regarding the claims of discrimination against First Nations children. My date of birth is _____ (insert day, month, year of birth).

I believe that I am a Class Member and I wish to submit a claim as a member of the following Class or Classes (mark the applicable item(s) with an X):

Removed Child Class

Jordan's Class

Family Class

If you selected the Removed Child Class, please summarize below your placement(s) in out-of-home care since April 1, 1991:

| Number of foster home(s) | Number of years of placement in foster home(s) | Was foster home(s) on-reserve or off-reserve? | Was foster home(s) within your own First Nations community? |
|--------------------------|--|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

If you selected the Jordan's Class, please summarize below the public services or products that you needed since April 1, 1991, and that were denied, delayed or disrupted:

| Product(s) or service(s) needed | Was a request made for the | Was the service(s) or product(s) denied, delayed or disrupted? | The date(s) of need, request, and/or denial, |
|---------------------------------|----------------------------|--|--|
| | | | |

| | service(s) or product(s)? | | delay or disruption |
|--|----------------------------------|--|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

If you selected the Family Class, please summarize below your relationship to the member(s) of the Removed Child Class:

| Full name(s) and claim number of the Approved Removed Child Class Member in your family | Your relationship to the Class Member (only the brother, sister, mother, father, grandmother or grandfather of an Approved Removed Child Class Member) |
|--|---|
| | |
| | |
| | |

My mailing address is:

Street name, Apartment #

City, Province

Postal Code

Telephone Number(s)

Email address

Signed: _____

Date: _____

SCHEDULE "D"

INDIVIDUAL DAMAGE ASSESSMENT FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I, _____ [insert full name(s), including maiden name if applicable], have been notified that I am an Approved Removed Child Class Member or Approved Jordan's Class Member. My claim number is _____ [insert assigned claim number].

I have been provided with a package of information outlining and explaining my option to request an individual damage assessment in accordance with the Individual Damage Assessment Process.

I am also aware that I can obtain independent legal advice with respect to this request and can obtain assistance to complete this form at no charge to me by contacting [insert assigned contact #].

Below is information relating to my experience in out-of-home care and the impacts and harms that resulted from my experience:

[The Individual Damage Assessment Form will be designed after a Court decision on the Common Issues. The goal of the Individual Damage Assessment Form though will be to obtain, amongst others, the following information from Approved Class Members:

- *Information relating to the Class Member's age at apprehension, the foster households where the Class Member was placed, duration of out-of-home care;*
- *Information relating to any abuse on the Class Member, including each incident of a compensable harm/wrong, such as the dates, places, times of the incidents and information about the alleged perpetrator for each incident;*
- *Information relating to compensable impacts, including cultural and language impacts;*
- *A narrative relating to the experience of the individual while in care;*
- *The reason(s) for apprehension;*
- *Whether expert evidence will be provided to support a claim for certain consequential harms such as past and future income loss;*

- *Information on the treatment records including records of customary or traditional counsellors or healers they will be submitting to assist in proving either the abuse or the harm suffered or both,*
- *Authorizations for the Crown to obtain documents; and*
- *Such further and other information that is deemed necessary and appropriate.]*

Below is information relating to my experience with the denial/delay/disruption of the receipt of a public service or product and the impacts and harms that resulted from my experience:

[The Individual Damage Assessment Form will be designed after a Court decision on the Common Issues. The goal of the Individual Damage Assessment Form though will be to obtain, amongst others, the following information from Approved Class Members:

- *Any conditions or circumstances that required a public service or product;*
- *Reasons for denial of a public service or product;*
- *Department(s) of contact;*
- *Authorizations for the Crown to obtain documents; and*
- *Such further and other information that is deemed necessary and appropriate.]*

Signed: _____

Date: _____

Cour fédérale



Federal Court

Date : 20211126

Dossier : T-402-19

T-141-20

Référence : 2021 CF 1225

[TRADUCTION FRANÇAISE]

Ottawa (Ontario), le 26 novembre 2021

En présence de madame la juge Aylen

RECOURS COLLECTIF

ENTRE :

XAVIER MOUSHOOM, JEREMY MEAWASIGE (représenté par son tuteur à l'instance, JONAVON JOSEPH MEAWASIGE) ET JONAVON JOSEPH MEAWASIGE

demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

défendeur

ENTRE :

ASSEMBLÉE DES PREMIÈRES NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (représenté par sa tutrice à l'instance, CAROLYN BUFFALO), CAROLYN BUFFALO ET DICK EUGENE JACKSON, également connu sous le nom de RICHARD JACKSON

demandeurs

et

**SA MAJESTÉ LA REINE
REPRÉSENTÉE PAR LE PROCUREUR GÉNÉRAL DU CANADA**

défenderesse

ORDONNANCE ET MOTIFS

VU LA REQUÊTE déposée par les demandeurs, sur consentement et à l'égard de laquelle la décision a été prise uniquement sur la base de prétentions écrites conformément à l'article 369 des *Règles des Cours fédérales*, en vue d'obtenir une ordonnance :

- a) accordant aux demandeurs une prorogation du délai pour qu'ils puissent déposer la présente requête en autorisation après le délai prévu à l'alinéa 334.15(2)b);
- b) autorisant la présente instance comme recours collectif et définissant le groupe;
- c) énonçant la nature des réclamations présentées au nom du groupe et les réparations demandées par le groupe;
- d) précisant les points de droit et de fait communs en litige;
- e) nommant les demandeurs indiqués ci-après à titre de représentants demandeurs;
- f) approuvant le plan de déroulement de l'instance;

g) accordant toute autre réparation;

VU les documents relatifs à la requête déposés par les demandeurs;

VU que la défenderesse donne son consentement à l'ensemble de la requête déposée;

VU que la Cour est convaincue que, dans les circonstances de l'espèce, une prorogation du délai doit être accordée pour que la présente requête en autorisation puisse être déposée après le délai prévu à l'alinéa 334.15(2)b);

VU que, même si le consentement de la défenderesse rend moins nécessaire une approche rigoureuse quant à la question de savoir si la présente instance devrait être autorisée comme recours collectif, il ne dispense toutefois pas la Cour de l'obligation de veiller au respect des exigences relatives à l'autorisation prescrites à l'article 334.16 [voir *Varley c Canada (Procureur général)*, 2021 CF 589];

VU que le paragraphe 334.16(1) des *Règles des Cours fédérales* prévoit ce qui suit :

| | |
|---|--|
| Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies : | Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if |
| a) les actes de procédure révèlent une cause d'action valable; | (a) the pleadings disclose a reasonable cause of action; |
| b) il existe un groupe identifiable formé d'au moins deux personnes; | (b) there is an identifiable class of two or more persons; |
| c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre; | (c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members; |

- | | |
|---|--|
| d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs; | (d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and |
| e) il existe un représentant demandeur qui : | (e) there is a representative plaintiff or applicant who |
| (i) représenterait de façon équitable et adéquate les intérêts du groupe, | (i) would fairly and adequately represent the interests of the class, |
| (ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement, | (ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing, |
| (iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs, | (iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and |
| (iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier. | (iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record. |

VU que conformément au paragraphe 334.16(2), pour décider si le recours collectif est le meilleur moyen de régler les points de droit ou de fait communs de façon juste et efficace, tous les facteurs pertinents sont pris en compte, notamment les suivants : a) la prédominance des points de droit ou de fait communs sur ceux qui ne concernent que certains membres; b) la proportion de membres du groupe qui ont un intérêt légitime à poursuivre des instances séparées; c) le fait que le recours collectif porte ou non sur des réclamations qui ont fait ou qui font l'objet d'autres instances; d) l'aspect pratique ou l'efficacité moindres des autres moyens de régler les réclamations; et e) les difficultés accrues engendrées par la gestion du recours collectif par rapport à celles associées à la gestion d'autres mesures de redressement;

VU que :

- a) La conduite de la Couronne en cause dans le présent recours collectif envisagé, telle qu'elle est exposée dans la déclaration commune, porte sur deux formes de discrimination alléguées à l'égard d'enfants des Premières Nations : i) le financement par la Couronne des services à l'enfance et à la famille destinés aux enfants des Premières Nations et l'incitation ainsi créée à retirer les enfants de leur milieu familial; ii) le fait que la Couronne n'ait pas respecté le principe de Jordan, qui est une obligation juridique visant à éviter les lacunes, les retards, les interruptions ou les refus dans les services et les produits que doivent recevoir les enfants des Premières Nations, ce qui serait contraire à leurs droits à l'égalité garantis par la Charte.

- b) Comme les demandeurs l'ont résumé dans leurs observations écrites, la déclaration commune contient essentiellement les allégations suivantes :
 - i) La Couronne a sciemment sous-financé les services à l'enfance et à la famille destinés aux enfants des Premières Nations vivant sur une réserve et au Yukon, ce qui a empêché les organismes de services d'aide à l'enfance d'offrir des services de prévention adéquats aux enfants et aux familles des Premières Nations.

 - ii) La Couronne a sous-financé les services de prévention destinés aux enfants et aux familles des Premières Nations vivant sur une réserve et au Yukon, alors qu'elle finançait intégralement les coûts liés aux soins des enfants des

Premières Nations qui étaient retirés de leur milieu familial et placés dans des foyers d'accueil, ce qui a produit un effet pervers en incitant les organismes de services d'aide à l'enfance des Premières Nations à retirer les enfants des Premières Nations vivant sur une réserve et au Yukon de leur milieu familial et à les placer dans des foyers d'accueil.

- iii) Le retrait des enfants de leur milieu familial a causé à ces enfants et à leur famille de graves traumatismes persistants.
 - iv) Non seulement le principe de Jordan incarne les droits à l'égalité des membres du groupe, mais la Couronne a également reconnu que ce principe est une [TRADUCTION] « obligation juridique » et donc une faute donnant ouverture à un droit d'action. Cependant, la Couronne a manqué à ses obligations découlant du principe de Jordan et a ainsi privé de services et de produits essentiels des dizaines de milliers d'enfants des Premières Nations, ce qui leur a causé un préjudice indemnifiable.
 - v) La conduite de la Couronne est discriminatoire, vise les membres du groupe, car ils sont membres des Premières Nations, et contrevient au paragraphe 15(1) de la Charte, aux obligations fiduciaires de la Couronne envers les Premières Nations et à la norme de diligence en common law et en droit civil.
- c) En ce qui a trait à la première condition de l'analyse concernant l'autorisation (à savoir si les actes de procédure révèlent une cause d'action valable), les exigences

minimales ne sont pas élevées. La Cour doit trancher la question de savoir s'il est manifeste et évident que les causes d'action sont vouées à l'échec [voir *Brake c Canada (Procureur général)*, 2019 CAF 274 au para 54]. Même sans le consentement de la Couronne, je suis persuadée que les demandeurs ont suffisamment plaidé les éléments nécessaires pour chaque cause d'action aux fins de la présente requête, de sorte que la déclaration commune révèle une cause d'action raisonnable.

- d) Pour ce qui est de la deuxième condition de l'analyse concernant l'autorisation (à savoir s'il existe un groupe identifiable formé d'au moins deux personnes), le critère à appliquer consiste à établir si les demandeurs ont défini le groupe en recourant à un critère objectif, c'est-à-dire que l'on peut décider si une personne est membre du groupe sans se référer au fond de l'action [voir *Hollick c Toronto (Ville)*, 2001 CSC 68 au para 17]. Je suis convaincue que les définitions proposées pour le groupe des enfants inutilement pris en charge, le groupe des enfants lésés par le non-respect du principe de Jordan et le groupe des familles touchées (énoncées ci-après) présentent des critères objectifs et que l'inclusion dans chaque groupe peut être déterminée sans se référer au fond de l'action.

- e) Quant à la troisième condition de l'analyse concernant l'autorisation (à savoir si les réclamations des membres du groupe soulèvent des points de droit ou de fait communs), comme l'a indiqué la Cour d'appel fédérale au paragraphe 72 de l'arrêt *Wenham c Canada (Procureur général)*, 2018 CAF 199, l'objectif de cette étape de la détermination de l'autorisation n'est pas de déterminer les points communs, mais

plutôt d'évaluer si la résolution des points est nécessaire pour régler les réclamations de chaque membre du groupe. Plus précisément, les exigences sont les suivantes :

Il faut aborder le sujet de la communauté en fonction de l'objet. La question sous-jacente est de savoir si le fait d'autoriser le recours collectif permettra d'éviter la répétition de l'appréciation des faits ou de l'analyse juridique. Une question ne sera donc « commune » que lorsque sa résolution est nécessaire pour le règlement des demandes de chaque membre du groupe. Il n'est pas essentiel que les membres du groupe soient dans une situation identique par rapport à la partie adverse. Il n'est pas nécessaire non plus que les questions communes prédominent sur les questions non communes ni que leur résolution règle les demandes de chaque membre du groupe. Les demandes des membres du groupe doivent toutefois partager un élément commun important afin de justifier le recours collectif. Pour décider si des questions communes motivent un recours collectif, le tribunal peut avoir à évaluer l'importance des questions communes par rapport aux questions individuelles. Dans ce cas, le tribunal doit se rappeler qu'il n'est pas toujours possible pour le représentant de plaider les demandes de chaque membre du groupe avec un degré de spécificité équivalant à ce qui est exigé dans une poursuite individuelle. (*Western Canadian Shopping Centres*, précité, au paragraphe 39; voir aussi *Vivendi Canada Inc. c. Dell'Aniello*, 2014 CSC 1, [2014] 1 R.C.S. 3, aux paragraphes 41 et 44 à 46.)

Après avoir examiné les points communs (énoncés ci-après), je suis convaincue que les points partagent un élément commun important au règlement des réclamations de chaque membre du groupe. De plus, je conviens avec les demandeurs que ces points communs s'apparentent aux points communs similaires soulevés dans les demandes fondées sur des cas d'abus institutionnel qui ont été autorisées comme recours collectifs (par exemple, les recours collectifs liés aux pensionnats autochtones et à la rafle des années soixante). Je conclus donc que la condition liée aux points communs est remplie.

- f) Pour ce qui est de la quatrième condition de l'analyse concernant l'autorisation (à savoir si le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs), le critère du meilleur moyen comporte deux concepts fondamentaux : i) la question de savoir si le recours collectif serait un moyen juste, efficace et pratique de faire progresser l'instance; ii) la question de savoir si le recours collectif serait préférable à tous les autres moyens raisonnables offerts pour régler les réclamations des membres du groupe. Pour statuer sur le critère du meilleur moyen, il faut examiner les points communs dans leur contexte, en tenant compte de l'importance de ceux-ci par rapport à l'instance dans son ensemble. Il peut être satisfait à ce critère même lorsqu'il y a d'importantes questions individuelles [voir *Brake*, précité, au para 85; *Wenham*, précité, au para 77, et *Hollick*, précité, aux para 27-31]. La Cour doit effectuer l'analyse de ce critère à la lumière des trois principaux objectifs du recours collectif : l'économie des ressources judiciaires, la modification des comportements et l'accès à la justice [voir *Brake*, précité, au para 86, citant *AIC Limitée c Fischer*, 2013 CSC 69 au para 22].
- g) Après avoir examiné les principes mentionnés précédemment et les facteurs prévus au paragraphe 334.16(2), je suis convaincue que le recours collectif est le meilleur moyen de régler les points de droit ou de fait communs de façon juste et efficace. Compte tenu de la nature systémique des réclamations, des obstacles majeurs à l'accès à la justice auxquels pourrait être confronté chacun des réclamants ainsi que des préoccupations exprimées par les demandeurs à l'égard des autres moyens qui existent pour régler les réclamations des membres du groupe, je suis persuadée que

le recours collectif envisagé est un moyen juste, efficace et pratique de faire progresser l'instance des membres du groupe.

- h) En ce qui a trait à la cinquième condition de l'analyse concernant l'autorisation (à savoir s'il y a des représentants proposés adéquats), après avoir examiné la preuve par affidavit produite à l'appui de la requête ainsi que le plan de déroulement de l'instance détaillé, je considère que les représentants demandeurs proposés (indiqués ci-après) satisfont aux exigences énoncées à l'alinéa 334.16(1)e);

VU que la Cour est convaincue que toutes les conditions d'autorisation sont remplies et que les réparations demandées doivent être accordées;

LA COUR ORDONNE :

1. Les demandeurs ont droit à une prorogation du délai pour pouvoir déposer la présente requête en autorisation après le délai prévu à l'alinéa 334.15(2)b) des *Règles des Cours fédérales*.
2. Aux fins de la présente ordonnance et en plus des définitions figurant ailleurs dans la présente ordonnance, les définitions suivantes s'appliquent et d'autres termes utilisés dans la présente ordonnance ont le même sens que dans la déclaration commune déposée le 21 juillet 2021 :
 - a) « **avocats du groupe** » s'entend de Fasken Martineau Dumoulin LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere et Sotos LLP;

- b) « **groupe** » s'entend collectivement du groupe des enfants inutilement pris en charge, du groupe des enfants lésés par le non-respect du principe de Jordan et du groupe des familles touchées;
- c) « **groupe des enfants inutilement pris en charge** » s'entend de tous les membres des Premières Nations qui :
- i) n'avaient pas atteint l'âge de la majorité de la province ou du territoire concerné à tout moment pendant la période visée par le recours collectif;
 - ii) ont été placés dans des foyers d'accueil pendant la période visée par le recours collectif alors qu'ils résidaient ordinairement sur une réserve ou qu'au moins un de leurs parents y résidait ordinairement;
- d) « **groupe des enfants lésés par le non-respect du principe de Jordan** » s'entend de tous les membres des Premières Nations qui n'avaient pas atteint l'âge de la majorité de la province ou du territoire concerné et qui, pendant la période visée par le recours collectif, ont été privés d'un service ou d'un produit ou dont le service ou le produit reçu a été retardé ou interrompu en raison notamment d'un manque de financement ou d'un défaut de compétence ou par suite d'un conflit de compétence avec un autre gouvernement ou ministère;
- e) « **groupe des familles touchées** » s'entend de toutes les personnes qui sont le frère, la sœur, la mère, le père, la grand-mère ou le grand-père d'un membre du groupe des enfants inutilement pris en charge et/ou du groupe des enfants lésés par le non-respect du principe de Jordan;

- f) « **membres du groupe** » s'entend de toutes les personnes qui sont membres du groupe;
- g) « **période visée par le recours collectif** » s'entend :
- i) pour les membres du groupe des enfants inutilement pris en charge et les membres du groupe des familles touchées correspondants, de la période commençant le 1^{er} avril 1991 et se terminant à la date de la présente ordonnance;
 - ii) pour les membres du groupe des enfants lésés par le non-respect du principe de Jordan et les membres du groupe des familles touchées correspondants, de la période commençant le 12 décembre 2007 et se terminant à la date de la présente ordonnance;
- h) « **Première Nation** » et « **Premières Nations** » s'entendent des peuples autochtones du Canada, y compris au Yukon et dans les Territoires du Nord-Ouest, qui ne sont ni Inuits ni Métis et comprennent :
- i) les personnes qui possèdent le statut d'Indien en vertu de la *Loi sur les Indiens*, LRC 1985, c I-5;
 - ii) les personnes qui ont droit à l'inscription en vertu de l'article 6 de la *Loi sur les Indiens* au moment de l'autorisation;
 - iii) les personnes qui ont satisfait aux critères d'appartenance à une bande prévus aux articles 10 à 12 de la *Loi sur les Indiens* et qui, dans le cas des

membres du groupe des enfants inutilement pris en charge, ont satisfait à ces exigences au moment de l'autorisation, par exemple lorsque leur communauté de Première Nation respective a décidé de l'appartenance à ses effectifs en fixant les règles et que les personnes ont été considérées comme ayant satisfait aux exigences prévues par ces règles d'appartenance et que leur nom a été consigné dans la liste de bande;

iv) dans le cas des membres du groupe des enfants lésés par le non-respect du principe de Jordan, les personnes, outre celles visées aux alinéas i) à iii) ci-dessus, qui sont reconnues comme citoyens ou membres de leur Première Nation respective en vertu d'ententes ou de traités, de coutumes, de traditions et de lois autochtones;

i) « réserve » s'entend d'une parcelle de terrain, au sens de la *Loi sur les Indiens*, dont la Couronne est propriétaire et qui a été mise de côté à l'usage et au profit d'une bande d'Indiens.

3. L'instance est donc autorisée comme recours collectif contre la défenderesse en vertu du paragraphe 334.16(1) des *Règles des Cours fédérales*.

4. Le groupe est composé du groupe des enfants inutilement pris en charge, du groupe des enfants lésés par le non-respect du principe de Jordan et du groupe des familles touchées, tous au sens défini dans la présente ordonnance.

5. Les réclamations présentées au nom du groupe à l'encontre de la défenderesse sont de nature constitutionnelle et ont trait à la négligence et au manquement à l'obligation fiduciaire de la Couronne envers le groupe.
6. La réparation demandée par le groupe comprend des dommages-intérêts, des dommages-intérêts fondés sur la Charte, la restitution, des dommages-intérêts punitifs et des dommages-intérêts exemplaires.
7. Les personnes suivantes sont nommées à titre de représentants demandeurs :
 - a) Pour le groupe des enfants inutilement pris en charge : Xavier Moushoom, Ashley Dawn Louise Bach et Karen Osachoff;
 - b) Pour le groupe des enfants lésés par le non-respect du principe de Jordan : Jeremy Meawasige (représenté par son tuteur à l'instance, Jonavon Joseph Measwasige) et Noah Buffalo-Jackson (représenté par sa tutrice à l'instance, Carolyn Buffalo);
 - c) Pour le groupe des familles touchées : Xavier Moushoom, Jonavon Joseph Meawasige, Melissa Walterson, Carolyn Buffalo et Dick Eugene Jackson (également connu sous le nom de Richard Jackson),

qui sont tous réputés constituer des représentants demandeurs adéquats du groupe.
8. Les avocats du groupe sont nommés avocats pour le groupe.
9. L'instance est autorisée sur la base des points communs suivants :

- a) La conduite de la Couronne telle qu'elle est alléguée dans la déclaration commune [la conduite reprochée] a-t-elle porté atteinte aux droits à l'égalité garantis aux demandeurs et aux membres du groupe par le paragraphe 15(1) de la *Charte canadienne des droits et libertés*? Plus précisément :
- i) La conduite reprochée a-t-elle créé une distinction fondée sur la race ou l'origine nationale ou ethnique des membres du groupe?
 - ii) La distinction était-elle discriminatoire?
 - iii) La conduite reprochée a-t-elle renforcé ou accentué les désavantages historiques subis par les membres du groupe?
 - iv) Dans l'affirmative, la violation du paragraphe 15(1) de la Charte était-elle justifiée au regard de l'article premier de la Charte?
 - v) Les dommages-intérêts fondés sur la Charte constituent-ils une réparation appropriée?
- b) La Couronne avait-elle une obligation de diligence prévue par la common law envers les demandeurs et les membres du groupe?
- i) Dans l'affirmative, la Couronne a-t-elle manqué à cette obligation de diligence?
- c) La Couronne a-t-elle manqué à ses obligations prévues au *Code civil du Québec*?
Plus précisément :

- i) La Couronne a-t-elle commis une faute ou engagé sa responsabilité civile?
 - ii) La conduite reprochée a-t-elle donné lieu à des pertes pour les demandeurs et les membres du groupe et, dans l'affirmative, ces pertes constituent-elles un préjudice pour chacun des membres du groupe?
 - iii) Les membres du groupe ont-ils le droit de demander des dommages-intérêts pour les dommages moraux et matériels découlant de ce qui précède?
- d) La Couronne avait-elle une obligation fiduciaire envers les demandeurs et les membres du groupe?
- i) Dans l'affirmative, la Couronne a-t-elle manqué à cette obligation?
- e) Le montant des dommages-intérêts payables par la Couronne peut-il être partiellement déterminé de façon globale en vertu du paragraphe 334.28(1) des *Règles des Cours fédérales*?
- i) Dans l'affirmative, quel devrait en être le montant?
- f) La Couronne a-t-elle tiré des avantages pécuniaires quantifiables de la conduite reprochée pendant la période visée par le recours collectif?
- i) Dans l'affirmative, la Couronne devrait-elle être tenue de restituer ces avantages?
 - ii) Dans l'affirmative, quel devrait en être le montant?

- g) La Couronne devrait-elle être condamnée à verser des dommages-intérêts punitifs et/ou majorés?
- i) Dans l'affirmative, quel devrait en être le montant?
10. Le nouveau plan de déroulement de l'instance modifié des demandeurs, déposé le 2 novembre 2021 et ci-joint à titre d'annexe A, est approuvé, sous réserve des modifications devant y être apportées par suite de la présente ordonnance et de toute autre ordonnance rendue par la Cour.
11. La forme de l'avis d'autorisation, les modalités de l'avis ainsi que toutes les autres questions connexes seront déterminées par la Cour dans une ou des ordonnances distinctes.
12. Le délai d'exclusion sera de six mois à compter de la date à laquelle l'avis d'autorisation est publié selon les modalités énoncées dans une autre ordonnance de la Cour.
13. Le calendrier procédural jusqu'au moment du procès sera également fixé par la Cour dans une ou des ordonnances distinctes.
14. Conformément au paragraphe 334.39(1) des *Règles des Cours fédérales*, aucun dépens ne seront adjugés à l'une ou l'autre des parties pour la présente requête.

« Mandy Aylen »

Juge

ANNEXE A

ORIGINATION NON OFFICIELLE

Numéros de dossiers de Cour : T-402-19 / T-141-20

**COUR FÉDÉRALE
RECOURS COLLECTIF PROJETÉ**

ENTRE :

XAVIER MOUSHOOM, JEREMY MEAWASIGE (représenté par son tuteur à l'instance, Jonavon Joseph Meawasige) et JONAVON JOSEPH MEAWASIGE

Demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

Défendeur

**COUR FÉDÉRALE
RECOURS COLLECTIF PROPOSÉ**

ENTRE :

L'ASSEMBLÉE DES PREMIÈRES NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (représenté par sa tutrice à l'instance, Carolyn Buffalo), CAROLYN BUFFALO et DICK EUGENE JACKSON (aussi connu sous le nom de RICHARD JACKSON)

Demandeurs

et

**SA MAJESTÉ LA REINE,
TELLE QUE REPRÉSENTÉE PAR LE PROCUREUR GÉNÉRAL DU CANADA**

Défenderesse

PLAN DE POURSUITE MODIFIÉ

Le deux (2) novembre
2021

SOTOS LLP

180, rue Dundas Ouest
Suite 1200, Toronto ON M5G 1Z8
David Sterns dssterns@sotosllp.com
Mobsen Seddigh mseeddigh@sotosllp.com
Jonathan Schachter jschachter@sotosllp.com
Téléphone: 416-977-0007
Télécopieur: 416-977-0717

KUGLER KANDESTIN

1, Place Ville-Marie
Suite 1170, Montréal QC H3B 2A7
Robert Kugler rkugler@kklex.com
Pierre Boivin pboivin@kklex.com
William Colish wcolish@kklex.com
Téléphone: 514-878-2861
Télécopieur: 514-875-8424

MILLER TITERLE & CO.

638 rue Smith
Suite 300, Vancouver C.-B. V6B 1E3
Joelle Walker joelle@millertiterle.com
Tamara Napoleon tamara@millertiterle.com
Erin Reamer erin@millertiterle.com
Téléphone: 604-681-4112
Télécopieur: 604-681-4113

Avocats des demandeurs Xavier Moushoom, Jeremy Meawasige
(représenté par son tuteur à l'instance, Jonavon Joseph Meawasige)
et Jonavon Joseph Meawasige

NAHWEGAHBOW, CORBIERE

5884, Rama Road
Suite 109, Rama ON L3V 6H6

Dianne G. Corbiere dgcorbriere@nmcfirm.com

Téléphone: 705.325.0520
Télécopieur: 705.325.7204

FASKEN MARTINEAU DUMOULIN

55, rue Metcalfe
Suite 1300, Ottawa ON K1P 6L5

Peter N. Mantas pmantas@fasken.com

Téléphone: 613.236.3882
Télécopieur: 613.230.6423

Avocats des demandeurs Assemblée des Premières Nations Ashley
Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah
Buffalo-Jackson (représenté par sa tutrice à l'instance, Carolyn

Buffalo), Carolyn Buffalo et Dick Eugene Jackson (aussi connu sous le nom de Richard Jackson)

Table des Matières

| | | |
|------|--|------------------------------|
| I. | DÉFINITIONS | 4 |
| II. | SOMMAIRE | ERROR! BOOKMARK NOT DEFINED. |
| III. | PROCÉDURES PRÉ-CERTIFICATION | ERROR! BOOKMARK NOT DEFINED. |
| | A. Les Parties | ERROR! Bookmark not defined. |
| | B. Les Prétentions | ERROR! Bookmark not defined. |
| | C. Stratégie de Communication Préalable à la Certification | 10 |
| | D. Conférence de Règlement | ERROR! Bookmark not defined. |
| | E. Échéancier | ERROR! Bookmark not defined. |
| IV. | PROCÉDURES POST-CERTIFICATION | 11 |
| | A. Échéancier | ERROR! Bookmark not defined. |
| | B. Avis de Certification, Méthode de Notification et Procédures d'Exclusions | 13 |
| | C. Identification des (et Communication avec les) Membres du Groupe | 16 |
| | D. Production des Documents | 17 |
| | E. Interrogatoires Préalables | 19 |
| | F. Considérations Préliminaires | ERROR! Bookmark not defined. |
| | G. Preuve d'Experts | ERROR! Bookmark not defined. |
| | H. Détermination des Questions Communes | 20 |
| V. | PROCÉDURES POSTÉRIEURES À LA DÉTERMINATION DES QUESTIONS COMMUNES | 21 |
| | A. Échéancier | ERROR! Bookmark not defined. |
| | B. Avis de Détermination des Questions Communes | 21 |
| | C. Formulaires de Réclamation | ERROR! Bookmark not defined. |
| | D. Détermination et Classification des Membres du Groupe | 24 |
| | E. Processus de Distribution des Dommages | ERROR! Bookmark not defined. |
| | F. Processus d'Évaluation de Compensations Individuelles | 29 |
| | G. Coût et Financement des Procédures | 31 |
| | H. Règlement | ERROR! Bookmark not defined. |
| | I. Réévaluation du Plan de Poursuite | 32 |

L DÉFINITIONS

1. Les mots et expressions définis ci-dessous seront utilisés tout au long du présent Plan de Poursuite. Les mots et expressions définis à l'Acte introductif d'instance et qui se retrouvent également au présent Plan de Poursuite doivent, s'ils n'ont pas autrement été définis par la Cour, se voir attribuer le sens qui leur est donné à l'Acte introductif d'instance;

Administrateur du Recours Collectif (« *Class Action Administrator* ») : tout administrateur du règlement ou toute autre firme compétente désigné(e) par la Cour en vue d'assurer l'administration du recours collectif;

Avis de Certification (« *Certification Notice* ») : les informations se trouvant à l'Annexe A du présent Plan de Poursuite, telles qu'elles pourront ultérieurement être modifiées et telles qu'elles auront été approuvées par la Cour;

Avis de Détermination des Questions Communes (« *Common Issues Notices* ») : les informations figurant à l'avis portant sur les **Questions Communes** devant être certifié par la Cour à l'étape de la Certification, tel qu'il pourrait être ultérieurement modifié et tel qu'il aura été approuvé par la Cour;

Décision du TCDP (« *CHRT Decision* ») : décision rendue par le TCDP dans le cadre du Dossier du TCDP datée du 26 janvier 2016 (et portant la référence 2016 TCDP 2);

Dossier du TCDP (« *CHRT Proceeding* ») : dossier du TCDP portant le numéro T1340/7008;

Formulaire de Détermination de Compensation Individuelle (« *Individual Damage Assessment Form* ») : formulaire se trouvant à l'Annexe D du présent Plan de Poursuite (tel qu'il pourrait ultérieurement être modifié et tel qu'il aura été approuvé par la Cour) et devant être utilisé par les **Membres du Groupe Approuvés** en vue de permettre l'évaluation de leurs dommages et d'amorcer le **Processus de Détermination de Compensation Individuelle**;

Formulaire d'Exclusion (« *Opt out Form* ») : formulaire se trouvant à l'Annexe B du présent Plan de Poursuite et utilisé par les Membres du Groupe souhaitant s'exclure du recours collectif (tel qu'il pourrait ultérieurement être modifié et tel qu'il aura été approuvé par la Cour);

Formulaire de Réclamation (« *Claim Form* ») : formulaire se trouvant à l'Annexe C du présent Plan de Poursuite et utilisé par les Membres du Groupe des Enfants retirés de leurs foyers et/ou les Membres du Groupe Jordan et/ou les Membres du Groupe des Familles en vue de soumettre une réclamation (tel qu'il pourrait être ultérieurement amendé et tel qu'il aura été approuvé par la Cour);

Informations de la Couronne (« Crown Class Member Information »): informations devant être communiquées par la Couronne à l'Administrateur du Recours Collectif et/ou aux Procureurs du Groupe, à la demande des demandeurs et/ou suivant une ordonnance de la Cour), au sujet des noms et des coordonnées les plus récentes de toutes les personnes répondant à la définition de Membres du Groupe (telle qu'elle figure à l'Acte introductif d'instance ou telle qu'elle aura autrement été déterminée par la Cour), y compris : (a) une liste des noms et coordonnées de tous les Membres du Groupe connus (provenant des informations que la Couronne a en sa possession ou sous son contrôle¹), de même qu'une liste de toutes les personnes ayant reçu un produit ou un service en vertu du Principe de Jordan tel qu'il a été appliqué dans le cadre de la **Décision du TCDP** (la Couronne, lors de ses représentations au TCDP, estimait que plus de 165,000 services avaient ainsi été rendus en date d'octobre 2018);

Membre Approuvé du Groupe des Enfants retirés de leurs foyers (« Approved Removed Child Class Member(s) ») : tout Membre du Groupe des Enfants retirés de leurs foyers ayant été approuvé par l'Administrateur du Recours Collectif puisqu'il rencontre les critères pour être un Membre du Groupe des Enfants retirés de leurs foyers, pour autant qu'une telle approbation n'ait pas été contestée avec succès;

Membre Approuvé du Groupe des Familles (« Approved Family Class Member(s) »): tout Membre du Groupe des Familles ayant été approuvé par l'Administrateur du Recours Collectif puisqu'il rencontre les critères pour être un Membre Approuvé du Groupe des Familles incluant le frère, la sœur, le père, la grand-mère ou le grand-père d'un **Membre Approuvé du Groupe des Enfants retirés de leurs foyers** – que ce dernier soit toujours vivant ou non – pour autant qu'une telle approbation n'ait pas été contestée avec succès;

Membre Approuvé du Groupe Jordan (« Approved Jordan's Class Member(s) »): tout Membre du Groupe Jordan ayant été approuvé par l'Administrateur du Recours Collectif puisqu'il rencontre les critères pour être un Membre Approuvé du Groupe Jordan, pour autant qu'une telle approbation n'ait pas été contestée avec succès;

Membre du Groupe (« Class Member(s) »): toute personne répondant à la définition d'un Membre du Groupe des Enfants retirés de leurs foyers et/ou d'un Membre du Groupe des Familles et/ou d'un Membre du Groupe Jordan, tel qu'allégué à l'Acte introductif d'instance et approuvé par la Cour;

Membre du Groupe Approuvé (« Approved Class Member(s) »): tout **Membre Approuvé du Groupe des Enfants retirés de leurs foyers** et/ou **Membre Approuvé du Groupe des Familles** et/ou **Membre Approuvé du Groupe Jordan**;

Période d'Exclusion (« Opt Out Period »): la date limite pour s'exclure du recours collectif, que les demandeurs proposent de fixer à six (6) mois suivant la date à laquelle l'avis de certification à l'intention du Groupe est publié selon la procédure à être déterminée par la

¹ Lorsqu'un Membre du Groupe est représenté par un procureur, seuls son nom et le nom et l'adresse de son procureur devraient être communiqués.

Cour, ou la date limite pour s'exclure du recours collectif telle qu'autrement déterminée par la Cour;

Procédures d'Exclusions (« Opt Out Procedures »): les procédures, telles que définies au Plan de Poursuite, permettant à des **Membres du Groupe** de s'exclure du présent recours collectif, telle qu'elles pourraient être ultérieurement modifiées et telles qu'elles auront été approuvées par la Cour;

Procédures d'Exclusions Particulières (« Special Opt Out Procedures »): les procédures, telles que définies au Plan de Poursuite, applicables aux **Membres du Groupe** ayant déjà entrepris des recours civils au Canada ou ayant déjà, à la connaissance de la Couronne, retenu les services d'un procureur en vue de s'exclure du présent recours collectif, telles qu'elles pourront ultérieurement être modifiées et telles qu'elles auront été approuvées par la Cour;

Processus de Détermination de Compensation Individuelle (« Individual Damage Assessment Process »): la procédure et la méthodologie devant être approuvées par la Cour à l'issue de l'audition portant sur les **Questions Communes**, et qui seront utilisées pour quantifier et distribuer les dommages aux **Membres du Groupe Approuvés** ayant demandé une détermination de compensation individuelle en soumettant un **Formulaire de Détermination de Compensation Individuelle**;

Processus de Distribution des Dommages (« Aggregate Damages Distribution Process »): système établi par la Cour en vertu duquel l'**Administrateur du Recours Collectif** doit distribuer l'ensemble des dommages aux **Membres du Groupe Approuvés**.

Procureurs du Groupe (« Class Counsel »): le regroupement de cabinets juridiques agissant en tant que procureurs au dossier dans le cadre du présent recours collectif, c'est-à-dire Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Nahwegahbow Corbiere, et Fasken LLP.

Méthode de Notification (« Notice Program »): la procédure, telle que définie au Plan de Poursuite, pour la communication de l'**Avis de Certification** et/ou l'**Avis de Détermination des Questions Communes** aux **Membres du Groupe**, tel qu'elle pourrait être ultérieurement modifiée et telle qu'elle aura été approuvée par la Cour;

Questions Communes (« Common Issues »): les questions énumérées à l'**Avis de Demande de Certification** (ou à quel qu'autre document exigé ou émis par la Cour), telles qu'elles pourraient être ultérieurement modifiées et telles qu'approuvées par la Cour;

TCDP (« CHRT »): le Tribunal Canadien des Droits de la Personne.

II. SOMMAIRE

2. Les demandeurs ont introduit la présente action en justice au nom de membres de Premières Nations qui allèguent que la Couronne a, de manière discriminatoire, sous-financé certains services destinés aux familles et aux enfants et, par voie de conséquence, a contrevenu à l'obligation d'égalité qui sous-tend le Principe de Jordan. De fait, le présent recours collectif vise l'avancement des droits fondamentaux de dizaines de milliers de familles, d'enfants et d'anciens enfants des Première Nations.

3. Le présent Plan de Poursuite (qui s'inspire en grande partie de l'action collective portant sur les pensionnats indiens²) se veut un échéancier régissant l'évolution des procédures et mettant de l'avant certaines méthodes de communication avec les Membres du Groupe conformément aux dispositions du sous-paragraphe 334.16(1)(c)(ii) des *Règles des cours fédérales*.

4. Le présent Plan de Poursuite définit en détail les principales étapes des procédures à venir et établi d'entrée de jeu, quoique sous toutes réserves, de quelle manière ces étapes se dérouleront. Étant donné que le dossier en est à ses débuts, il est entendu que le Plan fera l'objet de révisions substantielles au fur et à mesure que le dossier progressera.

5. Les demandeurs sont conscients que le TCDP a déjà octroyé une indemnisation statutaire à une portion des Membres du Groupe conformément aux dispositions de la Loi canadienne sur les droits de la personne (*First Nations Child & Family Caring Society of Canada et als. v. Procureur Général du Canada (représentant le Ministre des Affaires Autochtones et du Nord*

² Voir *Baxter v. Canada (Procureur Général)*, 2006 CanLII 41673 (Cour supérieure de l'Ontario), de même que les ordonnances rendues subséquemment par la Cour. Veuillez consulter également les informations disponibles sur le site web du *Secrétariat d'Adjudication des Pensionnats Indiens (SAPI)* : www.iap-pet.ca/home-eng.php.

Canada), 2019 CHRT 39). S'il s'avère qu'une indemnité est payée par le TCDP à quelque Membre du Groupe, les demandeurs demanderont à la Cour de déterminer si la Couronne a droit à une déduction ou autre forme de réduction correspondant au montant déjà reçu.

III. PROCÉDURES PRÉ-CERTIFICATION

A. Les Parties

i. Les demandeurs

6. Les demandeurs ont suggéré que le Groupe soit divisé en trois (3) sous-groupes :
- (a) le **Groupe des Enfants retirés de leurs foyers**, représenté par Xavier Moushoom, Ashley Dawn Louise Bach et Karen Osachoff;
 - (b) le **Groupe des Familles**, représenté par Xavier Moushoom, Jonavon Joseph Meawasige, Melissa Walterson, Carolyn Buffalo et Dick Eugene Jackson (aussi connu sous le nom de Richard Jackson); et
 - (c) le **Groupe Jordan**, représenté par Jeremy Meawasige (lui-même représenté par son tuteur à l'instance, Jonavon Joseph Meawasige) et Noah Buffalo-Jackson (lui-même représenté par sa tutrice à l'instance, Carolyn Buffalo).

ii. La défenderesse

7. La Couronne est la défenderesse en la présente instance.

B. Les prétentions

i. L'acte introductif d'instance

8. Les demandeurs ont produit un Acte introductif d'instance conformément au jugement rendu par l'Honorable juge St-Louis le 7 juillet 2021.

ii. Énoncé des moyens de défense

9. La Couronne n'a produit aucun Énoncé des moyens de défense.

iii. Réclamation d'un tiers

10. La Couronne n'a produit aucune Réclamation d'un tiers.

C. Stratégie de communication préalable à la certification

i. Demandes formulées par des membres potentiels du groupe

11. Les Procureurs du Groupe ont, tant avant que depuis l'introduction du présent recours collectif, reçu diverses communications de la part de Membres du Groupe concernés par les procédures.

12. Le nom, l'adresse, le numéro de téléphone et l'adresse courriel de chaque Membre Potentiel du Groupe ayant contacté les Procureurs du Groupe ont été ajoutés à une base de données confidentielle. De fait, chaque Membre du Groupe est invité à s'enregistrer sur l'un ou l'autre des sites web des Procureurs du Groupe. Une fois enregistrés, les Membres du Groupe reçoivent, sur une base régulière et tant en français qu'en anglais, des mises à jour au sujet de l'évolution du recours collectif. Tout Membre du Groupe qui contacte les Procureurs du Groupe se voit répondre dans la langue qu'il préfère.

ii. Rapports d'Évolution Préalables à la Certification

13. En plus de répondre aux demandes individuelles qui leur sont adressées, les Procureurs du Groupe ont mis sur pied une page web, accessible tant en anglais qu'en français, portant spécifiquement sur le présent recours collectif : <https://sotiosclmsactions.com/cases/current-cases/first-nations-youth/>. Toutes les informations relatives à l'état du dossier sont postées et mises à jour régulièrement, tant en français qu'en anglais.

14. Des copies des documents de Cour produit publiquement et de toutes les décisions rendues par la Cour sont disponibles sur le site web. Les numéros de téléphone et les adresses courriel des Procureurs du Groupe se trouvant au Québec et en Ontario sont également affichés.

15. Les Procureurs du Groupe transmettent des rapports d'évolution aux Membres du Groupe ayant fourni leurs coordonnées et manifesté leur désir d'être tenus informés des développements survenant dans le cadre du recours collectif.

iii. Démarches de sensibilisation préalables à la certification

16. Les Procureurs du Groupe ont soumis les grandes lignes du recours collectif envisagé au personnel d'un centre de services sociaux d'un Conseil des Premières Nations siégeant au Québec et au Labrador, ainsi qu'à une assemblée des Directeurs de la Jeunesse de Premières Nations de la Colombie-Britannique. Les Procureurs du Groupe organisent présentement d'autres présentations similaires auprès de communautés concernées du Québec et d'autres provinces et territoires.

D. Conférence de Règlement

i. Conférence de Règlement Préalable à la Certification

17. Les demandeurs ont participé à un processus de médiation préalable à la Certification en vue de déterminer si une ou plusieurs des questions soulevées dans le cadre du recours collectif pouvaient être résolues. Le processus de médiation demeure pendant, ce qui pourrait faire en sorte que certaines des échéances indiquées au présent Plan de Poursuite doivent être modifiées d'un commun accord entre les Parties ou conformément à d'éventuelles ordonnances de la Cour, afin de permettre aux négociations d'avancer.

E. Échéancier

IV. PROCÉDURES POST-CERTIFICATION

A. Échéancier

i. Échéancier soumis par les demandeurs pour les démarches postérieures à la certification

18. Les demandeurs entendent tenir le procès soit selon une formule accélérée, soit en fonction d'une combinaison hybride de jugement sommaire et de la tenue d'un procès *in vivo voce*. Il est prévu

que toute la preuve documentaire soumise par la Couronne dans le cadre du Dossier du TCDP sera pertinente et recevable dans le cadre du présent recours collectif. Puisque la preuve documentaire produite dans le cadre du Dossier du TCDP est volumineuse, les demandeurs prévoient très peu – ou pas - d'objections à la production d'une telle preuve dans le présent recours collectif quant à la période couverte par le Dossier du TCDP (c'est-à-dire de 2006 à aujourd'hui). Par ailleurs, à la lumière des nombreux témoignages rendus dans le Dossier du TCDP, il est prévu qu'une fois la certification accordée, les interrogatoires préalables oraux procéderont rapidement et seront complétés à l'intérieur de délais relativement courts. À l'heure actuelle, les demandeurs ne peuvent se prononcer avec la même certitude en regard à la preuve documentaire couvrant les années 1991 à 2006.

19. Les demandeurs suggèrent que l'échéancier "post-Certification" ci-dessous soit retenu:

| | |
|---|--|
| Début du processus de notification de la Certification aux Membres du Groupe | Date à être fixée par la Cour une fois la Certification obtenue |
| Échange des déclarations assermentées | Dans les 90 jours suivant la Notification de la Certification aux Membres du Groupe |
| Requêtes portant sur la production de documents, les interrogatoires des nombreux représentants de la Couronne, ou les interrogatoires de tiers | Dans les 120 jours suivant la Notification de la Certification aux Membres du Groupe |
| Interrogatoires préalables | Dans les 150 jours suivant la Notification de la Certification aux Membres du Groupe |
| Fin du processus de notification de la Certification aux Membres du Groupe | Dans les 60 jours de la date fixée par la Cour |
| Conférence de gestion de l'instance portant sur la présentation de la preuve d'experts | 180 jours après la Notification de la |

| | |
|---|--|
| | Certification aux Membres du Groupe |
| Requêtes présentées à la suite de la tenue des interrogatoires préalables | Dans les 180 jours suivant la Notification de la Certification aux Membres du Groupe |
| Transmission des engagements | Dans les 200 jours suivant la Notification de la Certification aux Membres du Groupe |
| Tenue d'interrogatoires additionnels, si nécessaire | Dans les 240 jours suivant la Notification de la Certification aux Membres du Groupe |
| Tenue de l'audition préliminaire portant sur les Questions Communes | 290 jours après la Notification de la Certification aux Membres du Groupe |
| Expiration du délai d'exclusion | Six (6) mois après la Notification de la Certification aux Membres du Groupe |
| Audition portant sur les Questions Communes ou procès hybride | 330 jours après la Notification de la Certification aux Membres du Groupe |

B. Avis de Certification, Méthode de Notification et Procédures d'Exclusions

i. Avis de Certification

20. L'Avis de Certification et tous les autres avis devant être transmis par les demandeurs aux Membres du Groupe seront traduits en français une fois finalisés et approuvés par la Cour. Les demandeurs verront, toujours sous réserve de l'approbation de la Cour, s'il est nécessaire de traduire l'Avis de Certification et/ou quelque autre avis dans un ou plusieurs langage(s) des Premières Nations.

21. Sous réserve de modifications subséquentes, l'Avis de Certification sera émis en la forme présentée à l'Annexe A du présent Plan de Poursuite.

ii. Méthode de Notification

22. Les demandeurs prévoient transmettre l'Avis de Certification conformément à la Méthode de Notification définie ci-dessous.

23. Les demandeurs communiqueront et/ou publieront l'Avis de Certification (de même que toute version traduite de celui-ci aussitôt que disponible) dans les médias suivants à compter de la date fixée par la Cour, et ce aussi fréquemment qu'il s'avèrera raisonnable de le faire selon les ordonnances rendues par la Cour en vertu de l'article 334.32 des *Règles des Cours Fédérales*. Les demandeurs prévoient, à cette fin, retenir les Méthodes de Notification suivantes :

- (a) Un communiqué de presse adressé aux Membres du Groupe, dûment approuvé par la Cour et publié le premier jour de la période de notification;
- (b) Communications directes avec les Membres du Groupe :
 - (i) transmises par courrier ordinaire ou électronique aux coordonnées les plus récentes des Membres du Groupe fournies par la Couronne (i.e. Informations de la Couronne);
 - (ii) transmises par courrier ordinaire ou électronique à tous les Membres du Groupe ayant fourni leurs coordonnées aux Procureurs du Groupe (notamment par l'entremise de la page web portant sur le recours collectif);
 - (iii) transmises par courrier ordinaire à tous les détenteurs d'une Carte de Statut émise au Canada nés le ou après le 1^{er} avril 1991;

- (e) Informations distribuées par l'Assemblée des Premières Nations à l'échelle de toutes les bandes membres des Premières Nations situées au Canada;
- (d) Informations transmises par courrier électronique aux sociétés d'aide aux enfants de Premières Nations situées au Canada;
- (e) Informations circulées au moyen des médias suivants:
 - (i) Journaux et autres périodiques indiens tels que *First Nations Drum*, *The Windspeaker*, *Mi'kmaq Maliseet Nations News* et *APTN National News*;
 - (ii) Chaînes de radio telles que CFWE et CBC (de portée régionale et nationale);
 - (iii) Chaînes de télévision telles que *The Aboriginal Peoples Television Network*; et/ou
 - (iv) Réseaux sociaux en ligne tels que *Facebook* et *Instagram*.

iii. Procédures d'Exclusions

24. Les demandeurs suggèrent que les Procédures d'Exclusions définies ci-dessous s'appliquent aux Membres du Groupe qui ne souhaitent pas être liés par le recours collectif.

25. L'Avis de Certification indiquera aux Membres du Groupe de quelle manière il leur est possible de s'exclure du recours collectif en produisant un Formulaire d'Exclusion auprès de l'Administrateur du Recours Collectif et/ou des Procureurs du Groupe.

26. Un seul Formulaire d'Exclusion standard s'appliquera à tous les Membres du Groupe.

27. Tout Membre du Groupe désirant s'exclure du recours collectif devra obligatoirement soumettre un Formulaire d'Exclusion à l'Administrateur du Recours Collectif et/ou aux Procureurs du Groupe à l'intérieur de la Période d'Exclusion.

28. L'Administrateur du Recours Collectif ou les Procureurs du Groupe devront, dans les trente (30) jours suivant l'expiration de la Période d'Exclusion, produire de la Cour et des Parties une déclaration assermentée contenant la liste de toutes les personnes ayant choisi de s'exclure du recours collectif.

iv. Procédures d'Exclusions Particulières

29. Les demandeurs suggèrent que les Procédures d'Exclusions Particulières définies ci-dessous s'appliquent à tous les Membres du Groupe désignés comme une partie demanderesse à quelque action civile introduite au Canada ou ayant déjà (à la connaissance de la Couronne) retenu les services d'un procureur en vue d'introduire à l'encontre de la Couronne une action civile distincte fondées sur les faits et les circonstances faisant l'objet du recours collectif.

30. Toute action civile introduite par un Membre du Groupe n'ayant pas eu recours aux procédures d'exclusions devra être gérée de la manière établie par la Cour ou par le tribunal saisi d'une telle action civile.

C. Identification des (et communication avec les) Membres du Groupe

i. Identification des Membres du Groupe

31. Tel qu'indiqué plus haut, les demandeurs entendent exiger les informations que la Couronne détient au sujet des Membres du Groupe.

ii. Base de données relative aux Membres du Groupe

32. Les Procureurs du Groupe maintiendront à jour une base de données confidentielle au sujet de tous les Membres du Groupe qui les auront contactés. Une telle base de données contiendra, s'ils sont disponibles, le nom, l'adresse, le numéro de téléphone et/ou l'adresse courriel de chaque individu concerné.

iii. Réponses aux demandes formulées par les Membres du Groupe

33. Les Procureurs du Groupe, et le personnel de leur cabinet, répondront à toutes les demandes soumises par des Membres du Groupe.

34. Les Procureurs du Groupe ont mis en place une structure leur permettant de répondre aux demandes soumises par les Membres du Groupe dans la langue de leur choix, dans la mesure du possible.

iv. Rapports d'évolution postérieurs au Processus de Certification

35. En plus de répondre aux demandes soumises par les Membres du Groupe, les Procureurs du Groupe mettront régulièrement à jour la page web dédiée au recours collectif en y indiquant le stade d'avancement des procédures.

36. Les Procureurs du Groupe transmettront des rapports d'évolution à tous les Membres du Groupe ayant communiqué leurs coordonnées, et ce aussi souvent que nécessaire ou selon les ordonnances de la Cour.

D. Production des documents

1. Affidavits et listes de documents

37. Les demandeurs devront produire un Affidavit de Documents dans les quatre-vingt-dix (90) jours de la publication de l'Avis de Certification adressé aux Membres du Groupe. La

Couronne, pour sa part, devra produire une Liste de Documents dans les quatre-vingt-dix (90) jours de la publication de l'Avis de Certification adressé aux Membres du Groupe.

38. Il est à prévoir que les Parties produiront des Affidavits (ou des Listes) de Documents additionnels au fur et à mesure que de nouveaux documents seront identifiés.

ii. Production de documents

39. Chacune des Parties devra à ses frais, au moment de transmettre ses Affidavits de Documents, fournir des copies électroniques de tous les documents produits en vertu de l'Annexe A (qui devront eux-mêmes être soumis sous forme électronique).

40. Les documents produits dans le cadre du présent recours collectif devront comprendre (notamment et sans s'y limiter) les actes de procédure et les pièces versés au Dossier du TCDP.

iii. Requêtes portant sur la production de documents

41. Toute requête portant sur la production de documents devra être présentée au cours des cent-vingt (120) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe.

iv. Gestion des documents

42. Chaque Partie assurera la gestion des documents qu'elle produit au moyen d'un système de gestion compatible ou en conformité avec les directives émises par la Cour. Tous les documents devront être produits en format « reconnaissance optique de caractères » (ROC).

43. Chaque production de documents devrait être numérotée et numérisée en vue de permettre le repérage et la classification rapide de la documentation.

E. Interrogatoires préalables

44. Tous les Interrogatoires Préalables devront se tenir dans les cent cinquante (150) jours suivant la publication de l'Avis de Certification adressée aux Membres du Groupe.

45. Les demandeurs prévoient demander à la Couronne de consentir à l'interrogatoire de plus d'un représentant. Dans l'éventualité où un désaccord survenait à ce sujet, les demandeurs suggèrent de présenter une requête dans les cent vingt (120) jours de la publication de l'Avis de Certification adressée aux Membres du Groupe.

46. Les demandeurs prévoient que, sous réserve des objections et des engagements, l'Interrogatoire Préalable d'un officier de la Couronne adéquatement sélectionné et informé requerra plus ou moins dix (10) jours.

47. Les demandeurs prévoient que sous réserve des objections et des engagements, l'Interrogatoire Préalable des représentants du Groupe requerra plus ou moins une (1) journée.

F. Considérations interlocutoires

i. Requêtes portant sur des objections ou des engagements

48. Les dates d'audition des requêtes portant sur les Objections ou les Engagements soulevés au cours d'Interrogatoires Préalables seront demandées une fois la Certification obtenue. De telles requêtes devront être présentées dans les cent-quatre-vingts (180) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe.

ii. Engagements

49. Tous les engagements souscrits devront être communiqués dans les deux cents (200) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe.

iii. Nouvelles comparutions et interrogatoires préalables additionnel

50. Les nouvelles comparutions ou Interrogatoires Préalables additionnels requis à la suite de la communication des réponses aux engagements ou en raison de jugements rendus sur les requêtes portant sur des objections et/ou des engagements devront avoir lieu au cours des deux cent quarante (240) jours suivant la publication de l'Avis de Certification adressée au Membres du Groupe.

G. Preuve d'experts

i. Désignation des experts et identification des questions à l'étude

51. Une fois les Interrogatoires Préalables dûment complétés, une Conférence de Gestion de l'Instance devra être tenue au sujet des experts devant participer au procès et à la preuve qu'ils seront appelés à y présenter.

H. Détermination des Questions Communes

i. Audition préliminaire portant sur les Questions Communes

52. Une fois la Certification accordée, il sera demandé à la Cour de fixer la date de l'Audition Préliminaire portant sur les Question Communes.

53. Les demandeurs prévoient qu'une (1) journée complète d'audition sera requise dans le cadre de l'Audition Préliminaire. Ils suggéreront que l'Audition Préliminaire ait lieu dans les deux cent quatre-vingt-dix (290) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe, ou au moins quatre-vingt-dix (90) jours avant la tenue de l'audition portant sur les Questions Communes.

ii. Audition portant sur les Questions Communes

54. Une fois la Certification obtenue, il sera demandé à la Cour de fixer la date de l'audition portant sur les Questions Communes.

55. Les demandeurs suggèrent que l'audition portant sur les Questions Communes ait lieu trois cent trente (330) jours après la publication de l'Avis de Certification adressé aux Membres du Groupe.

56. Parce qu'elle variera en fonction d'une multitude de facteurs, la durée de l'audition portant sur les Questions Communes sera déterminée au cours de la Conférence de Gestion d'Instance.

V. PROCÉDURES POSTÉRIEURES À LA DÉTERMINATION DES QUESTIONS COMMUNES

A. Échéancier

i. Échéancier des demandeurs

57. Les demandeurs suggèrent à la Cour d'ordonner que l'échéancier ci-dessous s'appliquera suite au jugement portant sur les Questions Communes :

| | |
|--|---|
| Emission de l'Avis de Détermination des Questions Communes | Dans les 90 jours de la décision portant sur les Questions Communes |
| Début des auditions portant sur les Questions Individuelles, le cas échéant | Débute 120 jours après que la décision ait été rendue |
| Début du Processus de détermination de compensations individuelles | Débute 240 jours après que la décision ait été rendue |
| Expiration (de plein droit) du délai de production des Formulaires de Réclamation | Un (1) an après que la décision ait été rendue |
| Expiration (de plein droit en certaines circonstances ou en vertu d'une permission de la Cour) du délai de production des Formulaires de Réclamation | Un (1) an après que la décision ait été rendue |

B. Avis de détermination des Questions Communes

i. Notification aux Membres du Groupe

58. Sous réserve de modifications subséquentes, l'Avis de Détermination des Questions Communes sera substantiellement dans la forme approuvée par la Cour lors de l'audition portant sur les Questions Communes. Il pourra contenir, entre autres choses et sous réserve de

l'approbation de la Cour, certaines informations au sujet de dommages accordés et de circonstances justifiant la détermination de compensations individuelles.

59. Les demandeurs soumettent que l'Avis de Détermination des Questions Communes devrait circuler dans les quatre-vingt-dix (90) jours suivant le jugement portant sur les Questions Communes.

60. L'Avis de Détermination des Questions Communes sera mis en circulation de la même manière que l'Avis de Certification, ou de la façon déterminée par la Cour.

C. Formulaires de réclamation

i. Utilisation des formulaires de réclamation

61. Il sera demandé à la Cour d'approuver (conformément aux dispositions de l'article 334.37 des *Règles des Cours Fédérales*) l'utilisation d'un Formulaire de Réclamation standardisé par tout Membre du Groupe susceptible d'avoir droit à une portion des dommages octroyés ou à quelque forme de compensation individuelle.

ii. Obtention et production d'un formulaire de réclamation

62. La procédure d'obtention et de production d'un Formulaire de Réclamation sera décrite en détail à l'Avis de Détermination des Questions Communes.

63. Sous réserve de modifications subséquentes et de l'approbation de la Cour, les demandeurs suggèrent qu'un seul et même Formulaire de Réclamation standardisé (respectant le gabarit se trouvant à l'Annexe C) s'applique aux trois (3) sous-groupes du Groupe.

64. Les demandeurs suggèrent également que les Membres du Groupe ayant besoin d'aide ou de soutien au moment de compléter un Formulaire de Réclamation puissent bénéficier de conseils

adéquats. Si nécessaire, un processus visant à désigner un tuteur ou un fiduciaire chargé d'apporter de l'aide ou du soutien aux Membres du Groupe sera mis sur pied.

65. Avant de compléter un Formulaire de Réclamation, le Membre du Groupe pourra passer en revue les renseignements détenus par Canada pertinents à sa réclamation (autrement dit, les Informations de la Couronne), qui pourront inclure :

- (a) tous les dossiers en lien avec le placement volontaire ou forcé du Membre du Groupe au sein d'un environnement hors-foyer au cours de la Période du Recours Collectif;
- (b) tous les dossiers indiquant que le Membre du Groupe a eu besoin d'un produit ou d'un service;
- (c) tous les dossiers confirmant que le Membre du Groupe a requis un produit ou un service;
- (d) tous les dossiers relatif au fait que le produit ou le service public demandé par le Membre du Groupe lui a été refusé;
- (e) tous les dossiers relatifs aux produits et/ou aux services que la Couronne a effectivement fournis au Membre du Groupe; et/ou
- (f) tous les dossiers faisant état d'une quelconque relation familiale entre un Membre du Groupe des Familles et un Membre du Groupe des Enfants retirés de leurs foyers ou un Membre du Groupe Jordan.

66. Tous les Membres du Groupe devront produire le Formulaire de Réclamation prescrit auprès de l'Administrateur du Recours Collectif et/ou des Procureurs du Groupe à l'intérieur des délais indiqués ci-dessous, ou tels que déterminés par la Cour.

67. Il sera de la responsabilité de l'Administrateur du Recours Collectif de recueillir tous les Formulaires de Réclamation.

iii. Délai de Production des Formulaires de Réclamation

68. Les Membres du Groupe seront informés du délai de production des Formulaires de Réclamation par le biais de l'Avis de Détermination des Questions Communes.

69. Les demandeurs soumettent que les Membres du Groupe devraient bénéficier d'un délai d'un an à compter jugement portant sur les Questions Communes afin de déposer un Formulaire de Réclamation de plein droit, ou selon le délai déterminé par la Cour.

70. Les demandeurs soumettent également que les Membres du Groupe devraient, en certaines circonstances particulières définies par la Cour (par exemple : le fait qu'ils n'étaient pas au courant de leurs droits) ou avec la permission de la Cour (par exemple : en raison de l'état de santé physique ou mentale), avoir le droit de produire un Formulaire de Réclamation plus d'un an après le jugement sur les Questions Communes.

D. Détermination et classification des Membres du Groupe

i. Approbation des Membres du Groupe des Enfants retirés de leurs foyers

71. Il reviendra à l'Administrateur du Recours Collectif de déterminer si la personne qui soumet un Formulaire de Réclamation en tant que Membre du Groupe des Enfants retirés de leurs foyers se qualifie effectivement comme Membre du Groupe.

72. L'Administrateur du Recours Collectif déterminera et classifera également la durée que le Membre du Groupe des Enfants retirés de leurs foyers a passé au sein d'un emplacement hors-foyer. L'Administrateur du Recours Collectif déterminera aussi le nombre d'emplacements hors-foyer au sein desquels le Membre du Groupe des Enfants retirés de leurs foyers a été placé, et il déterminera aussi si de tels emplacements étaient, d'une part, situés à l'intérieur ou à l'extérieur de sa Réserve, et d'autre part, situés à l'intérieur ou à l'extérieur de la communauté habituelle du Membre du Groupe.

29

73. L'Administrateur du Recours Collectif procédera aux déterminations dont il est question au paragraphe 72 sur les renseignements figurant au Formulaire de Réclamation et sur les Informations qu'aura fournies la Couronne au sujet du Membre du Groupe.

74. L'Administrateur du Recours Collectif devra, lorsque cela s'avérera nécessaire et adéquat, requérir par écrit que la Couronne et/ou le Membre du Groupe des Enfants retirés de leurs foyers ayant soumis un Formulaire de Réclamation lui communique(nt) davantage d'informations.

ii. Approbation des Membres du Groupe Jordan

75. Il reviendra à l'Administrateur du Recours Collectif de déterminer si la personne qui soumet un Formulaire de Réclamation en tant que Membre du Groupe Jordan se qualifie effectivement comme Membre du Groupe.

76. L'Administrateur du Recours Collectif fondera la détermination dont il est question au paragraphe 75 sur les informations figurant au Formulaire de Réclamation et sur les directives émises par la Cour lors de l'Audition portant sur les Questions Communes. De telles directives pourront, entre autres choses, répondre aux questions suivantes: (a) si le Membre du Groupe a eu besoin d'un produit ou d'un service à quelque moment que ce soit de la Période du Recours Collectif; (b) si le Membre du Groupe s'est vu refuser le produit ou service en question; (c) si la livraison du produit ou service requis s'est vue retardée ou perturbée; (d) si un(e) tel(le) refus, retard ou perturbation était attribuable à un manque de fonds, à une absence de juridiction ou à un conflit de compétence entre paliers ou départements gouvernementaux; et/ou (e) si un(e) tel(le) refus, retard ou perturbation est survenu(e) après que le Membre du Groupe eût atteint l'âge de la majorité applicable au sein de la province ou du territoire pertinent.

77. L'Administrateur du Recours Collectif procédera également à ces déterminations en fonction des Informations de la Couronne relatives au nombre de Membres du Groupe ayant reçu un produit ou un service en vertu du Principe Jordan (depuis le prononcé de la Décision du TCDP).

78. L'Administrateur du Recours Collectif devra, lorsque cela s'avérera nécessaire et adéquat, requérir par écrit que la Couronne et/ou le Membre du Groupe Jordan ayant soumis un Formulaire de Réclamation lui communique(nt) davantage d'informations.

iii. Approbation des Membres du Groupe des Familles

79. Il reviendra à l'Administrateur du Recours Collectif de déterminer si la personne qui soumet un Formulaire de Réclamation en tant que Membre du Groupe des Familles se qualifie effectivement comme Membre du Groupe des Familles.

80. L'Administrateur du Recours Collectif procédera à la détermination dont il est question au paragraphe 79 sur les renseignements figurant au Formulaire de Réclamation et sur les Informations qu'aura fournies la Couronne au sujet de la relation existant entre le potentiel Membre du Groupe des Familles et un Membre Approuvé du Groupe des Enfants retirés de leurs foyers.

81. L'Administrateur du Recours Collectif devra, lorsque cela s'avérera nécessaire et adéquat, requérir par écrit que le Membre du Groupe Jordan ayant soumis un Formulaire de Réclamation lui communique davantage d'informations.

iv. Membres du Groupe décédés

82. La succession de tout Membre du Groupe décédé le ou après le 1er avril 1991 peut soumettre un Formulaire de Réclamation dans le cadre du présent recours collectif.

83. S'il appert que le Membre du Groupe Décédé se serait qualifié en tant que Membre du Groupe Approuvé, sa succession aura le droit d'être indemnisée conformément au Processus de Distribution des Dommages. À moins qu'elle n'y soit explicitement autorisée par la Cour, aucune succession ne pourra être indemnisée en vertu du Processus d'Évaluation de Compensations Individuelles.

v. Notification des Membres du Groupe / Enregistrement et Contestation des Décisions

84. Dans les trente (30) jours de la réception d'un Formulaire de Réclamation, l'Administrateur du Recours Collectif devra aviser le requérant de sa décision de le reconnaître ou de le rejeter en tant que Membre du Groupe Approuvé. Les personnes dont le statut de Membre du Groupe n'aura pas été reconnu se verront expliquer de quelle manière elles peuvent contester la décision rendue par l'Administrateur du Recours Collectif. Les demandeurs suggèrent que la procédure de contestation inclut la possibilité de soumettre un Formulaire de Réclamation modifié, accompagné de pièces justificatives permettant de démontrer que le requérant est bel et bien un Membre du Groupe.

85. Toutes les parties intéressées auront l'opportunité d'en appeler de toute décision rendue par l'Administrateur du Recours Collectif devant la Cour, ou selon une façon à être déterminée. Les Procureurs du Groupe pourront interjeter appel d'une décision pour et au nom des personnes concernées.

86. L'Administrateur du Recours Collectif conservera tous les dossiers des Membres du Groupe Approuvés ainsi que les Formulaires de Réclamation qu'ils auront soumis, et il communiquera une fois par mois ces informations aux Procureurs du Groupe, à la Couronne et à toute autre partie intéressée. Les Procureurs du Groupe et/ou toute partie intéressée pourront, dans

les trente (30) jours de la réception des informations, contester la décision rendue par l'Administrateur du Recours Collectif en transmettant à ce dernier (et à toute autre partie concernée) un exposé de leurs motifs de contestation. La partie répondante aura alors trente (30) jours pour répliquer par écrit à la demande de contestation, à l'expiration desquels l'Administrateur du Recours Collectif devra reconsidérer la décision qu'il a prise et assurer un suivi auprès de toutes les parties.

E. Processus de distribution des dommages

1. Distribution des dommages

87. L'Administrateur distribuera de la manière déterminée par la Cour les dommages obtenus au bénéfice de tous les Membres du Groupe Approuvés.

88. Les demandeurs proposeront que les Membres du Groupe Approuvés aient droit à une certaine proportion des dommages déterminée par l'Administrateur du Recours Collectif en fonction de critères à être approuvés par la Cour, lesquels comprennent, sans s'y limiter : (a) le temps qu'un Membre du Groupe a passé au sein d'un emplacement hors-foyer; (b) le nombre d'emplacements hors-foyer au sein desquels le Membre du Groupe des Enfants retirés de leurs foyers a été placé alors qu'il était enfant; (c) la période de temps au cours de laquelle le Membre du Groupe a été privé d'un produit ou d'un service en raison d'un refus, d'un délai ou d'une perturbation (le tout en contravention du Principe de Jordau); et (d) la relation familiale existant entre un Membre du Groupe des Familles et un Membre du Groupe des Enfants retirés de leurs foyers.

89. Une fois qu'il les aura informés de la décision qu'il a prise au sujet de leur appartenance à un groupe ou à un autre, l'Administrateur du Recours Collectif devra, à l'intérieur d'un délai raisonnable que la Cour aura fixé, aviser les Membres du Groupe Approuvés de la proportion de

dommages à laquelle chacun a droit en vertu du Processus de Distribution des Dommages approuvé par la Cour.

90. L'Administrateur du Recours Collectifs devra également, le cas échéant, transmettre à chaque Membre du Groupe Approuvé une série de documents comprenant : de l'information quant à la façon de percevoir les dommages auquel il a droit; de l'information quant à l'opportunité pour le Membre du Groupe de recourir au Processus d'Évaluation de Compensations Individuelles; des copies du Formulaire d'Évaluation de Compensation Individuelle accompagnées d'un guide indiquant comment compléter le Formulaire en question; et les coordonnées de ressources susceptibles de fournir des conseils juridiques indépendants. De telles informations seront communiquées selon une forme et un style appropriés à la culture des interlocuteurs, au moyen de médiums interactifs tels que des capsules vidéo d'apprentissage.

ii. Évaluation individuelle des dommages

91. Une fois informés de leur droit au paiement de dommages, les Membres du Groupe Approuvés pourraient être avisés de l'opportunité de bénéficier d'une compensation individuelle établie conformément au Processus d'Évaluation de Compensations Individuelles, tel que défini ci-après.

F. Processus d'Évaluation de Compensations Individuelles

i. Formulaire d'Évaluation de Compensation Individuelle

92. Lorsqu'un Membre du Groupe Approuvé est informé de son droit de percevoir des dommages et de recourir au Processus d'Évaluation de Compensations Individuelles, il recevra un exemplaire du Formulaire d'Évaluation de Compensation Individuelle se trouvant à l'Annexe D.

93. Les demandeurs suggèrent qu'une demande de dommages individuels soit valablement formée par l'envoi d'un Formulaire d'Évaluation de Compensation Individuelle à l'attention de

l'Administrateur du Recours Collectif, étant entendu et convenu que seules les personnes désirant recourir au Processus d'Évaluation de Compensations Individuelles seront tenues de produire un Formulaire d'Évaluation de Compensation Individuelle.

ii. Évaluation des Compensations Individuelles

94. Il pourrait être demandé à la Cour d'approuver la structure d'un Processus d'Évaluation de Compensations Individuelles une fois rendu le jugement portant sur les Questions Communes, ou au moment autrement déterminé par la Cour.

95. Un tel Processus d'Évaluation de Compensations Individuelles serait mis à la disposition de tous les Membres du Groupe Approuvés, à l'exception de ceux qui, de l'avis de la Cour à l'issue de l'audition portant sur les Questions Communes, n'ont pas droit à une Compensation Individuelle.

iii. Auditions portant sur les Points Individuels

96. Il sera demandé à la Cour d'émettre des directives, ou de désigner certaines personnes devant lui faire rapport en vertu de l'article 334.26 des *Règles des Cours Fédérales*, ou encore de nommer un juge chargé de réaliser un échantillonnage de test impliquant des Membres du Groupe Approuvés sélectionnés et qui ont choisi de recourir au Processus d'Évaluation de Compensations Individuelles, et cela en vue d'éclaircir les points qui pourraient demeurer pertinents à la suite de la détermination des Questions Communes – par exemple :

- (a) Règles d'audition régissant les évaluations individuelles;
- (b) Grille de compensations individuelles;
- (c) Résolution de différends portant sur la définition de concepts essentiels tels que "perte de la culture et du langage", "peine et souffrance", "maltraitance physique" et "exploitation sexuelle"; et

- (d) Toute autre question soulevée par la Cour ou une partie au cours des débats entourant la détermination des Questions Communes.

G. Coût et financement des procédures

i. Frais juridiques des demandeurs

97. Les frais juridiques encourus par les demandeurs seront payés suivant une formule à pourcentage, sujet à l'approbation de la Cour conformément à l'article 334.4 des *Règles des Cours Fédérales*.

98. L'entente intervenue entre les Représentants du Groupe et les Procureurs du Groupe stipule que les honoraires et déboursés payables à ces derniers seront établis de la manière suivante :

(a) Recouvrement collectifs: vingt pour cent (20%) des premiers deux cent millions de dollars (\$200,000,000) recueillis par voie de règlement ou en vertu d'un jugement, plus dix pour cent (10%) de tout montant recueilli en excédent de la somme de deux cent millions de dollars (\$200,000,000) par voie de règlement ou en vertu d'un jugement;
ET

(b) Recouvrement individuels: vingt-cinq pour cent (25%) des montants recueillis par voie de règlements ou en vertu d'un jugement.

ii. Financement des dépenses et débours

99. Tous les dépenses et débours de nature juridique encourus par les Représentants du Groupe ont été (et continueront à être) financés par les Procureurs du Groupe – à moins que les Représentants du Groupe et les Procureurs du Groupe n'en viennent éventuellement à la conclusion qu'il est dans le meilleur intérêt du Groupe d'obtenir du financement auprès de

tierces parties. En pareil cas, les Procureurs du Groupe aviseraient la Cour de la situation et requerraient son approbation.

H. Règlement

i. Négociations et offres de règlement

100. Les demandeurs ont entretenu des négociations avec la Couronne en vue de parvenir à un règlement équitable du litige, dans un délai raisonnable.

ii. Médiation et autres modes de résolution de conflits volontaires

101. Les demandeurs ont participé à des séances de médiation et d'autres négociations en vue de résoudre le litige ou de circonscrire les questions en litige.

I. Réévaluation du Plan de Poursuite

i. Flexibilité du Plan de Poursuite

102. Le présent Plan de Poursuite sera réévalué sur une base régulière et pourrait faire l'objet de modifications, avant ou après la détermination des Questions Communes, en fonction de gestion de l'instance continue assurée par la Cour, ou de toute autre manière que la Cour estime appropriée.

29 octobre 2021

SOTOS LLP
180 rue Dundas Ouest
Suite 1200
Toronto, ON M5G 1Z8

David Sterns (LSO# 36274J)
dsterns@sotosllp.com
Mohsen Seddigh (LSO# 70744I)
mseddigh@sotosllp.com
Jonathan Schachter (LSO# 63858C)
jschachter@sotosllp.com
Tél.: 416-977-0007
Télé.: 416-977-0717

KUGLER KANDESTIN
1 Place Ville-Marie
Suite 1170
Montréal, QC H3B 2A7

Robert Kugler
rkugler@kklex.com
Pierre Boivin
pboivin@kklex.com
William Colish
wcolish@kklex.com
Tél.: 514-878-2861
Télé.: 514-875-8424

MILLER TITERLE + CO.
638 Smith Street
Suite 300
Vancouver, BC V6B 1E3

Joelle Walker
joelle@millerliterle.com
Tamara Napoleon
tamara@millerliterle.com
Erin Reimer
erin@millerliterle.com
Tél.: 604-681-4112
Télé.: 604-681-4113

Avocats et procureurs des demandeurs Xavier Moushoom, Jeremy Meawasige (représenté par son tuteur à l'instance, Jonavon Joseph Meawasige) et Jonavon Joseph Meawasige

**NAHWEGAHBOW,
CORBIERE**
5884 Rama Road,
Suite 109
Rama, ON L3V 6H6

Dianne G. Corbiere
dgcorbriere@nncfirm.ca
Tél.: 705.325.0520
Télé.: 705.325.7204

**FASKEN – MARTINEAU
DUMOULIN**
55 rue Metcalfe
Suite 1300
Ottawa, ON K1P 6L5

Peter N. Mantas
pmantas@fasken.com
Tél.: 613.236.3882
Télé.: 613.230.6423

Avocats et procureurs des demandeurs Assemblée des Premières Nations, Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson (représenté par sa tutrice à l'instance, Carolyn Buffalo), Carolyn Buffalo et Dick Eugene Jackson (aussi connu sous le nom de Richard Jackson)

ANNEXE "A"

**RECOURS COLLECTIF PORTANT SUR LES SERVICES DE PROTECTION DE LA
JEUNESSE (LA RAFLE DU MILLÉNIUM) OFFERTS AUX PREMIÈRES NATIONS
(« FIRST NATIONS YOUTH CARE / MILLENIUM SCOOP »)**

AVIS DE CERTIFICATION SUGGÉRÉ

**VEUILLEZ LIRE LE PRÉSENT AVIS AVEC ATTENTION PUISQU'IL POURRAIT
AVOIR UN IMPACT SUBSTANTIEL SUR L'EXERCICE DE VOS DROITS**

Nature de la Poursuite

En mars 2019, Sotos LLP, Kugler Kandestin LLP et Miller Titerle + Co. (collectivement, les "Procureurs du Groupe") ont introduit (devant la Cour Fédérale du Canada siégeant dans le district judiciaire de Montréal) un recours collectif à l'encontre du Procureur Général du Canada (la "Couronne") pour et au nom de demandeurs membres des Premières Nations.

Le recours collectif allègue qu'à compter de 1991, la Couronne a mis en place, à l'échelle du territoire canadien, des politiques de financement discriminatoires ayant eu pour conséquence que plusieurs enfants de Premières Nations ont été retirés de leur foyer et de leur communauté en vue d'être confiés à divers organismes. Le recours collectif allègue également que la Couronne a refusé ou indûment tardé à fournir certains produits et services publics aux jeunes membres de Premières Nations qui en avaient besoin, le tout en contravention du Principe de Jordan.

Le recours collectif a été intenté au bénéfice des membres du Groupe suivant :

(a) tous les jeunes membres de Premières Nations ayant été retirés de leur foyer depuis le 1^{er} avril 1991, alors qu'ils vivaient habituellement sur une réserve ou qu'au moins un (1) de leurs parents résidait habituellement sur une Réserve;

(b) tous les jeunes membres des Premières Nations qui se sont vu refuser un produit ou un service public ou à l'égard desquels la livraison

d'un produit ou service public s'est vue retardée ou perturbée en raison d'un manque de fonds, d'une absence de juridiction ou d'un conflit de compétence entre paliers ou départements gouvernementaux, le tout en contravention du Principe de Jordan;

(c) les membres de la famille immédiate d'un membre du sous-groupe défini au paragraphe (a) ci-dessus.

Par ordonnance rendue le [INSCRIRE LA DATE], l'honorable juge _____ a certifié l'action intentée à titre de recours collectif et a désigné Xavier Moushoom et Jeremy Meawasige (représenté par sa tutrice à l'instance, Maurina Beadle) à titre de représentants du Groupe.

La Cour a également décidé que les questions suivantes, qui s'appliquent à l'ensemble du Groupe, seront débattues lors d'une audition portant sur les Questions Communes :

○ [INSCRIRE LES QUESTIONS COMMUNES RECONNUES PAR LE TRIBUNAL]

□ ...

Participation au recours collectif

Si vous correspondez à la définition du Groupe, vous êtes automatiquement considéré(e) comme un Membre du Groupe, à moins de vous exclure du recours collectif de la manière décrite ci-dessous. Tous les Membres du Groupe seront liés par le jugement rendu par la

Cour, ou tout règlement conclu par les Parties et subséquemment approuvé par la Cour.

À ce stade des procédures, la Cour ne s'est pas prononcée sur les chances de recouvrement des demandeurs ou du Groupe, ni sur le mérite des allégations des demandeurs et/ou des moyens de défense invoqués par la Couronne.

Honoraires, Déboursés et Autres Frais

Vous n'aurez jamais à payer quelque honoraire, déboursé ou autre frais. Lorsqu'il question des honoraires et déboursés judiciaires à prévoir, les Représentants du Groupe et les Procureurs du Groupe ont convenu d'un mandat de représentation prévoyant que les cabinets juridiques concernés seront rémunérés suivant une formule à pourcentage – ce qui signifie en pratique qu'ils ne seront payés qu'en cas de jugement favorable ou d'un règlement hors Cour approuvé.

Vous ne serez d'aucune manière tenu(e) responsable des frais de justice de la partie défenderessé en cas d'échec du recours collectif. Tous les honoraires professionnels payés aux Procureurs du Groupe sont assujettis à l'approbation de la Cour.

Exclusion

Si vous souhaitez, en tant que Membre du Groupe, vous exclure du recours collectif, vous devez compléter et acheminer un « Formulaire

d'Exclusion » au plus tard le [INSCRIRE LA DATE-LIMITE]. Il vous est possible de télécharger le Formulaire d'Exclusion à partir du site web [INSCRIRE L'ADRESSE DU SITE WEB].

Les Membres du Groupe ayant choisi de s'exclure du recours collectif à l'intérieur du délai stipulé ci-dessus ne recevront aucune des sommes qui pourraient être obtenues par les demandeurs dans ce recours collectif. Tous les Membres du Groupe qui n'auront pas demandé à être exclus du recours collectif avant l'expiration du délai seront liés par tout jugement rendu à l'issue des procédures (qu'il soit ou non favorable aux demandeurs), de même que par tout règlement intervenu et subséquemment approuvé par la Cour.

Coordonnées

Si vous avez quelque question ou préoccupation au sujet du contenu du présent Avis ou de l'évolution du recours collectif, il vous est possible de contacter les Procureurs du Groupe de différentes manières :

Téléphone: [NUMÉRO DE TÉLÉPHONE]

Courriel: [ADRESSE COURRIEL]

Ligne d'information sans frais: [NUMÉRO]

Courrier ordinaire: [ADRESSE POSTALE]

ANNEXE "B"

FORMULAIRE D'EXCLUSION

À L'ATTENTION DE:

[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

[Adresse postale]

[Adresse courriel]

[Numéro de téléphone]

[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je ne souhaite pas participer au recours collectif connu sous le nom de *Xavier Moushoom et als c. Procureur Général du Canada* et portant sur certains actes de discrimination commis à l'encontre d'enfants de Premières Nations. Je comprends qu'une fois exclu(e), je ne pourrai d'aucune manière participer à la distribution des sommes octroyées ou payées dans le cadre du recours collectif, et que si je souhaite obtenir compensation, je devrai introduire une action civile distincte et décider si j'engage un avocat pour me représenter à mes propres frais.

Date: _____

Signature

Nom complet

Numéro civique, numéro d'appel

Ville, province, code postal

Numéro de téléphone

Adresse courriel

Le présent avis doit être transmis par voie de courrier ordinaire, de télécopieur ou de courriel au plus tard le _____ 2021 pour être considéré valide.

ANNEXE "C"

FORMULAIRE DE RÉCLAMATION

À L'ATTENTION DE:

[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

[Adresse postale]

[Adresse courriel]

[Numéro de téléphone]

[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je, soussigné(e), _____ (inscrivez votre nom complet, incluant votre nom de jeune fille le cas échéant), confirme avoir reçu l'Avis du Recours Collectif National connu sous le nom de *Xavier Moushoom et als c, Procureur Général du Canada* et portant sur certains actes de discrimination commis à l'encontre d'enfants de Premières Nations. Ma date de naissance est le _____ (Inscrire le jour, le mois et l'année)

J'estime être un Membre du Groupe et souhaite, en cette qualité, soumettre une réclamation en tant que membre du(des) sous-groupe(s) ci-dessous. (Veuillez cocher d'un X la ou les cases appropriée(s))

Groupe des Enfants retirés de leurs foyers

Groupe Jordan

Groupe des Familles

Si vous estimez appartenir au Groupe des Enfants retirés de leurs foyers, veuillez résumer ci-dessous l'historique de vos emplacements hors-foyer à compter du 1^{er} avril 1991 :

| Nombre de foyers d'accueil | Nombre d'années de placement au sein des foyers d'accueil | Les foyers d'accueil se trouvaient-ils à l'intérieur de la Réserve? | Les foyers d'accueil se trouvaient-ils à l'intérieur de votre communauté des Premières Nations? |
|----------------------------|---|---|---|
| | | | |
| | | | |
| | | | |

Si vous estimez appartenir au Groupe Jordan, veuillez résumer ci-dessous les produits et/ou services publics dont vous aviez besoin à compter du 1^{er} avril 1991 mais qui vous ont été refusés ou ont été livrés tardivement ou de manière inadéquate,

| Produits et/ou services dont vous aviez besoin | Avez-vous fait la demande de tels produits et/ou services? | Les produits et/ou services en question ont-ils été refusés ou livrés tardivement ou de manière inadéquate? | Date(s) du besoin, de la demande et du refus, du retard ou de la perturbation |
|---|---|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Si vous estimez appartenir au Groupe des Familles, veuillez décrire ci-dessous la relation existant entre vous et un ou plusieurs Membres du Groupe des Enfants retirés de leurs foyers :

| Nom complet et numéro de réclamation de chaque Membre Approuvé du Groupe des Enfants retirés de leurs foyers faisant partie de votre famille | Relation existant entre vous et cette personne (i.e. la mère, le frère, la soeur, le grand-père ou la grand-mère d'un Membre Approuvé du Groupe des Enfants retirés de leurs foyers) |
|---|---|
| | |
| | |
| | |
| | |

Mon adresse postale est la suivante:

Numéro civique, numéro d'appt.

Ville, province

Code postal

Numéro(s) de téléphone

Adresse courriel

Signature: _____ Date: _____

ANNEXE "D"

FORMULAIRE D'ÉVALUATION DE COMPENSATION INDIVIDUELLE

À L'ATTENTION DE:

[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

[Adresse postale]

[Adresse courriel]

[Numéro de téléphone]

[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je, soussigné(e), _____ (inscrivez votre nom complet, incluant votre nom de jeune fille le cas échéant) confirme avoir été informé(e) du fait que je suis un Membre Approuvé du Groupe des Enfants retirés de leurs foyers ou un Membre Approuvé du Groupe Jordan. Mon numéro de réclamation est _____ [inscrivez le numéro de réclamation qui vous a été attribué]

Je confirme également qu'on m'a bien expliqué dans quelle mesure et de quelle manière je peux exiger une évaluation de compensation individuelle conformément aux paramètres du Processus d'Évaluation de Compensations Individuelles.

Je reconnais et conviens que j'ai l'opportunité d'obtenir des conseils juridiques indépendants au sujet du processus et qu'il m'est possible d'obtenir de l'assistance gratuite en vue de compléter le présent formulaire en contactant [inscrire les coordonnées du point de contact].

Je résume ci-dessous l'expérience que j'ai vécue au sein d'emplacements hors-foyer de même que les conséquences d'une telle expérience.

[La forme du Formulaire d'Évaluation de Compensation Individuelle sera établie une fois qu'un jugement aura été rendu à propos des Questions Communes, étant entendu que l'objectif du document sera de recueillir les informations suivantes auprès de Membres du Groupe Approuvés:]

- *Âge du Membre du Groupe au moment de sa prise en charge, foyers d'accueil au sein desquels le Membre du Groupe a été placé, et durée des placements hors-foyer;*
- *Abus dont le Membre du Groupe a été victime (i.e. toute information relative à des événements ayant entraîné un préjudice indemnifiable, telle que la date, l'emplacement, l'heure et l'infacteur responsable);*
- *Conséquences indemnifiables (y compris tout impact sur la culture ou la langue);*
- *Un exposé narratif de l'expérience vécue par la personne placée au sein d'un environnement hors-foyer;*
- *Les raisons de la prise en charge;*

Error! Unknown document property name.

- *Si oui ou non une preuve d'experts sera fournie au soutien d'une réclamation fondée sur un préjudice conséquent (tel qu'une perte de revenus passée et future);*
- *Archives relatives aux soins (incluant les dossiers constitués par des conseillers ou des guérisseurs traditionnels ou coutaniers) qui seront soumises au soutien d'une preuve d'abus et/ou de préjudice;*
- *Autorisations permettant à la Couronne d'obtenir certains documents; et*
- *Toutes autres informations jugées nécessaires ou utiles.]*

Je résume ci-dessous l'expérience que j'ai vécue lorsque les produits et/ou services publics dont j'avais besoins m'ont été refusés ou ont été livrés tardivement ou de manière inadéquate, de même que les conséquences d'une telle expérience.

[La forme du Formulaire d'Évaluation de Compensation Individuelle sera établie une fois qu'un jugement aura été rendu à propos des Questions Communes, étant entendu que l'objectif du document sera de recueillir les informations suivantes auprès de Membres du Groupe Approuvés];

- *Faits, situations et circonstances ayant justifié la demande d'un produit ou d'un service public;*
- *Raisons expliquant le refus de livraison du produit ou service;*
- *Département(s) de contact;*
- *Autorisations permettant à la Couronne d'obtenir certains documents; et*
- *Toutes autres informations jugées nécessaires ou utiles.]*

Signature: _____ Date: _____

Schedule B - Trout Action Certification Order

(provided in English and French)

Federal Court



Cour fédérale

Date: 20220211

Docket: T-1120-21

Citation: 2022 FC 149

Ottawa, Ontario, February 11, 2022

PRESENT: The Honourable Madam Justice Ayles

CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER AND REASONS

UPON MOTION by the Plaintiffs, on consent and determined in writing pursuant to Rule 369 of the *Federal Courts Rules*, for an order:

- (a) Granting the Plaintiffs an extension of time to make this certification motion past the deadline in Rule 334.15(2)(b);
- (b) Certifying this proceeding as a class proceeding and defining the class;

- (c) Stating the nature of the claims made on behalf of the class and the relief sought by the class;
- (d) Stipulating the common issues for trial;
- (e) Appointing the Plaintiff, Zacheus Joseph Trout, as representative plaintiff;
- (f) Approving the litigation plan; and
- (g) Other relief;

CONSIDERING the motion materials filed by the Plaintiffs;

CONSIDERING that the Defendant has advised that the Defendant consents in whole to the motion as filed;

CONSIDERING that the Court is satisfied, in the circumstances of this proceeding, that an extension of time should be granted to bring this certification motion past the deadline prescribed in Rule 334.15(2)(b);

CONSIDERING that while the Defendant's consent reduces the necessity for a rigorous approach to the issue of whether this proceeding should be certified as a class action, it does not relieve the Court of the duty to ensure that the requirements of Rule 334.16 for certification are met [see *Varley v Canada (Attorney General)*, 2021 FC 589];

CONSIDERING that Rule 334.16(1) of the *Federal Courts Rules* provides:

Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if

(a) the pleadings disclose a reasonable cause of action;

(b) there is an identifiable class of two or more persons;

(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;

(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and

(e) there is a representative plaintiff or applicant who

(i) would fairly and adequately represent the interests of the class,

(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,

(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and

(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.

Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :

a) les actes de procédure révèlent une cause d'action valable;

b) il existe un groupe identifiable formé d'au moins deux personnes;

c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;

d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;

e) il existe un représentant demandeur qui :

(i) représenterait de façon équitable et adéquate les intérêts du groupe,

(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,

(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,

(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.

CONSIDERING that, pursuant to Rule 334.16(2), all relevant matters shall be considered in a determination of whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact, including whether: (a) the questions of law or fact common to the class members predominate over any questions affecting only individual members; (b) a significant number of the members of the class have a valid interest in individually controlling the prosecution of separate proceedings; (c) the class proceeding would involve claims that are or have been the subject of any other proceeding; (d) other means of resolving the claims are less practical or less efficient; and (e) the administration of the class proceeding would create greater difficulties than those likely to be experienced if relief were sought by other means;

CONSIDERING that:

- (a) The conduct of the Crown at issue in this proposed class action proceeding, as set out in the Statement of Claim, concerns discrimination against First Nations children in the provision of essential services and the Crown's failure to prevent First Nations children from suffering gaps, delays, disruptions or denials in receiving services and products contrary to their *Charter*-protected equality rights. The Plaintiffs allege that the Crown's conduct was discriminatory, directed at Class Members because they were First Nations, and breached section 15(1) of the *Charter*, the Crown's fiduciary duties to First Nations and the standard of care at common and civil law.

- (b) With respect to the first element of the certification analysis (namely, whether the pleading discloses a reasonable cause of action), the threshold is a low one. The question for the Court is whether it is plain and obvious that the causes of action are doomed to fail [see

Brake v Canada (Attorney General), 2019 FCA 274 at para 54]. Even without the Crown's consent, I am satisfied that the Plaintiffs have pleaded the necessary elements for each cause of action sufficient for purposes of this motion, such that the Statement of Claim discloses a reasonable cause of action.

(c) With respect to the second element of the certification analysis (namely, whether there is an identifiable class of two or more persons), the test to be applied is whether the Plaintiffs have defined the class by reference to objective criteria such that a person can be identified to be a class member without reference to the merits of the action [see *Hollick v Toronto (City of)*, 2001 SCC 68 at para 17]. I am satisfied that the proposed class definitions for the Child Class and Family Class (as set out below) contain objective criteria and that inclusion in each class can be determined without reference to the merits of the action.

(d) With respect to the third element of the certification analysis (namely, whether the claims of the class members raise common questions of law or fact), as noted by the Federal Court of Appeal in *Wenham v Canada (Attorney General)*, 2018 FCA 199 at para 72, the task under this part of the certification determination is not to determine the common issues, but rather to assess whether the resolution of the issues is necessary to the resolution of each class member's claim. Specifically, the test is as follows:

The commonality question should be approached purposively. The underlying question is whether allowing the suit to proceed as a representative one will avoid duplication of fact-finding or legal analysis. Thus an issue will be "common" only where its resolution is necessary to the resolution of each class member's claim. It is not essential that the class members be identically situated vis-à-vis the opposing party. Nor is it necessary that common issues predominate over non-common issues or that the resolution of the common issues would be determinative of each class member's claim. However, the class members' claims must

share a substantial common ingredient to justify a class action. Determining whether the common issues justify a class action may require the court to examine the significance of the common issues in relation to individual issues. In doing so, the court should remember that it may not always be possible for a representative party to plead the claims of each class member with the same particularity as would be required in an individual suit. (*Western Canadian Shopping Centres*, above at para 39; see also *Vivendi Canada Inc. v. Dell'Aniello*, 2014 SCC 1, [2014] 1 S.C.R. 3 at paras 41 and 44-46.)

Having reviewed the common issues (as set out below), I am satisfied that the issues share a material and substantial common ingredient to the resolution of each class member's claim. Moreover, I agree with the Plaintiffs that the commonality of these issues is analogous to the commonality of similar issues in institutional abuse claims which have been certified as class actions (such as the Indian Residential Schools and the Sixties Scoop class action litigation), as well as those certified in the Moushoom class action (T-402-19/T-141-20). Accordingly, I find that the common issue element is satisfied.

- (e) With respect to the fourth element of the certification analysis (namely, whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law), the preferability requirement has two concepts at its core: (i) whether the class proceeding would be a fair, efficient and manageable method of advancing the claim; and (ii) whether the class proceeding would be preferable to other reasonably available means of resolving the claims of class members. A determination of the preferability requirement requires an examination of the common issues in their context, taking into account the importance of the common issues in relation to the claim as a whole, and may be satisfied even where there are substantial individual issues [see *Brake, supra* at para 85; *Wenham, supra* at para 77 and *Hollick, supra* at paras 27-31]. The

Court's consideration of this requirement must be conducted through the lens of the three principle goals of class actions, namely judicial economy, behaviour modification and access to justice [see *Brake, supra* at para 86, citing *AIC Limited v Fischer*, 2013 SCC 69 at para 22].

- (f) Having considered the above-referenced principles and the factors set out in Rule 334.16(2), I am satisfied a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law. Given the systemic nature of the claims, the potential for significant barriers to access to justice for individual claimants and the concerns regarding the other means available for resolving the claims of class members, I am satisfied that the proposed class action would be a fair, efficient and manageable method of advancing the claims of the class members.
- (g) With respect to the fifth element of the certification analysis (namely, whether there are appropriate proposed representatives), I am satisfied, having reviewed the affidavit evidence filed on the motion together with the detailed litigation plan, that the proposed representative plaintiff meets the requirements of Rule 334.16(1)(e);

CONSIDERING that the Court is satisfied that all of the requirements for certification are met and that the requested relief should be granted;

THIS COURT ORDERS that:

1. The Plaintiffs are granted an extension of time, *nunc pro tunc*, to bring this certification motion past the deadline in Rule 334.15(2)(b) of the *Federal Courts Rules*.

2. For the purpose of this Order and in addition to definitions elsewhere in this Order, the following definitions apply and other terms in this Order have the same meaning as in the Statement of Claim:

- (a) **“Child Class”** means all First Nations individuals who were under the applicable provincial/territorial age of majority and who, during the Class Period, did not receive (whether by reason of a denial or a gap) an essential public service or product relating to a confirmed need, or whose receipt of said service or product was delayed, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a service gap or jurisdictional dispute with another government or governmental department.
- (b) **“Class”** means the Child Class and Family Class, collectively.
- (c) **“Class Counsel”** means Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere and Fasken Martineau Dumoulin LLP.
- (d) **“Class Members”** mean all persons who are members of the Class.
- (e) **“Class Period”** means the period of time beginning on April 1, 1991 and ending on December 11, 2007.
- (f) **“Family Class”** means all persons who are brother, sister, mother, father, grandmother or grandfather of a member of the Child Class.

(g) “**First Nation**” and “**First Nations**” means Indigenous peoples in Canada, including the Yukon and the Northwest Territories, who are neither Inuit nor Métis, and includes:

- i. Individuals who have Indian status pursuant to the *Indian Act*, R.S.C., 1985, c.I-5 [*Indian Act*];
 - ii. Individuals who are entitled to be registered under section 6 of the *Indian Act* at the time of certification;
 - iii. Individuals who met band membership requirements under sections 10-12 of the *Indian Act*, such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List; and
 - iv. Individuals, other than those listed in sub-paragraphs (i)-(iii) above, recognized as citizens or members of their respective First Nations whether under agreement, treaties or First Nations’ customs, traditions and laws by the date of trial or resolution otherwise of this action.
3. This proceeding is hereby certified as a class proceeding against the Defendant pursuant to Rule 334.16(1) of the *Federal Courts Rules*.
 4. The Class shall consist of the Child Class and Family Class, all as defined herein.

5. The nature of the claims asserted on behalf of the Class against the Defendant is constitutional, negligence and breach of fiduciary duty owed by the Crown to the Class.
6. The relief claimed by the Class includes damages, *Charter* damages, disgorgement, punitive damages and exemplary damages.
7. Zacheus Joseph Trout is appointed as representative plaintiff and is deemed to constitute an adequate representative of the Class, complying with the requirements of Rule 334.16(1)(e).
8. Class Counsel are hereby appointed as counsel for the Class.
9. The proceeding is certified on the basis of the following common issues:
 - (a) Did the Crown's conduct as alleged in the Statement of Claim [Impugned Conduct] infringe the equality right of the Class under section 15(1) of the *Canadian Charter of Rights and Freedoms*? More specifically:
 - i. Did the Impugned Conduct create a distinction based on the Class' race, or national or ethnic origin?
 - ii. Was the distinction discriminatory?
 - iii. Did the Impugned Conduct reinforce and exacerbate the Class' historical disadvantages?

iv. If so, was the violation of section 15(1) of the *Charter* justified under section 1 of the *Charter*?

v. Are *Charter* damages an appropriate remedy?

(b) Was the Crown negligent towards the Class? More specifically:

i. Did the Crown owe the Class a duty of care?

ii. If so, did the Crown breach that duty of care?

(c) Did the Crown breach its obligations under the *Civil Code of Québec*? More specifically:

i. Did the Crown commit fault or engage its civil liability?

ii. Did the Impugned Conduct result in losses to the Class and if so, do such losses constitute injury to each of the members of the Class?

iii. Are members of the Class entitled to claim damages for the moral and material damages arising from the foregoing?

(d) Did the Crown owe the Class a fiduciary duty? If so, did the Crown breach that duty?

(e) Can the amount of damages payable by the Crown be determined partially under Rule 334.28(1) of the *Federal Courts Rules* on an aggregate basis? If so, in what amount?

- (f) Did the Crown obtain quantifiable monetary benefits from the Impugned Conduct during the Class Period? If so, should the Crown be required to disgorge those benefits and if so, in what amount?
- (g) Should punitive and/or aggravated damages be awarded against the Crown? If so, in what amount?
10. The Litigation Plan attached hereto as Schedule “A” is hereby approved, subject to any modifications necessary as a result of this Order and subject to any further orders of this Court.
11. The form of notice of certification, the manner of giving notice and all other related matters shall be determined by separate order(s) of the Court.
12. Notice of certification shall be given at the same time as the notice of certification of the companion Moushoom class action (Court File Nos. T-402-19/T-141-20), which shall be determined by separate order of this Court.
13. The opt-out period shall be six months from the date on which notice of certification is published in the manner to be specified by further order of this Court.
14. Pursuant to Rule 334.39(1) of the *Federal Courts Rules*, there shall be no costs payable by any party for this motion.

“Mandy Ayles”

Judge

ANNEX A

20

Court File No. T-1120-21

**FEDERAL COURT
PROPOSED CLASS PROCEEDING**

B E T W E E N:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

LITIGATION PLAN

September 24, 2021

SOTOS LLP
180 Dundas Street West
Suite 1200
Toronto ON M5G 1Z8

David Sterns / Mohsen Seddigh / Jonathan Schachter
dsterns@sotosllp.com; mseddigh@sotosllp.com;
jschachter@sotosllp.com

Tel: 416-977-0007
Fax: 416-977-0717

KUGLER KANDESTIN
1 Place Ville-Marie
Suite 1170
Montréal QC H3B 2A7

Robert Kugler / Pierre Boivin / William Colish
rkugler@kklex.com; pboivin@kklex.com;
wcolish@kklex.com

Tel: 514-878-2861
Fax: 514-875-8424

MILLER TITERLE + CO.
300 - 638 Smithe Street
Vancouver BC V6B 1E3

Joelle Walker / Erin Reimer
joelle@millertiterle.com; erin@millertiterle.com

Tel: 604-681-4112
Fax: 604-681-4113

Lawyers for the plaintiff, Zacheus Joseph Trout

NAHWEGAHBOW, CORBIERE
5884 Rama Road, Suite 109
Rama, ON L3V 6H6

Dianne G. Corbiere
dgcorbriere@nncfirm.ca

Tel: 705.325.0520
Fax: 705.325.7204

FASKEN MARTINEAU DUMOULIN
55 Metcalfe St., Suite 1300
Ottawa, ON K1P 6L5

Peter N. Mantas
pmantas@fasken.com

Tel: 613.236.3882
Fax: 613.230.6423

Lawyers for the plaintiff, Assembly of First Nations

Table of Contents

| | |
|---|--------------|
| I. DEFINITIONS | 3 |
| II. OVERVIEW | 5 |
| III. PRE-CERTIFICATION PROCESS..... | 5 |
| A. The Parties | 6 |
| B. The Pleadings..... | 6 |
| C. Preliminary Motions | 6 |
| D. Pre-Certification Communication Strategy..... | 7 |
| E. Settlement Conference..... | 8 |
| F. Timetable | 8 |
| IV. POST-CERTIFICATION PROCESS | 9 |
| A. Timetable | 9 |
| B. Certification Notice, Notice Program and Opt Out Procedures..... | 10 |
| C. Identifying and Communicating with Class Members | 12 |
| D. Documentary Production | 13 |
| E. Examinations for Discovery | 14 |
| F. Interlocutory Matters | 15 |
| G. Expert Evidence | 15 |
| H. Determination of the Common Issues..... | 15 |
| V. POST COMMON ISSUES DECISION PROCESS..... | 16 |
| A. Timetable | 16 |
| B. Common Issues Notice | 16 |
| C. Claim Forms | 17 |
| D. Determining and Categorizing Class Membership | 19 |
| E. Aggregate Damages Distribution Process..... | 21 |
| F. Individual Damage Assessment Process..... | 22 |
| G. Fees | 23 |
| H. Settlement Issues..... | 24 |
| I. Review of the Litigation Plan | 24 |
| SCHEDULE "A" | |
| SCHEDULE "B"..... | |
| SCHEDULE "C" | |
| SCHEDULE "D" | |

I. DEFINITIONS

1. The definitions below will be used throughout this Litigation Plan. Any term defined in the Statement of Claim that is also used in this Litigation Plan has the same meaning as that included in the Statement of Claim or as otherwise defined by the Court.

Aggregate Damages Distribution Process means the system directed by the Court for the **Class Action Administrator** to distribute aggregate damages to **Approved Class Members**;

Approved Class Member(s) means **Approved Child Class Member(s)** and/or **Approved Family Class Members**;

Approved Family Class Member(s) means a Family Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Family Class Member, including the brother, sister, mother, father, grandmother or grandfather of an Approved Child Class Member (regardless of whether the Approved Child Class Member is alive) and whose approval as a Family Class Member has not been successfully challenged;

Approved Child Class Member(s) means a Child Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Child Class Member and whose approval as a Child Class Member has not been successfully challenged;

Certification Notice means the information set out in Schedule A to this Litigation Plan, as may be subsequently amended and as approved by the Court;

CHRT Proceeding means the proceeding before the **CHRT** under file number T1340/7008;

Claim Form means the form set out in Schedule C to this Litigation Plan used by the Child Class Members and/or the Family Class Members to submit a claim, as may be subsequently amended and as approved by the Court;

Class Action Administrator means any settlement administrator or other appropriate firm appointed by the Court to assist in the administration of the class proceeding;

Class Counsel means the consortium of law firms acting as co-counsel in this class proceeding, with the firms of Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Nahwegahbow Corbiere, and Fasken LLP as Solicitors of Record;

Class Member(s) means an individual who falls within the definition of the Child Class and/or the Family Class, as pleaded in the Statement of Claim and as approved by the Court;

Common Issues means the issues listed in the Notice of Motion for Certification, or as found by the Court, as may be subsequently amended and as approved by the Court;

Common Issues Notice means the information set out in the notice regarding the **Common Issues** to be certified by the Court at Certification, as may be subsequently amended and as approved by the Court;

Crown Class Member Information means information to be provided by the Crown, at the request of the plaintiffs and/or as ordered by the Court, to the **Class Action Administrator** and/or **Class Counsel** regarding the names and last known contact information of all individuals who meet the criteria of Class Members as set out in the Statement of Claim or as otherwise defined by the Court, including a list of all known Class Members' names and last known addresses using the information in the Crown's possession or under its control.¹

Individual Damage Assessment Form means the form set out in Schedule D to this Litigation Plan, as may be subsequently amended and as approved by the Court, to be used by **Approved Class Member(s)** to elect an individual assessment of their damages and commence an individual damage assessment under the **Individual Damage Assessment Process**;

Individual Damage Assessment Process means the procedure and system to be approved by the Court following the **Common Issues** trial to be used to assess and distribute damages to **Approved Class Member(s)** who have requested an individual damage assessment by submitting an **Individual Damage Assessment Form**;

Notice Program means the process, set out in this Litigation Plan, for communicating the **Certification Notice** and/or the **Common Issues Notice** to **Class Members**, as may be subsequently amended and as approved by the Court;

Opt Out Form means the form set out in Schedule B to this Litigation Plan used by Class Members to opt out of the class proceeding, as may be subsequently amended and as approved by the Court;

Opt Out Period means the deadline, proposed by the plaintiffs as 180 days post Certification or as determined by the Court, to opt out of the class proceeding;

Opt Out Procedures means the procedures, set out in the Litigation Plan, for Class Members to opt out of this class proceeding, as may be subsequently amended and as approved by the Court; and

Special Opt Out Procedures means the procedures, set out in the Litigation Plan, for Class Members who have already commenced a civil proceeding in Canada or who are known

¹ Where Class Members are known to be represented by counsel, only their name should be provided along with their counsel's name and address.

by the Crown to have already retained legal counsel to opt out of this class proceeding, as may be subsequently amended and as approved by the Court.

II. OVERVIEW

2. The plaintiffs have commenced this action on behalf of First Nations individuals who allege that the Crown has breached their equality rights, depriving them of public services and products. The class action advances the rights of thousands of First Nations children and family members.

3. This Litigation Plan is advanced as a workable method of advancing the proceeding on behalf of the Class and of notifying Class Members as to how the class proceeding is progressing, pursuant to rule 334.16(1)(e)(ii) of the *Federal Court Rules*. The Litigation Plan is modelled on the class action relating to the Indian Residential Schools,² with numerous alterations made in order to streamline the procedure and to take into account lessons learned from that settlement.

4. This Litigation Plan sets out a detailed plan for the common stages of this litigation, and sets out, on a preliminary without prejudice basis, an early plan for how the individual stage of the action may progress. Given the early stage of the litigation, the plan is necessarily subject to substantial revisions as the case progresses.

III. PRE-CERTIFICATION PROCESS

5. The plaintiffs are litigating this action in parallel with a closely interrelated consolidated class action (Court File Nos. T-402-19 / T-141-20) about First Nations child and family services

² See *Baxter v Canada (Attorney General)*, 2006 CanLII 41673 (Ont Sup Ct), and subsequent orders of the Court. See also information available on the website of the Indian Residential Schools Adjudication Secretariat, online <<http://www.iap-pei.ca/home-eng.php>>.

and Jordan's Principle. Therefore, much of the work and processes are shared between the two actions.

A. The Parties

i. The Plaintiffs

6. The plaintiffs have proposed two classes:
 - (a) the Child Class; and
 - (b) the Family Class.
7. The proposed representative plaintiff is Zacheus Joseph Trout.

ii. The Defendant

8. The defendant is the Crown.

B. The Pleadings

i. Statement of Claim

9. The plaintiffs have delivered a Statement of Claim.

ii. Statement of Defence

10. The Crown has not delivered a Statement of Defence.

iii. Third Party Claim

11. The Crown has not issued any Third Party Claim.

C. Preliminary Motions

12. The plaintiffs propose that any preliminary motions be dealt with at the Motion for Certification or as directed by the Court.

D. Pre-Certification Communication Strategy*i. Responding to Inquiries from Putative Class Members*

13. Both before and since the commencement of this class proceeding, Class Counsel have received many communications from Class Members affected by this class proceeding.

14. With respect to each inquiry, the individual's name, address, email and telephone number are added to a confidential database. Class Members are asked to register on the websites of Class Counsel. Once registered, they receive updates on the progress of the class proceeding in French and English. Any individual Class Members who contact Class Counsel are responded to in their preferred language.

ii. Pre-Certification Status Reports

15. In addition to responding to individual inquiries, Class Counsel have created a webpage concerning the class proceeding in English and French (see: <https://sotosclassactions.com/cases/current-cases/first-nations-youth/>). The most current information on the status of the class proceeding is posted and is updated regularly in English and French.

16. Copies of the publicly filed court documents and court decisions are accessible from the webpage. In addition, phone numbers for Class Counsel in Quebec and Ontario as well as email contact information are provided.

17. Class Counsel sends update reports to Class Members who have provided their contact information and have indicated an interest in being notified of further developments in the class proceeding.

iii. Pre-certification outreach

18. Class Counsel have presented the proposed class action to a council of First Nations social services delivery personnel for the Province of Québec and the region of Labrador, as well as the First Nations youth directors forum in British Columbia. Class Counsel are in the process of arranging similar presentations to affected communities in Québec and elsewhere in Canada.

E. Settlement Conference

i. Pre-Certification Settlement Conference

19. The plaintiffs will participate in a pre-Certification Settlement Conference to determine whether any or all of the issues arising in the class proceeding can be resolved.

20. The plaintiffs propose that a pre-Certification Settlement Conference be conducted at least one month after the Motion for Certification and responding materials, if any, have been filed with the Court.

F. Timetable

i. Plaintiffs' Proposed Timetable for the Pre-Certification Process

21. The plaintiffs propose that the pre-Certification process timetable set out below be imposed by Court Order at an early case conference.

| | Deadline |
|---|--|
| Plaintiffs' Certification Motion Record | Date of Serving and Filing the Notice of Motion for Certification and Motion Record (" DOF ") |
| Respondent's Motion Record, if any | Within 90 days from DOF |
| Plaintiffs' Reply Motion Record, if any | Within 120 days from DOF |

| | |
|---|--------------------------|
| Cross-examinations, if any, to be completed | Within 150 days from DOF |
| Undertakings answered | Within 180 days from DOF |
| Motions arising from cross-examinations, if any, heard | Within 210 days from DOF |
| Further cross-examinations, if necessary, completed by | Within 230 days from DOF |
| Plaintiffs' Memorandum of Fact and Law | Within 250 days from DOF |
| Respondent's Memorandum of Fact and Law | Within 280 days from DOF |
| Plaintiffs' Reply, if any | Within 300 days from DOF |
| Motion for Certification and all other Motions commencing | Within 310 days from DOF |

IV. POST-CERTIFICATION PROCESS

A. Timetable

i. *Plaintiffs' Timetable for the Post-Certification Process*

22. The plaintiffs intend to proceed to trial on an expedited basis or a hybrid summary judgment/*viva voce* trial.

23. The plaintiffs propose that the following post-Certification process timetable, as explained in detail below, be imposed by the Court upon Certification:

| | |
|---|-----------------------------|
| Certification Notice to Class Members commences | Upon Certification |
| Exchange Affidavits of Documents within | 70 days from certification |
| Motions for Production of Documents, Multiple Examinations of Crown representatives or for Examinations of Non-Parties to be conducted within | 110 days from certification |

| | |
|--|-----------------------------|
| Examinations for Discovery to be conducted within | 140 days from certification |
| Certification Notice to Class Members completed within | 90 days from certification |
| Trial Management Conference re: Expert Evidence | 170 days from certification |
| Motions arising from Examinations for Discovery within | 190 days from certification |
| Undertakings answered within | 160 days from certification |
| Further Examinations, if necessary, within | 210 days from certification |
| Common Issues Pre-Trial to be conducted | 250 days from certification |
| Opt Out Period deadline | 180 days from certification |
| Common Issues Trial or Hybrid Trial to be conducted within | 300 days from certification |

B. Certification Notice, Notice Program and Opt Out Procedures

i. Certification Notice

24. The Certification Notice and all other notices to Class Members provided by the plaintiffs will, once finalized and approved by the Court, be translated into French. The plaintiffs will explore whether it will be necessary to translate the Certification Notice and/or other notices into some First Nations languages, subject to Court approval.

25. The Certification Notice will, subject to further amendments, be in the form set out in Schedule A hereto.

ii. Notice Program

26. The plaintiffs propose to communicate the Certification Notice to Class Members through the following Notice Program.

27. The plaintiffs will provide Certification Notice to Class Members by arranging to have the Certification Notice (and its translated versions whenever possible) communicated/published in the following media within 90 days of Certification, as frequently as may be reasonable or as directed by the Court under rule 334.32 of the *Federal Courts Rules*. In particular, the plaintiffs propose the following means of providing Certification Notice:

- (a) A press release within 15 days of the Certification order being issued;
- (b) Direct communication with Class Members:
 - (i) by email or regular mail to the last known contact information of Class Members provided by the Crown (*i.e.*, Crown Class Member Information);
 - (ii) by email or regular mail to all Class Members who have provided their contact information to Class Counsel, including through the Class Proceeding's webpage;
- (c) Distribution to the Assembly of First Nations for circulation to its membership of First Nations bands across Canada;
- (d) Email to First Nations children's aid societies across Canada;
- (e) Circulation through the following media:
 - (i) Aboriginal newspapers/publications such as First Nations Drum, The Windspeaker, Mi'kmaq Maliseet Nations News, APTN National News; and
 - (ii) social media outlets, such as Facebook and Instagram.

iii. Opt Out Procedures

28. The plaintiffs propose Opt Out Procedures for Class Members who do not wish to participate in the class proceeding.

29. The Certification Notice will include information about how to Opt Out of the class proceeding and will provide information about how to obtain and submit the appropriate Opt Out Forms to the Class Action Administrator and/or Class Counsel.

30. There will be one standard Opt Out Form for all Class Members.

31. Class Members will be required to file the Opt Out Form with the Class Action Administrator and/or Class Counsel within the Opt Out Period, proposed by the plaintiffs as 180 days post Certification or as directed by the Court.

32. The Class Action Administrator or Class Counsel shall, within 30 days after the expiration of the Opt Out Period, deliver to the Court and the Parties an affidavit listing the names of all persons who have opted out of the Class Action.

iv. Special Opt Out Procedures

33. The plaintiffs propose Special Opt Out Procedures for Class Members who are either named party plaintiffs in a civil proceeding in Canada or who are known by the Crown to have retained legal counsel in respect of the subject matter of this action with the express purpose of starting a separate action against the Crown.

C. Identifying and Communicating with Class Members

i. Identifying Class Members

34. As stated above, the plaintiffs intend to request the Crown Class Member Information.

ii. Database of Class Members

35. Class Counsel will maintain a confidential database of all Class Members who contact Class Counsel. The database will include each individual's name, address, telephone number, and email address where available.

iii. Responding to Inquiries from Class Members

36. Class Counsel and their staff will respond to each inquiry by Class Members.

37. Class Counsel will have a system in place to allow for responses to inquiries by Class Members in their language of choice whenever possible.

iv. Post Certification Status Reports

38. In addition to responding to individual inquiries, Class Counsel will continually update the webpage dedicated to this class action with information concerning the status of the class proceeding.

39. Class Counsel will send update reports to Class Members who have provided their contact information. These update reports will be sent as necessary or as directed by the Court.

D. Documentary Production

i. Affidavit/List of Documents

40. The plaintiffs will be required to deliver an Affidavit of Documents within 70 days after Certification. The Crown will similarly be required to deliver a List of Documents within 70 days after Certification.

41. The Parties are expected to serve Supplementary Affidavits (or Lists) of Documents as additional relevant documents are located.

ii. Production of Documents

42. All Parties are expected to provide, at their own expense, electronic copies of all Schedule “A” productions at the time of delivering their Affidavit of Documents. All productions are to be made in electronic format.

iii. Motions for Documentary Production

43. Any motions for documentary production shall be made within 110 days of Certification.

iv. Document Management

44. The Parties will each manage their productions with a compatible document management system, or as directed by the Court. All documents are to be produced in OCR format.

45. All productions should be numbered and scanned electronically to enable quick access and efficient organization of documents.

E. Examinations for Discovery

46. Examinations for Discovery will take place within 140 days of Certification.

47. The plaintiffs expect to request the Crown’s consent to examine more than one Crown representative. In the event that a dispute arises in this regard, the plaintiffs propose to bring a motion within 110 days after Certification.

48. The plaintiffs anticipate that the Examination for Discovery of properly selected and informed officers of the Crown will take approximately 10 days, subject to refusals and undertakings.

49. The plaintiffs anticipate that the Examination for Discovery of the representative plaintiffs will take approximately one day, subject to refusals and undertakings.

F. Interlocutory Matters

i. Undertakings

50. Undertakings are to be answered within 160 days of Certification.

ii. Motions for Refusals and Undertakings

51. Specific dates for motions for undertakings and refusals that arise from the Examinations for Discovery will be requested upon Certification. Motions for refusals and undertakings will be heard within 190 days of Certification.

iii. Re-attendances and Further Examinations for Discovery

52. Any re-attendances or further Examinations for Discovery required as a result of answers to undertakings or as a result of the outcome of the motions for refusals and undertakings should be completed within 210 days of Certification.

G. Expert Evidence

i. Identifying Experts and Issues

53. A Trial Management Conference will take place following Examinations for Discovery at which guidelines for identifying experts and their proposed evidence at trial will be determined.

H. Determination of the Common Issues

i. Pre-Trial of the Common Issues

54. Upon Certification, the Court will be asked to assign a date for a Pre-Trial Conference relating to the Common Issues trial.

55. The plaintiffs expect that a full day will be required for a Pre-Trial Conference and will request that the Pre-Trial be held 250 days after Certification and, in any event, at least 90 days before the date of the Common Issues trial.

ii. Trial of the Common Issues

56. Upon Certification, the Court will be asked to assign a date for the Common Issues trial.
57. The plaintiffs propose that the trial of the Common Issues be held 300 days after Certification.
58. The length of time required for the Common Issues trial will depend on many factors and will be determined at the Trial Management Conference.

V. POST COMMON ISSUES DECISION PROCESS

A. Timetable

i. Plaintiffs' Timetable for the Post-Common Issues Decision Process

59. The plaintiffs propose that the following timetable be imposed by the Court following the Court's judgment on the Common Issues:

| | |
|---|--|
| Common Issues Notice provided | Within 90 days of Common Issues decision |
| Individual Issue Hearings, if any, begin | 120 days after decision |
| Individual Damage Assessments, if any, begin | 240 days after decision |
| Deadline to Submit Claim Forms (as of right) | Within 1 year of decision |
| Deadline to Submit Claim Forms (as of right in prescribed circumstances or with leave of the Court) | 1 year after decision |

B. Common Issues Notice

i. Notifying Class Members

60. The Common Issues Notice will, subject to further amendments, be substantially in the form approved by the Court at the Common Issues trial. The Common Issues Notice may contain, amongst others, information on any aggregate damages awarded and any issues requiring individual determination, as approved by the Court.

61. The plaintiffs propose to circulate the Common Issues Notice within 90 days after the Common Issues judgment.

62. The Common Issues Notice will be circulated in the same manner as set out above dealing with the Certification Notice or as directed by the Court.

C. Claim Forms

i. Use of Claim Forms

63. The Court will be asked to approve under rule 334.37 the use of standardized Claim Forms by Class Members who may be entitled to a portion of the aggregate damage award or who may be entitled to have an individual assessment.

ii. Obtaining and Filing Claim Forms

64. The procedure for obtaining and filing Claim Forms will be set out in the Common Issues Notice.

65. The plaintiffs propose to use a single standard Claim Form, substantially in the form attached as Schedule C, for all three classes, subject to further amendments and as approved by the Court.

66. The plaintiffs propose that counselling be made available to Class Members in need of support and assistance when completing the Claim Forms. Where necessary, a process for appointing a guardian or trustee to assist the Class Members will be developed.

67. Before completing a Claim Form, Class Members will be able to review information about them in the possession of Canada relevant to their claim (the Crown Class Member Information). That information may include:

- (a) any records relating to the Class Member's voluntary or involuntary placement in out-of-home care during the Class Period;
- (b) any records relating to a need by the Class Member for a service or product;
- (c) any records relating to a request made by the Class Member for a service or product;
- (d) any records relating to the denial of a service or product to the Class Member;
- (e) any records relating to any service(s) or product(s) provided by the Crown to the Class Member; and/or
- (f) any records relating to the family status or family relationship between a Family Class Member and a Child Class Member.

68. Class Members will be required to file the appropriate Claim Form with the Class Action Administrator and/or Class Counsel within the deadlines set out below or as directed by the Court.

69. The Class Action Administrator will be responsible for receiving all Claim Forms.

iii. Deadline for Filing Claim Forms

70. Class Members will be advised of the deadline for filing Claim Forms in the Common Issues Notice.

71. The plaintiffs propose that Class Members be given one year, or such period as set out by the Court, after the Common Issues judgment to file Claim Forms as of right.

72. The plaintiffs propose that Class Members be entitled to file Claim Forms more than one year after the Court's judgment on the Common Issues in certain circumstances prescribed by the Court (*i.e.*, lack of awareness of entitlement, etc.) or with leave of the Court (*i.e.*, based on mental or physical health issues, etc.).

D. Determining and Categorizing Class Membership***i. Approving Child Class Members***

73. The Class Action Administrator will determine whether an individual submitting a Claim Form as a Child Class Member properly qualifies as a Class Member.

74. The Class Action Administrator will make these determinations following guidelines determined by the Court at the Common Issues trial in part by referring to the information set out in the Claim Form. Such guidelines may include: (a) whether the Class Member needed a service or product at any point during the Class Period; (b) whether the Class Member was denied that service or product; (c) whether the Class Member's receipt of a service or product was delayed or disrupted; (d) whether such denial, disruption or delay was based on lack of funding, lack of jurisdiction or a jurisdictional dispute between governments or government departments; and/or (e) whether such denial, disruption or delay happened while the Class Member was under the applicable provincial/territorial age of majority.

75. The Class Action Administrator will also make these determinations in part by referring to the Crown Class Member Information regarding the number of Class Members who have received a service or product under Jordan's Principle under orders made in the CHRT Proceeding.

76. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual submitting the Child Class Claim Form or the Crown to make these determinations.

ii. Approving Family Class Members

77. The Class Action Administrator will determine whether an individual submitting a Family Class Claim Form properly qualifies as a Family Class Member.

78. These determinations will be made by the Class Action Administrator by referring to Crown Class Member Information and the information set out in the Claim Form with respect to the relationship of the proposed Family Class Member with an Approved Child Class Member.

79. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual filing the Claim Form to make these determinations.

iii. Deceased Class Members

80. The estate of a deceased Class Member may submit a Claim Form if the deceased Class Member died on or after April 1, 1991.

81. If the deceased Class Member would otherwise have qualified as an Approved Class Member, the estate will be entitled to be compensated in accordance with the Aggregate Damages Distribution Process. The estate will not have the option to proceed under the Individual Damage Assessment Process except with leave of the Court.

iv. Notifying Class Members, Challenging and Recording Decisions

82. Within 30 days of receipt of a Claim Form, the Class Action Administrator will notify the individual of its decision on whether the individual is an Approved Class Member. Individuals who are not approved as Class Members will be provided with information on the procedures to follow to challenge the decision of the Class Action Administrator. The plaintiffs propose that these procedures include an opportunity to resubmit an amended Claim Form with supporting documentation capable of verifying that the individual is a Class Member.

83. All interested parties will be provided with the ability to appeal a decision by the Class Action Administrator to the Court or in a manner to be prescribed. Class Counsel may challenge the decision on behalf of affected individuals.

84. The Class Action Administrator will keep records of all Approved Class Members and their respective Claim Forms and will provide this information to Class Counsel, the Crown and other interested parties on a monthly basis. Class Counsel and/or other interested parties will have 30 days after receiving this information to challenge the Class Action Administrator's decision by advising the Class Action Administrator and the other affected parties in writing of the basis for their challenge. The responding party will be given 30 days thereafter to respond in writing to the challenge at which time the Class Action Administrator will reconsider its decision and advise all parties.

E. Aggregate Damages Distribution Process

i. Distribution of Aggregate Damages

85. The Class Action Administrator will distribute the aggregate damages to all Approved Class Members in the manner directed by the Court.

86. The plaintiffs will propose that Approved Class Members be entitled to a proportion of the aggregate damages as determined by the Class Action Administrator based on factors to be approved by the Court, including but not limited to: (a) the duration of deprivation from a service or product as a result of a delay, denial or disruption; (b) the importance of the service or product to the child; and (c) the family relationship of the Family Class Member to a given Child Class Member.

87. The Class Action Administrator, upon advising Approved Class Members of its decision on their membership as set out above, will within a reasonable period of time to be determined by the Court, advise the Approved Class Members of the proportion of aggregate damages owing to each Approved Class Member under the Aggregate Damages Distribution Process to be approved by the Court.

88. In addition, if applicable, the Class Action Administrator will provide Approved Class Members with a package of materials including: information on how to collect their aggregate damage awards, information on Class Members' ability to proceed through the Individual Damage Assessment Process, copies of the Individual Damage Assessment Form along with a guide on how to complete the form, and contact information for obtaining independent legal advice and counselling. Such information is to be provided in a culturally responsive and appropriate style, making full use of interactive media, including video tutorials.

ii. Seeking an Individual Damage Assessment

89. Approved Class Members, when notified of their entitlement to aggregate damages, may be given information on their right to have their compensation individually assessed under the Individual Damage Assessment Process set out below.

F. Individual Damage Assessment Process

i. Individual Damage Assessment Forms

90. When Approved Class Members are notified of their aggregate damage entitlement and information on their right to proceed under the Individual Damage Assessment Process, they will be provided with an Individual Damage Assessment Form as set out in Schedule D.

91. If applicable, the plaintiffs propose that a request for individual damages be made by sending an Individual Damage Assessment Form to the Class Action Administrator, and that only those individuals who wish to proceed through the Individual Damage Assessment Process be required to submit Individual Damage Assessment Forms.

ii. Individual Damage Assessments

92. The Court may be asked to approve the use of an Individual Damage Assessment Process after a judgment on the Common Issues or otherwise as directed by the Court.

93. The Individual Damage Assessment Process would be available to all Approved Class Members except those who are found by the Court not to be entitled to individual damages following the Common Issues trial.

iii. Individual Issue Hearings

94. The Court will be asked to provide directions, or to appoint persons to conduct references under rule 334.26 of the *Federal Courts Rules* or appoint a judge to conduct test cases involving selected Approved Class Members who are proceeding under the Individual Damage Assessment Process to assist with the matters that may or may not remain in issue after the determination of the Common Issues, such as:

- (a) Hearing rules for individual assessments;
- (b) A compensation matrix for individual damages;
- (c) Assistance in resolving disputes relating to the definitions of key terms such as “essential service”, “delay”, and “jurisdictional dispute”; and
- (d) Other matters raised by the Court or the parties during the Common Issues litigation.

G. Fees

i. Plaintiffs' Legal Fees

95. The plaintiffs' fees are to be paid on a contingency basis, subject to the Court's approval under rule 334.4 of the *Federal Courts Rules*.

96. The agreement between the representative plaintiffs and Class Counsel states that legal fees and disbursements to be paid to Class Counsel shall be on the following basis:

- (a) Aggregate damages recovery: 20% of the first two hundred million dollars (\$200,000,000) in recovery by settlement or judgment, plus 10% of any amounts recovered by settlement or judgment beyond the first two hundred million dollars; and

(b) Individual damages recovery: 25% of settlement or judgment.

ii. Funding of Disbursements

97. Funding of legal disbursements for the representative plaintiffs has been, and will continue to be, made through Class Counsel, unless the plaintiffs and Class Counsel subsequently deem it to be in the best interests of the Class to obtain third-party funding, in which case Class Counsel will advise the Court of such third-party funding and seek approval thereof.

H. Settlement Issues

i. Settlement Offers and Negotiations

98. The plaintiffs will conduct settlement negotiations with the Crown from time to time with a view to achieving a fair and timely resolution.

ii. Mediation and Other Non Binding Dispute Resolution Mechanisms

99. The plaintiffs will participate in mediation or other non-binding dispute resolution mechanisms, if and when appropriate, in an effort to try to resolve the dispute or narrow the issues in dispute between the Parties.

I. Review of the Litigation Plan

i. Flexibility of the Litigation Plan

100. This Litigation Plan will be reconsidered on an ongoing basis and may be revised under the continued case management authority of the Court before or after the determination of the Common Issues or as the Court sees fit.

SOTOS LLP

180 Dundas Street West
Suite 1200
Toronto ON M5G 1Z8

David Sterns / Mohsen Seddigh / Jonathan Schachter
dsterns@sotosllp.com; mseddigh@sotosllp.com;
jschachter@sotosllp.com

Tel: 416-977-0007
Fax: 416-977-0717

KUGLER KANDESTIN

1 Place Ville-Marie
Suite 1170
Montréal QC H3B 2A7

Robert Kugler / Pierre Boivin / William Colish
rkugler@kklex.com; pboivin@kklex.com;
wcolish@kklex.com

Tel: 514-878-2861
Fax: 514-875-8424

MILLER TITERLE + CO.

300 - 638 Smithe Street
Vancouver BC V6B 1E3

Joelle Walker / Erin Reimer
joelle@millertiterle.com; erin@millertiterle.com

Tel: 604-681-4112
Fax: 604-681-4113

Lawyers for the plaintiff, Zacheus Joseph Trout

NAHWEGAHBOW, CORBIERE

5884 Rama Road, Suite 109
Rama, ON L3V 6H6

Dianne G. Corbiere
dgcorbiere@nncfirm.ca

Tel: 705.325.0520
Fax: 705.325.7204

FASKEN MARTINEAU DUMOULIN

55 Metcalfe St., Suite 1300
Ottawa, ON K1P 6L5

Peter N. Mantas
pmantas@fasken.com

Tel: 613.236.3882
Fax: 613.230.6423

Lawyers for the plaintiff, Assembly of First Nations

SCHEDULE "A"

PROPOSED NOTICE OF CERTIFICATION

THIS NOTICE MAY AFFECT YOUR RIGHTS. PLEASE READ CAREFULLY.

The Nature of the Lawsuit

As of March 2019, Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken LLP (collectively “Class Counsel”) have prosecuted an action on behalf of First Nations plaintiffs in the Federal Court of Canada in Montreal, against the Attorney General of Canada (the “Crown”).

The lawsuit claims that between April 1, 1991 and December 11, 2007 the Crown instituted discriminatory policies across Canada, delaying, disrupting or denying the delivery of needed public services and products to First Nations youth.

The action was brought on behalf of a Class of:

(a) all First Nations youths who were denied a public service or product, or whose receipt of a public service or product was delayed or disrupted, on the grounds of lack of funding or lack of jurisdiction, or as a result of a jurisdictional dispute with another government or governmental department between April 1, 1991 and December 11, 2007;

(b) family members of the Class Members cited in (a) above.

By order dated [INSERT DATE], The Honourable Justice [INSERT NAME] certified the action as a class proceeding, appointing Zacheus Joseph Trout as representative plaintiffs for the class.

The Court found that the following issues affecting the Class will be tried at a Common Issues trial:

- [INSERT CERTIFIED COMMON ISSUE]
- ...

Participation in the Class Action

If you fall within the class definition, you are automatically included as a member of the Class, unless you choose to opt out of the Class Action, as explained below. All members of the Class will be bound by the judgment of the Court, or any settlement reached by the parties and approved by the Court.

At this juncture, the Court has not taken a position as to the likelihood of recovery for the representative plaintiffs or the Class, or with respect to the merits of the claims or defences asserted by the Crown.

Fees and Disbursements

You do not need to pay any legal fees out of your own pocket. A retainer agreement has been entered into between the representative plaintiffs and Class Counsel with respect to legal fees. The agreement provides that the law firms have been retained on a contingency fee basis, which means they will only be paid their fees in the event of a successful result in the litigation or a Court-approved settlement.

You will not be responsible for Defendant’s legal costs if the class action is unsuccessful. Any fee paid to lawyers for the Class is subject to the Court’s approval.

Opt Out

If you are a class member and wish to exclude yourself from this class proceeding (“opt out”), you must complete and return the “Class Member Opt Out” form by no later than [INSERT DATE]. The Opt Out form may be downloaded at: [INSERT WEBSITE ADDRESS].

Class members who choose to opt out within the above noted deadline will not recover any monies if the representative plaintiffs are successful in this action. If class members do not choose to opt out by the deadline, they will be bound by any judgment ultimately obtained in this class action, whether favourable or not, or any settlement if approved by the Court.

Contact Information

If you have any questions or concerns about the matters in this Notice or the status of the class

action, you may contact Class Counsel in a number of ways.

By phone: **[INSERT PHONE NUMBER]**

By email: **[INSERT EMAIL]**

Toll-Free Hotline: **[INSERT TELEPHONE]**

By mail: **[INSERT ADDRESS]**

SCHEDULE "B"

OPT OUT FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I do not want to participate in the class action entitled *Zacheus Joseph Trout et al v. The Attorney General of Canada* regarding the claims of discrimination against First Nations children. I understand that by opting out, I will not be eligible for the payment of any amounts awarded or paid in the class action, and if I want an opportunity to be compensated, I will have to make an individual claim and decide whether to engage a lawyer at my own expense.

Dated: _____

Signature

Full Name

Address

City, Province, Postal Code

Telephone

Email

This Notice must be delivered by regular mail or email on or before _____, 202_ to be effective.

SCHEDULE "C"

CLAIM FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I, _____ (insert full name(s), including maiden name if applicable), have received Notice of the National Class Action entitled *Zacheus Joseph Trout et al v. The Attorney General of Canada* regarding the claims of discrimination against First Nations children. My date of birth is _____ (insert day, month, year of birth).

I believe that I am a Class Member and I wish to submit a claim as a member of the following Class or Classes (mark the applicable item(s) with an X):

Child Class

Family Class

If you selected the Child Class, please summarize below the public services or products that you needed between April 1, 1991 and December 11, 2007, and that were denied, delayed or disrupted:

| Product(s) or service(s) needed | Was a request made for the service(s) or product(s)? | Was the service(s) or product(s) denied, delayed or disrupted? | The date(s) of need, request, and/or denial, delay or disruption |
|--|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

If you selected the Family Class, please summarize below your relationship to the member(s) of the Child Class:

| Full name(s) and claim number of the Approved Child Class Member in your family | Your relationship to the Class Member (only the brother, sister, mother, father, grandmother or grandfather of an Approved Child Class Member) |
|--|---|
| | |

| | |
|--|--|
| | |
| | |
| | |
| | |

My mailing address is:

Street name, Apartment #

City, Province

Postal Code

Telephone Number(s)

Email address

Signed: _____

Date: _____

SCHEDULE "D"

INDIVIDUAL DAMAGE ASSESSMENT FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I, _____ [insert full name(s), including maiden name if applicable], have been notified that I am an Approved Child Class Member. My claim number is _____ [insert assigned claim number].

I have been provided with a package of information outlining and explaining my option to request an individual damage assessment in accordance with the Individual Damage Assessment Process.

I am also aware that I can obtain independent legal advice with respect to this request and can obtain assistance to complete this form at no charge to me by contacting [insert assigned contact #].

Below is information relating to my experience with the denial/delay/disruption of the receipt of a public service or product and the impacts and harms that resulted from my experience:

[The Individual Damage Assessment Form will be designed after a Court decision on the Common Issues. The goal of the Individual Damage Assessment Form though will be to obtain, amongst others, the following information from Approved Class Members:

- *Any conditions or circumstances that required a public service or product;*
- *Reasons for denial of a public service or product;*
- *Department(s) of contact;*
- *Authorizations for the Crown to obtain documents; and*
- *Such further and other information that is deemed necessary and appropriate.]*

Signed: _____ Date: _____

Cour fédérale



Federal Court

Dossier : 20220211

Dossier : T-1120-21

Référence : 2022 CF 149

[TRADUCTION FRANÇAISE]

Ottawa (Ontario), le 11 février 2022

En présence de madame la juge Aylen

RECOURS COLLECTIF

ENTRE :

ASSEMBLÉE DES PREMIÈRES NATIONS et ZACHEUS JOSEPH TROUT

demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

défendeur

ORDONNANCE ET MOTIFS

VU LA REQUÊTE déposée par les demandeurs, sur consentement et tranchée sur la base de prétentions écrites conformément à l'article 369 des *Règles des Cours fédérales*, en vue d'obtenir une ordonnance :

- a) accordant aux demandeurs une prorogation du délai pour qu'ils puissent déposer la présente requête en autorisation après le délai prévu à l'alinéa 334.15(2)b);

- b) autorisant la présente instance comme recours collectif et définissant le groupe;
- c) énonçant la nature des réclamations présentées au nom du groupe et les réparations demandées par le groupe;
- d) précisant les points de droit et de fait communs en litige;
- e) nommant le demandeur, Zacheus Joseph Trout, à titre de représentant demandeur;
- f) approuvant le plan de déroulement de l'instance;
- g) accordant toute autre réparation;

VU les documents relatifs à la requête déposés par les demandeurs;

VU que le défendeur donne son consentement à l'ensemble de la requête déposée;

VU que la Cour est convaincue que, dans les circonstances de l'espèce, une prorogation du délai doit être accordée pour que la présente requête en autorisation puisse être déposée après le délai prévu à l'alinéa 334.15(2)b);

VU que, même si le consentement du défendeur rend moins nécessaire l'adoption d'une démarche rigoureuse pour trancher la question de savoir si la présente instance devrait être autorisée comme recours collectif, il ne dispense toutefois pas la Cour de l'obligation de veiller au respect des exigences relatives à l'autorisation prescrites à l'article 334.16 [voir *Varley c Canada (Procureur général)*, 2021 CF 589];

VU que le paragraphe 334.16(1) des *Règles des Cours fédérales* prévoit ce qui suit :

Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :

a) les actes de procédure révèlent une cause d'action valable;

b) il existe un groupe identifiable formé d'au moins deux personnes;

c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;

d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;

e) il existe un représentant demandeur qui :

(i) représenterait de façon équitable et adéquate les intérêts du groupe,

(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,

(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,

(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.

Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if

(a) the pleadings disclose a reasonable cause of action;

(b) there is an identifiable class of two or more persons;

(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;

(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and

(e) there is a representative plaintiff or applicant who

(i) would fairly and adequately represent the interests of the class,

(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,

(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and

(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.

VU que conformément au paragraphe 334.16(2), pour décider si le recours collectif est le meilleur moyen de régler les points de droit ou de fait communs de façon juste et efficace, tous les facteurs pertinents sont pris en compte, notamment les suivants : a) la prédominance des points de droit ou de fait communs sur ceux qui ne concernent que certains membres; b) la proportion de membres du groupe qui ont un intérêt légitime à poursuivre des instances séparées; c) le fait que le recours collectif porte ou non sur des réclamations qui ont fait ou qui font l'objet d'autres instances; d) l'aspect pratique ou l'efficacité moindres des autres moyens de régler les réclamations, et e) les difficultés accrues engendrées par la gestion du recours collectif par rapport à celles associées à la gestion d'autres mesures de redressement;

VU que :

- a) La conduite de la Couronne en cause dans le présent recours collectif envisagé, telle qu'elle est exposée dans la déclaration commune, concerne la discrimination dont ont été victimes les enfants des Premières Nations dans la prestation de services essentiels et du fait que la Couronne a échoué à faire en sorte que les enfants des Premières Nations ne souffrent pas de lacunes, de retards, d'interruptions ou de refus dans les services et les produits, et ce, de façon contraire à leurs droits à l'égalité garantis par la Charte. Les demandeurs allèguent que la conduite de la Couronne était discriminatoire, visait les membres du groupe, car ils étaient membres des Premières Nations, et contrevenait au paragraphe 15(1) de la Charte, aux obligations fiduciaires de la Couronne envers les Premières Nations et à la norme de diligence en common law et en droit civil.
- b) En ce qui a trait à la première condition de l'analyse concernant l'autorisation (à savoir si les actes de procédure révèlent une cause d'action valable), les exigences minimales ne

sont pas élevées. La Cour doit trancher la question de savoir s'il est manifeste et évident que les causes d'action sont vouées à l'échec [voir *Brake c Canada (Procureur général)*, 2019 CAF 274 au para 54]. Même sans le consentement de la Couronne, je suis persuadée que les demandeurs ont suffisamment plaidé les éléments nécessaires pour chaque cause d'action aux fins de la présente requête, de sorte que la déclaration commune révèle une cause d'action raisonnable.

- c) Pour ce qui est de la deuxième condition de l'analyse concernant l'autorisation (à savoir s'il existe un groupe identifiable formé d'au moins deux personnes), le critère à appliquer consiste à établir si les demandeurs ont défini le groupe en recourant à un critère objectif, c'est-à-dire que l'on peut décider si une personne est membre du groupe sans se référer au fond de l'action [voir *Hollick c Toronto (Ville)*, 2001 CSC 68 au para 17]. Je suis convaincue que les définitions proposées pour le groupe des enfants et le groupe des familles (énoncées ci-après) présentent des critères objectifs et que l'inclusion dans chaque groupe peut être déterminée sans se référer au fond de l'action.
- d) Quant à la troisième condition de l'analyse concernant l'autorisation (à savoir si les réclamations des membres du groupe soulèvent des points de droit ou de fait communs), comme l'a indiqué la Cour d'appel fédérale au paragraphe 72 de l'arrêt *Wenham c Canada (Procureur général)*, 2018 CAF 199, l'objectif de cette étape de la détermination de l'autorisation n'est pas de déterminer les points communs, mais plutôt d'évaluer si la résolution des points est nécessaire pour régler les réclamations de chaque membre du groupe. Plus précisément, les exigences sont les suivantes :

Il faut aborder le sujet de la communauté en fonction de l'objet. La question sous-jacente est de savoir si le fait d'autoriser le recours collectif permettra d'éviter la répétition de l'appréciation des faits ou de l'analyse juridique. Une question ne sera donc « commune » que lorsque sa résolution est nécessaire pour le règlement des demandes de chaque membre du groupe. Il n'est pas essentiel que les membres du groupe soient dans une situation identique par rapport à la partie adverse. Il n'est pas nécessaire non plus que les questions communes prédominent sur les questions non communes ni que leur résolution règle les demandes de chaque membre du groupe. Les demandes des membres du groupe doivent toutefois partager un élément commun important afin de justifier le recours collectif. Pour décider si des questions communes motivent un recours collectif, le tribunal peut avoir à évaluer l'importance des questions communes par rapport aux questions individuelles. Dans ce cas, le tribunal doit se rappeler qu'il n'est pas toujours possible pour le représentant de plaider les demandes de chaque membre du groupe avec un degré de spécificité équivalant à ce qui est exigé dans une poursuite individuelle (*Western Canadian Shopping Centres*, précité, au paragraphe 39; voir aussi *Vivendi Canada Inc. c. Dell'Aniello*, 2014 CSC 1, [2014] 1 R.C.S. 3, aux paragraphes 41 et 44 à 46.)

Après avoir examiné les points communs (énoncés ci-après), je suis convaincue que les points partagent un élément commun important au règlement des réclamations de chaque membre du groupe. De plus, je conviens avec les demandeurs que ces points communs s'apparentent aux points communs similaires soulevés dans les demandes fondées sur des cas d'abus institutionnel qui ont été autorisées comme recours collectifs (par exemple, les recours collectifs liés aux pensionnats autochtones et à la rafle des années soixante), tout comme celles qui ont été autorisées dans le recours collectif de Moushoom (T-402-19/T-141-20). Je conclus donc que la condition liée aux points communs est remplie.

- e) Pour ce qui est de la quatrième condition de l'analyse concernant l'autorisation (à savoir si le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs), le critère du meilleur moyen comporte deux concepts

fondamentaux : i) la question de savoir si le recours collectif serait un moyen juste, efficace et pratique de faire progresser l'instance; ii) la question de savoir si le recours collectif serait préférable à tous les autres moyens raisonnables offerts pour régler les réclamations des membres du groupe. Pour statuer sur le critère du meilleur moyen, il faut examiner les points communs dans leur contexte, en tenant compte de l'importance de ceux-ci par rapport à l'instance dans son ensemble. Il peut être satisfait à ce critère même lorsqu'il y a d'importantes questions individuelles [voir *Brake*, précité, au para 85; *Wendham*, précité, au para 77, et *Hollick*, précité, aux para 27-31]. La Cour doit effectuer l'analyse de ce critère à la lumière des trois principaux objectifs du recours collectif : l'économie des ressources judiciaires, la modification des comportements et l'accès à la justice [voir *Brake*, précité, au para 86, citant *AIC Limitée c Fischer*, 2013 CSC 69 au para 22].

- f) Après avoir examiné les principes mentionnés précédemment et les facteurs prévus au paragraphe 334.16(2), je suis convaincue que le recours collectif est le meilleur moyen de régler les points de droit ou de fait communs de façon juste et efficace. Compte tenu de la nature systémique des réclamations, des obstacles majeurs à l'accès à la justice auxquels pourrait être confronté chacun des réclamants ainsi que des préoccupations exprimées par les demandeurs à l'égard des autres moyens qui existent pour régler les réclamations des membres du groupe, je suis persuadée que le recours collectif envisagé est un moyen juste, efficace et pratique de faire progresser l'instance des membres du groupe.
- g) En ce qui a trait à la cinquième condition de l'analyse concernant l'autorisation (à savoir s'il y a des représentants proposés adéquats), après avoir examiné la preuve par affidavit produite à l'appui de la requête ainsi que le plan de déroulement de l'instance détaillé, je

considère que le représentant demandeur proposé satisfait aux exigences énoncées à l'alinéa 334.16(1)e);

VU que la Cour est convaincue que toutes les conditions d'autorisation sont remplies et que les réparations demandées doivent être accordées;

LA COUR ORDONNE :

1. Les demandeurs ont droit à une prorogation du délai pour pouvoir déposer la présente requête en autorisation après le délai prévu à l'alinéa 334.15(2)b) des *Règles des Cours fédérales*.
2. Aux fins de la présente ordonnance et en plus des définitions figurant ailleurs dans la présente ordonnance, les définitions suivantes s'appliquent et d'autres termes utilisés dans la présente ordonnance ont le même sens que dans la déclaration commune :
 - a) « **Avocats du groupe** » s'entend de Fasken Martineau Dumoulin LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere et Sotos LLP;
 - b) « **groupe** » s'entend collectivement du groupe des enfants et du groupe des familles;
 - c) « **groupe des enfants** » s'entend de tous les membres des Premières Nations qui n'avaient pas atteint l'âge de la majorité de la province ou du territoire concerné et qui, durant la période visée par le recours collectif, ont été privés (que ce soit à cause d'un refus ou d'une lacune) d'un service ou d'un produit public essentiel relié à un besoin confirmé ou pour qui le service ou le produit a été retardé en

raison notamment d'un manque de financement ou d'un défaut de compétence ou par la suite d'une lacune de service ou d'un conflit de compétence avec un autre gouvernement ou ministère;

- d) « **groupe des familles** » s'entend de toutes les personnes qui sont le frère, la sœur, la mère, le père, la grand-mère ou le grand-père d'un membre du groupe des enfants;
- e) « **membres du groupe** » s'entend de toutes les personnes qui sont membres du groupe;
- f) « **période visée par le recours collectif** » s'entend de la période commençant le 1^{er} avril 1991 et se terminant le 11 décembre 2007;
- g) « **Première Nation** » et « **Premières Nations** » s'entendent des peuples autochtones du Canada, y compris au Yukon et dans les Territoires du Nord-Ouest, qui ne sont ni Inuits ni Métis et comprennent :
 - i. les personnes qui possèdent le statut d'Indien en vertu de la *Loi sur les Indiens*, LRC 1985, c I-5;
 - ii. les personnes qui ont droit à l'inscription en vertu de l'article 6 de la *Loi sur les Indiens* au moment de l'autorisation;
 - iii. les personnes qui ont satisfait aux critères d'appartenance à une bande prévus aux articles 10 à 12 de la *Loi sur les Indiens*, de sorte que leur communauté de Première Nation respective a décidé de l'appartenance à

ses effectifs en fixant les règles et que les personnes ont été considérées comme ayant satisfait aux exigences prévues par ces règles d'appartenance et que leur nom a été consigné dans la liste de bande;

iv. les personnes, outre celles visées aux alinéas i) à iii) ci-dessus, qui sont reconnues comme citoyens ou membres de leur Première Nation respective en vertu d'ententes ou de traités, de coutumes, de traditions et de lois autochtones à la date du procès ou du règlement du présent litige.

3. L'instance est donc autorisée comme recours collectif contre la défenderesse en vertu du paragraphe 334.16(1) des *Règles des Cours fédérales*.
4. Le groupe est composé du groupe des enfants et du groupe des familles, tous au sens défini dans la présente ordonnance.
5. Les réclamations présentées au nom du groupe à l'encontre de la défenderesse sont de nature constitutionnelle et ont trait à la négligence et au manquement à l'obligation fiduciaire de la Couronne envers le groupe.
6. La réparation demandée par le groupe comprend des dommages-intérêts, des dommages-intérêts fondés sur la Charte, la restitution, des dommages-intérêts punitifs et des dommages-intérêts exemplaires.
7. Zacheus Joseph Trout est nommé comme représentant demandeur et est réputé constitué un représentant demandeur adéquat du groupe, conformément avec les exigences de l'alinéa 334.16(1)e).

8. Les avocats du groupe sont par les présentes nommés avocats pour le groupe.

9. L'instance est autorisée sur la base des points communs suivants :

a) La conduite de la Couronne telle qu'elle est alléguée dans la déclaration commune [la conduite reprochée] a-t-elle porté atteinte aux droits à l'égalité garantis aux membres du groupe par le paragraphe 15(1) de la *Charte canadienne des droits et libertés*? Plus précisément :

i. La conduite reprochée a-t-elle créé une distinction fondée sur la race ou l'origine nationale ou ethnique des membres du groupe?

ii. La distinction était-elle discriminatoire?

iii. La conduite reprochée a-t-elle renforcé ou accentué les désavantages historiques subis par les membres du groupe?

iv. Dans l'affirmative, la violation du paragraphe 15(1) de la Charte était-elle justifiée au regard de l'article premier de la Charte?

v. Les dommages-intérêts fondés sur la Charte constituent-ils une réparation appropriée?

b) La Couronne a-t-elle été négligente les membres du groupe? Plus précisément :

i. La Couronne avait-elle une obligation de diligence envers les membres du groupe?

- ii. Dans l'affirmative, la Couronne a-t-elle manqué à cette obligation de diligence?
- c) La Couronne a-t-elle manqué à ses obligations prévues au *Code civil du Québec*?
- Plus précisément :
- i. La Couronne a-t-elle commis une faute ou engagé sa responsabilité civile?
 - ii. La conduite reprochée a-t-elle donné lieu à des pertes pour les membres du groupe et, dans l'affirmative, ces pertes constituent-elles un préjudice pour chacun des membres du groupe?
 - iii. Les membres du groupe ont-ils le droit de demander des dommages-intérêts pour les dommages moraux et matériels découlant de ce qui précède?
- d) La Couronne avait-elle une obligation fiduciaire envers les membres du groupe?
- Dans l'affirmative, la Couronne a-t-elle manqué à cette obligation?
- e) Le montant des dommages-intérêts payables par la Couronne peut-il être partiellement déterminé de façon globale en vertu du paragraphe 334.28(1) des *Règles des Cours fédérales*? Dans l'affirmative, quel devrait en être le montant?
- f) La Couronne a-t-elle tiré des avantages pécuniaires quantifiables de la conduite reprochée pendant la période visée par le recours collectif? Dans l'affirmative, la Couronne devait-elle être tenue de restituer ces avantages, et, le cas échéant, quel devrait en être le montant?

- g) La Couronne devrait-elle être condamnée à verser des dommages-intérêts punitifs et/ou majotés? Dans l'affirmative, quel devrait en être le montant?
10. Le plan de déroulement de l'instance joint à l'annexe « A » est par les présentes approuvé, sous réserve des modifications devant y être apportées par suite de la présente ordonnance et de toute autre ordonnance rendue par la Cour.
 11. La forme de l'avis d'autorisation, les modalités de l'avis ainsi que toutes les autres questions connexes seront déterminées par la Cour dans une ou des ordonnances distinctes.
 12. L'avis d'autorisation sera communiqué au même moment que l'avis d'autorisation du recours collectif complémentaire Moushoom (dossiers de la Cour T-402-19/T-141-20) dont les modalités seront déterminées par une ordonnance distincte de la Cour.
 13. Le délai d'exclusion sera de six mois à compter de la date à laquelle l'avis d'autorisation est publié selon les modalités énoncées dans une autre ordonnance de la Cour.
 14. Conformément au paragraphe 334.39(1) des *Règles des Cours fédérales*, aucuns dépens ne seront adjugés à l'une ou l'autre des parties pour la présente requête.

« Mandy Aylen »

Juge

Traduction certifiée conforme

M. Deslippes

ANNEXE A

TRADUCTION NON OFFICIELLE

Numéro de dossier de Cour : T-1120-21

| | |
|--|------------|
| COUR FÉDÉRALE RECOURS COLLECTIF PROJETÉ | |
| ENTRE : | |
| L'ASSEMBLÉE DES PREMIÈRES NATIONS et ZACHEUS JOSEPH TROUT | Demandeurs |
| et | |
| LE PROCUREUR GÉNÉRAL DU CANADA | Défendeur |

PLAN DE POURSUITE PROPOSÉ

Le vingt quatre (24) septembre 2021

SOTOS LLP
180, rue Dundas Ouest
Suite 1200, Toronto ON M5G 1Z8
David Sterns dsterns@sotosllp.com
Mohsen Seddigh mseddigh@sotosllp.com
Jonathan Schachter jschachter@sotosllp.com
Téléphone: 416-977-0007
Télécopieur : 416-977-0717

KUGLER KANDESTIN
1, Place Ville-Marie
Suite 1170, Montréal QC H3B 2A7
Robert Kugler rkugler@kklex.com
Pierre Boivin pboivin@kklex.com
William Colish wcolish@kklex.com
Téléphone : 514-878-2861
Télécopieur : 514-875-8424

MILLER TITERLE & CO.
638 rue Smithe
Suite 300, Vancouver C.-B. V6B 1E3
Joelle Walker joelle@millertiterle.com
Tamara Napoleon tamara@millertiterle.com
Erin Reimer erin@millertiterle.com

Téléphone: 604-681-4112
Télécopieur: 604-681-4113

Avocats du demandeur Zacheus Joseph Trout

NAHWEGAHBOW, CORBIERE
5884, Rama Road
Suite 109, Rama ON L3V 6H6

Dianne G. Corbiere dgcorbiere@nncfirm.ca

Téléphone: 705.325.0520
Télécopieur: 705.325.7204

FASKEN MARTINEAU DUMOULIN
55, rue Metcalfe
Suite 1300, Ottawa ON K1P 6L5

Peter N. Mantas pmantas@fasken.com

Téléphone: 613.236.3882
Télécopieur: 613.230.6423

Avocats de la demanderesse l'Assemblée des Premières Nations

Table des Matières

| | |
|--|-----------|
| I. DÉFINITIONS | 4 |
| II. SOMMAIRE | 7 |
| III. PROCÉDURES PRÉ-CERTIFICATION | 7 |
| A. Les Parties | 8 |
| B. Les prétentions | 8 |
| C. Requêtes préliminaires | 8 |
| D. Stratégie de communication préalable à la certification | 9 |
| E. Conférence de Règlement | 10 |
| F. Échéancier | 10 |
| IV. PROCÉDURE POST-CERTIFICATION | 12 |
| A. Échéancier | 12 |
| B. Avis de Certification, Méthode de Notification et Procédures d'Exclusions | 13 |
| C. Identification des (et communication avec les) Membres du Groupe | 16 |
| D. Production des documents | 17 |
| E. Interrogatoires préalables | 18 |
| F. Moyens préliminaires | 18 |
| G. Preuve d'experts | 19 |
| H. Détermination des Questions Communes | 19 |
| V. PROCÉDURES POSTÉRIEURES À LA DÉTERMINATION DES QUESTIONS COMMUNES | 20 |
| A. Échéancier | 20 |

| | | |
|----|---|----|
| B. | Avis de détermination des Questions Communes..... | 20 |
| C. | Formulaires de réclamation..... | 21 |
| D. | Détermination et classification des Membres du Groupe | 23 |
| E. | Processus de distribution des dommages | 26 |
| F. | Processus d'Évaluation de Compensations Individuelles | 27 |
| G. | Coût et financement des procédures | 29 |
| H. | <i>Règlement</i> | 30 |
| I. | Réévaluation du Plan de Poursuite | 30 |

I. DÉFINITIONS

1. Les mots et expressions définis ci-dessous seront utilisés tout au long du présent Plan de Poursuite. Les mots et expressions définis à l'Acte introductif d'instance et qui se retrouvent également au présent Plan de Poursuite doivent, s'ils n'ont pas autrement été définis par la Cour, se voir attribuer le sens qui leur est donné à l'Acte introductif d'instance.

Administrateur du Recours Collectif (« *Class Action Administrator* ») : tout administrateur du règlement ou toute autre firme compétente désigné(e) par la Cour en vue d'assurer l'administration du recours collectif;

Avis de Certification (« *Certification Notice* ») : les informations se trouvant à l'Annexe A du présent Plan de Poursuite, telles qu'elles pourront ultérieurement être modifiées et telles qu'elles auront été approuvées par la Cour;

Avis de Détermination des Questions Communes (« *Common Issues Notices* ») : les informations figurant à l'avis portant sur les **Questions Communes** devant être certifié par la Cour à l'étape de la Certification, tel qu'il pourrait être ultérieurement modifié et tel qu'il aura été approuvé par la Cour;

Dossier du TCDP (« *CHRT Proceeding* ») : dossier du TCDP portant le numéro T1340/7008;

Formulaire de Détermination de Compensation Individuelle (« *Individual Damage Assessment Form* ») : formulaire se trouvant à l'Annexe D du présent Plan de Poursuite (tel qu'il pourrait ultérieurement être modifié et tel qu'il aura été approuvé par la Cour) et devant être utilisé par les **Membres du Groupe Approuvés** en vue de permettre l'évaluation de leurs dommages et d'amorcer le **Processus de Détermination de Compensation Individuelle**;

Formulaire d'Exclusion (« *Opt out Form* ») : formulaire se trouvant à l'Annexe B du présent Plan de Poursuite et utilisé par les Membres du Groupe souhaitant s'exclure du recours collectif (tel qu'il pourrait ultérieurement être modifié et tel qu'il aura été approuvé par la Cour);

Formulaire de Réclamation (« *Claim Form* ») : formulaire se trouvant à l'Annexe C du présent Plan de Poursuite et utilisé par les Membres du Groupe des Enfants et/ou les Membres du Groupe des Familles en vue de soumettre une réclamation (tel qu'il pourrait être ultérieurement amendé et tel qu'il aura été approuvé par la Cour);

Informations de la Couronne (« *Crown Class Member Information* ») : informations devant être communiquées par la Couronne à l'**Administrateur du Recours Collectif** et/ou aux **Procureurs du Groupe**, à la demande des demandeurs et/ou suivant une ordonnance de la Cour), , au sujet des noms et des coordonnées les plus récentes de toutes les personnes

répondant à la définition de Membres du Groupe (telle qu'elle figure à l'Acte introductif d'instance ou telle qu'elle aura autrement été déterminée par la Cour), y compris une liste des noms et coordonnées de tous les Membres du Groupe connus (provenant des informations que la Couronne a en sa possession ou sous son contrôle);

Membre Approuvé du Groupe des Familles (« *Approved Family Class Member(s)* »): tout Membre du Groupe des Familles ayant été approuvé par l'**Administrateur du Recours Collectif** puisqu'il rencontre les critères pour être un Membre Approuvé du Groupe des Familles incluant le frère, la sœur, le père, la grand-mère ou le grand-père d'un **Membre Approuvé du Groupe des Enfants** – que ce dernier soit toujours vivant ou non – pour autant qu'une telle approbation n'ait pas été contestée avec succès;

Membre Approuvé du Groupe des Enfants (« *Approved Child Class Member(s)* »): tout Membre du Groupe des Enfants ayant été approuvé par l'**Administrateur du Recours Collectif** puisqu'il rencontre les critères pour être un Membre Approuvé du Groupe des Enfants, pour autant qu'une telle approbation n'ait pas été contestée avec succès;

Membre du Groupe (« *Class Member(s)* »): toute personne répondant à la définition d'un Membre du Groupe des Enfants ou d'un Membre du Groupe des Familles, tel qu'allégué à l'Acte introductif d'instance et approuvé par la Cour;

Membre du Groupe Approuvé (« *Approved Class Member(s)* »): tout **Membre Approuvé du Groupe des Enfants** et/ou **Membre Approuvé du Groupe des Familles**;

Période d'Exclusion (« *Opt Out Period* »): la date limite pour s'exclure du recours collectif, que les demandeurs proposent de fixer à six (6) mois suivant la date à laquelle l'avis de certification à l'intention du Groupe est publié selon la procédure à être déterminée par la Cour, ou la date limite pour s'exclure du recours collectif telle qu'autrement déterminée par la Cour;

Procédures d'Exclusions (« *Opt Out Procedures* »): les procédures, telles que définies au Plan de Poursuite, permettant à des **Membres du Groupe** de s'exclure du présent recours collectif, telle qu'elles pourraient être ultérieurement modifiées et telles qu'elles auront été approuvées par la Cour;

Procédures d'Exclusions Particulières (« *Special Opt Out Procedures* »): les procédures, telles que définies au Plan de Poursuite, applicables aux **Membres du Groupe** ayant déjà entrepris des recours civils au Canada ou ayant déjà, à la connaissance de la Couronne, retenu les services d'un procureur en vue de s'exclure du présent recours collectif, telles qu'elles pourront ultérieurement être modifiées et telles qu'elles auront été approuvées par la Cour;

Processus de Détermination de Compensation Individuelle (« *Individual Damage Assessment Process* »): la procédure et la méthodologie devant être approuvées par la Cour à l'issue de l'audition portant sur les **Questions Communes**, et qui seront utilisées pour quantifier et distribuer les dommages aux **Membres du Groupe Approuvés** ayant demandé une détermination de compensation individuelle en soumettant un **Formulaire de Détermination de Compensation Individuelle**;

Processus de Distribution des Dommages (« *Aggregate Damages Distribution Process* »): système établi par la Cour en vertu duquel l'**Administrateur du Recours Collectif** doit distribuer l'ensemble des dommages aux **Membres du Groupe Approuvés**.

Procureurs du Groupe (« *Class Counsel* »): le regroupement de cabinets juridiques agissant en tant que procureurs au dossier dans le cadre du présent recours collectif, c'est-à-dire Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Nahwegahbow Corbiere, et Fasken LLP.

Méthode de Notification (« *Notice Program* »): la procédure, telle que définie au présent Plan de Poursuite, pour la communication de l'**Avis de Certification** et/ou l'**Avis de Détermination des Questions Communes** aux **Membres du Groupe**, tel qu'elle pourrait être ultérieurement modifiée et telle qu'elle aura été approuvée par la Cour;

Questions Communes (« *Common Issues* ») : les questions énumérées à l'Avis de Demande de Certification (ou à quel qu'autre document exigé ou émis par la Cour), telles qu'elles pourraient être ultérieurement modifiées et telles qu'approuvées par la Cour.

II. SOMMAIRE

2. Les demandeurs ont introduit la présente action en justice au nom de membres de Premières Nations qui allèguent que la Couronne a contrevenu à l'obligation d'égalité, les privant ainsi de produits et services d'utilités publiques. De fait, le présent recours collectif vise l'avancement des droits fondamentaux de milliers d'enfants et des membres de famille des Premières.

3. Le présent Plan de Poursuite se veut un échéancier régissant l'évolution des procédures et mettant de l'avant certaines méthodes de communication avec les Membres du Groupe conformément aux dispositions du sous-paragraphe 334.16(1)(e)(ii) des *Règles des cours fédérales*. Le présent Plan de Poursuite s'inspire en grande partie de l'action collective portant sur les pensionnats indiens¹, avec de nombreuses modifications afin de rendre la procédure plus efficace et de tenir compte des leçons acquises suite au règlement de ce dossier.

4. Le présent Plan de Poursuite définit en détail les principales étapes des procédures à venir et établit d'entrée de jeu, quoique sous toutes réserves et de façon préliminaire, de quelle manière ces étapes se dérouleront. Étant donné que le dossier en est à ses débuts, il est entendu que le Plan fera l'objet de révisions substantielles au fur et à mesure que le dossier progressera.

III. PROCÉDURES PRÉ-CERTIFICATION

5. Les demandeurs poursuivent cette action parallèlement au dossier de l'action collective consolidée liée (numéros de dossier de cour : T-402-19/T-141-20), qui concerne les services à

¹ Voir *Baxter c. Canada (Procureur Général)*, 2006 CanLII 41673 (Cour supérieure de l'Ontario), de même que les ordonnances rendues subséquemment par la Cour. Voir également le site web du *Secrétariat d'Adjudication des Pensionnats Indiens* (SAPI) : www.iap-pef.ca/home-eng.php.

l'enfant et à la famille des Premières Nations et le Principe de Jordan. Par conséquent, une grande partie du travail et des procédures sont communs à ces deux dossiers.

A. Les Parties

i. Les demandeurs

6. Les demandeurs ont suggéré que le Groupe soit divisé en deux (2) sous-groupes :
 - (a) le Groupe des Enfants; et
 - (b) le Groupe des Familles.
7. Le demandeur représentant est Zacheus Joseph Trout.

ii. La défenderesse

8. La Couronne est la défenderesse en la présente instance.

B. Les prétentions

i. L'acte introductif d'instance

9. Les demandeurs ont produit un Acte introductif d'instance.

ii. Énoncé des moyens de défense

10. La Couronne n'a produit aucun Énoncé des moyens de défense.

iii. Réclamation d'un tiers

11. La Couronne n'a produit aucune Réclamation d'un tiers

C. Requêtes préliminaires

12. Les demandeurs proposent que toute requête préliminaire soit traitée lors de la demande de certification ou tel qu'ordonnée par la Cour.

D. Stratégie de communication préalable à la certification

i. Demandes formulées par des membres potentiels du groupe

13. Les Procureurs du Groupe ont, tant avant que depuis l'introduction du présent recours collectif, reçu diverses communications de la part de Membres du Groupe concernés par les procédures.

14. Le nom, l'adresse, le numéro de téléphone et l'adresse courriel de chaque Membre Potentiel du Groupe ayant contacté les Procureurs du Groupe ont été ajoutés à une base de données confidentielle. De fait, chaque Membre du Groupe est invité à s'enregistrer sur l'un ou l'autre des sites web des Procureurs du Groupe. Une fois enregistrés, les Membres du Groupe reçoivent, sur une base régulière et tant en français qu'en anglais, des mises à jour au sujet de l'évolution du recours collectif. Tout Membre du Groupe qui contacte les Procureurs du Groupe se voit répondre dans la langue qu'il préfère.

ii. Rapports d'Évolution Préalables à la Certification

15. En plus de répondre aux demandes individuelles qui leur sont adressées, les Procureurs du Groupe ont mis sur pied une page web, accessible tant en anglais qu'en français, portant spécifiquement sur le présent recours collectif : <https://sotosclassactions.com/cases/current-cases/first-nations-youth/>. Toutes les informations relatives à l'état du dossier sont postées et mises à jour régulièrement, tant en français qu'en anglais.

16. Des copies des documents de Cour produit publiquement et de toutes les décisions rendues par la Cour sont disponibles sur le site web. Les numéros de téléphone et les adresses courriel des Procureurs du Groupe se trouvant au Québec et en Ontario sont également affichés.

17. Les Procureurs du Groupe transmettent des rapports d'évolution aux Membres du Groupe ayant fourni leurs coordonnées et manifesté leur désir d'être tenus informés des développements survenant dans le cadre du recours collectif.

iii. Démarches de sensibilisation préalables à la certification

18. Les Procureurs du Groupe ont soumis les grandes lignes du recours collectif envisagé au personnel d'un centre de services sociaux d'un Conseil des Premières Nations siégeant au Québec et au Labrador, ainsi qu'à une assemblée des Directeurs de la Jeunesse de Premières Nations de la Colombie-Britannique. Les Procureurs du Groupe organisent présentement d'autres présentations similaires auprès de communautés concernées du Québec et d'autres provinces et territoires.

E. Conférence de Règlement

i. Conférence de Règlement Préalable à la Certification

19. Les demandeurs participeront à un processus de médiation préalable à la Certification en vue de déterminer si une ou plusieurs des questions soulevées dans le cadre du recours collectif pouvaient être résolues.

20. Les demandeurs proposent que la médiation préalable à la Certification se tienne un mois après le dépôt de la demande de certification et des documents à son appui, le cas échéant.

F. Échéancier

21. Les demandeurs proposent que l'échéancier pré-certification ci-dessous soit ordonné par la Cour lors d'une conférence de gestion.

| | Délai |
|--|---|
| Dossier de demande de certification des demandeurs | Date de la signification et du dépôt de l'avis de la demande de certification et du dossier |

| | |
|---|---------------------------------------|
| | de demande de certification (« DSD ») |
| Dossier de l'intimé, le cas échéant | Dans les 90 jours suivant la DSD |
| Dossier de réplique des demandeurs, le cas échéant | Dans les 120 jours suivant la DSD |
| Contre-interrogatoires, le cas échéant | Dans les 150 jours suivant la DSD |
| Transmission des engagements | Dans les 180 jours suivant la DSD |
| Requêtes présentées à la suite de la tenue des interrogatoires préalables | Dans les 120 jours suivant la DSD |
| Tenue d'interrogatoires additionnels, si nécessaire | Dans les 230 jours suivant la DSD |
| Mémoire de fait et de droit des demandeurs | Dans les 250 jours suivant la DSD |
| Mémoire de fait et de droit de l'intimé | Dans les 280 jours suivant la DSD |
| Mémoire en réplique, le cas échéant | Dans les 300 jours suivant la DSD |
| Demande de certification et toute autre requête | Dans les 310 jours suivant la DSD |

IV. PROCÉDURE POST-CERTIFICATION

A. Échéancier

i. Échéancier soumis par les demandeurs pour les démarches postérieures à la certification

22. Les demandeurs entendent tenir le procès soit selon une formule accélérée, soit en fonction d'une combinaison hybride de jugement sommaire et d'audition de vive voix.

23. Les demandeurs suggèrent que l'échéancier "post-Certification" ci-dessous soit retenu:

| | |
|---|--|
| Début du processus de notification de la Certification aux Membres du Groupe | Date à être fixée par la Cour une fois la Certification obtenue |
| Échange des déclarations assermentées | Dans les 70 jours suivant la Notification de la Certification aux Membres du Groupe |
| Requêtes portant sur la production de documents, les interrogatoires des nombreux représentants de la Couronne, ou les interrogatoires de tiers | Dans les 110 jours suivant la notification de la Certification aux Membres du Groupe |
| Interrogatoires préalables | Dans les 140 jours suivant la notification de la Certification aux Membres du Groupe |
| Fin du processus de notification de la Certification aux Membres du Groupe | Dans les 90 jours de la date fixée par la Cour |
| Conférence de gestion de l'instance portant sur la présentation de la preuve d'experts | 170 jours après la notification de la Certification aux Membres du Groupe |
| Requêtes présentées à la suite de la tenue des interrogatoires préalables | Dans les 190 jours suivant la notification de la Certification aux Membres du Groupe |
| Transmission des engagements | Dans les 160 jours suivant la notification de la Certification aux Membres du Groupe |

| | |
|---|--|
| Tenue d'interrogatoires additionnels, si nécessaire | Dans les 210 jours suivant la notification de la Certification aux Membres du Groupe |
| Tenue de l'audition préliminaire portant sur les Questions Communes | 250 jours après la notification de la Certification aux Membres du Groupe |
| Expiration du délai d'exclusion | 180 jours après la notification de la Certification aux Membres du Groupe |
| Audition portant sur les Questions Communes ou procès hybride | 300 jours après la notification de la Certification aux Membres du Groupe |

B. Avis de Certification, Méthode de Notification et Procédures d'Exclusions

i. Avis de Certification

24. L'Avis de Certification et tous les autres avis devant être transmis par les demandeurs aux Membres du Groupe seront traduits en français une fois finalisés et approuvés par la Cour. Les demandeurs verront, toujours sous réserve de l'approbation de la Cour, s'il est nécessaire de traduire l'Avis de Certification et/ou quelque autre avis dans un ou plusieurs langage(s) des Premières Nations.

25. Sous réserve de modifications subséquentes, l'Avis de Certification sera émis en la forme présentée à l'Annexe A du présent Plan de Poursuite.

ii. Méthode de Notification

26. Les demandeurs prévoient transmettre l'Avis de Certification conformément à la Méthode de Notification définie ci-dessous.

27. Les demandeurs communiqueront et/ou publieront l'Avis de Certification (de même que toute version traduite de celui-ci aussitôt que disponible) dans les médias suivants à compter de la date fixée par la Cour, et ce aussi fréquemment qu'il s'avèrera raisonnable de le faire selon les

ordonnances rendues par la Cour en vertu de l'article 334.32 des *Règles des Cours Fédérales*. Les demandeurs prévoient, à cette fin, retenir les Méthodes de Notification suivantes :

- (a) Un communiqué de presse adressé aux Membres du Groupe, dûment approuvé par la Cour et publié le premier jour de la période de notification;
- (b) Communications directes avec les Membres du Groupe :
 - (i) transmises par courrier ordinaire ou électronique aux coordonnées les plus récentes des Membres du Groupe fournies par la Couronne (i.e. Informations de la Couronne);
 - (ii) transmises par courrier ordinaire ou électronique à tous les Membres du Groupe ayant fourni leurs coordonnées aux Procureurs du Groupe (notamment par l'entremise de la page web portant sur le recours collectif);
- (c) Informations distribuées par l'Assemblée des Premières Nations à l'échelle de toutes les bandes membres des Premières Nations situées au Canada;
- (d) Informations transmises par courrier électronique aux sociétés d'aide aux enfants de Premières Nations situées au Canada;
- (e) Informations circulées au moyen des médias suivants:
 - (i) Journaux et autres périodiques indiens tels que *First Nations Drum*, *The Windspeaker*, *Mi'kmaq Maliseet Nations News* et *APTIN National News*;
 - (ii) Chaînes de télévision telles que *The Aboriginal Peoples Television Network*; et/ou

(iii) Réseaux sociaux en ligne tels que *Facebook* et *Instagram*.

iii. Procédures d'Exclusions

28. Les demandeurs suggèrent que les Procédures d'Exclusions définies ci-dessous s'appliquent aux Membres du Groupe qui ne souhaitent pas être liés par le recours collectif.

29. L'Avis de Certification indiquera aux Membres du Groupe de quelle manière il leur est possible de s'exclure du recours collectif en produisant un Formulaire d'Exclusion auprès de l'Administrateur du Recours Collectif et/ou des Procureurs du Groupe.

30. Un seul Formulaire d'Exclusion standard s'appliquera à tous les Membres du Groupe.

31. Tout Membre du Groupe désirant s'exclure du recours collectif devra obligatoirement soumettre un Formulaire d'Exclusion à l'Administrateur du Recours Collectif et/ou aux Procureurs du Groupe à l'intérieur de la Période d'Exclusion.

32. L'Administrateur du Recours Collectif ou les Procureurs du Groupe devront, dans les trente (30) jours suivant l'expiration de la Période d'Exclusion, produire de la Cour et des Parties une déclaration assermentée contenant la liste de toutes les personnes ayant choisi de s'exclure du recours collectif.

iv. Procédures d'Exclusions Particulières

33. Les demandeurs suggèrent que les Procédures d'Exclusions Particulières définies ci-dessous s'appliquent à tous les Membres du Groupe désignés comme une partie demanderesse à quelque action civile introduite au Canada ou ayant déjà (à la connaissance de la Couronne) retenu les services d'un procureur en vue d'introduire à l'encontre de la Couronne une action civile distincte fondées sur les faits et les circonstances faisant l'objet du recours collectif.

C. Identification des (et communication avec les) Membres du Groupe

i. Identification des Membres du Groupe

34. Tel qu'indiqué plus haut, les demandeurs entendent exiger les informations que la Couronne détient au sujet des Membres du Groupe.

ii. Base de données relative aux Membres du Groupe

35. Les Procureurs du Groupe maintiendront à jour une base de données confidentielle au sujet de tous les Membres du Groupe qui les auront contactés. Une telle base de données contiendra, s'ils sont disponibles, le nom, l'adresse, le numéro de téléphone et/ou l'adresse courriel de chaque individu concerné.

iii. Réponses aux demandes formulées par les Membres du Groupe

36. Les Procureurs du Groupe, et le personnel de leur cabinet, répondront à toutes les demandes soumises par des Membres du Groupe.

37. Les Procureurs du Groupe ont mis en place une structure leur permettant de répondre demandes soumises par les Membres du Groupe dans la langue de leur choix, dans la mesure du possible.

iv. Rapports d'évolution postérieurs au Processus de Certification

38. En plus de répondre aux demandes soumises par les Membres du Groupe, les Procureurs du Groupe mettront régulièrement à jour la page web dédiée au recours collectif en y indiquant le stade d'avancement des procédures.

39. Les Procureurs du Groupe transmettront des rapports d'évolution à tous les Membres du Groupe ayant communiqué leurs coordonnées, et ce aussi souvent que nécessaire ou selon les ordonnances de la Cour.

D. Production des documents*i. Affidavits et listes de documents*

40. Les demandeurs devront produire un Affidavit de Documents dans les soixante-dix (70) jours de la publication de l'Avis de Certification adressé aux Membres du Groupe. La Couronne, pour sa part, devra produire une Liste de Documents dans les soixante-dix (70) jours de la publication de l'Avis de Certification adressé aux Membres du Groupe.

41. Il est à prévoir que les Parties produiront des Affidavits (ou des Listes) de Documents additionnels au fur et à mesure que de nouveaux documents seront identifiés.

ii. Production de documents

42. Chacune des Parties devra à ses frais, au moment de transmettre ses Affidavits de Documents, fournir des copies électroniques de tous les documents produits en vertu de l'Annexe A (qui devront eux-mêmes être soumis sous forme électronique).

iii. Requêtes portant sur la production de documents

43. Toute requête portant sur la production de documents devra être présentée au cours des cent-dix (110) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe.

iv. Gestion des documents

44. Chaque Partie assurera la gestion des documents qu'elle produit au moyen d'un système de gestion compatible ou en conformité avec les directives émises par la Cour. Tous les documents devront être produits en format « reconnaissance optique de caractères » (ROC).

45. Chaque production de documents devrait être numérotée et numérisée en vue de permettre le repérage et la classification rapide de la documentation.

E. Interrogatoires préalables

46. Tous les Interrogatoires Préalables devront se tenir dans les cent quarante (140) jours suivant la publication de l’Avis de Certification adressée aux Membres du Groupe.

47. Les demandeurs prévoient demander à la Couronne de consentir à l’interrogatoire de plus d’un représentant. Dans l’éventualité où un désaccord survenait à ce sujet, les demandeurs suggèrent de présenter une requête dans les cent dix (110) jours de la publication de l’Avis de Certification adressée aux Membres du Groupe.

48. Les demandeurs prévoient que, sous réserve des objections et des engagements, l’Interrogatoire Préalable d’un officier de la Couronne adéquatement sélectionné et informé requerra plus ou moins dix (10) jours.

49. Les demandeurs prévoient que sous réserve des objections et des engagements, l’Interrogatoire Préalable des représentants du Groupe requerra plus ou moins une (1) journée.

F. Moyens préliminaires***i. Engagements***

50. Tous les engagements souscrits devront être communiqués dans les cent soixante (160) jours suivant la publication de l’Avis de Certification adressé aux Membres du Groupe.

ii. Requêtes portant sur des objections ou des engagements

51. Les dates d’audition des requêtes portant sur les Objections ou les Engagements soulevés au cours d’Interrogatoires Préalables seront demandées une fois la Certification obtenue. De telles requêtes devront être présentées dans les cent-quatre-vingts-dix (190) jours suivant la publication de l’Avis de Certification adressé aux Membres du Groupe.

iii. Nouvelles comparutions et interrogatoires préalables additionnel

52. Les nouvelles comparutions ou Interrogatoires Préalables additionnels requis à la suite de la communication des réponses aux engagements ou en raison de jugements rendus sur les requêtes portant sur des objections et/ou des engagements devront avoir lieu au cours des cent cinquante (150) jours suivant la publication de l’Avis de Certification adressée au Membres du Groupe.

G. Preuve d’experts

i. Désignation des experts et identification des questions à l’étude

53. Une fois les Interrogatoires Préalables dûment complétés, une Conférence de Gestion de l’Instance devra être tenue au sujet des experts devant participer au procès et à la preuve qu’ils seront appelés à y présenter.

H. Détermination des Questions Communes

i. Audition préliminaire portant sur les Questions Communes

54. Une fois la Certification accordée, il sera demandé à la Cour de fixer la date de l’Audition Préliminaire portant sur les Question Communes.

55. Les demandeurs prévoient qu’une (1) journée complète d’audition sera requise dans le cadre de l’Audition Préliminaire. Ils suggéreront que l’Audition Préliminaire ait lieu dans les deux cents cinquante (250) jours suivant la publication de l’Avis de Certification adressé aux Membres du Groupe, ou au moins quatre-vingt-dix (90) jours avant la tenue de l’audition portant sur les Questions Communes.

ii. Audition portant sur les Questions Communes

56. Une fois la Certification obtenue, il sera demandé à la Cour de fixer la date de l’audition portant sur les Questions Communes.

57. Les demandeurs suggèrent que l'audition portant sur les Questions Communes ait lieu trois cent (300) jours après la publication de l'Avis de Certification adressé aux Membres du Groupe.

58. Parce qu'elle variera en fonction d'une multitude de facteurs, la durée de l'audition portant sur les Questions Communes sera déterminée au cours de la Conférence de Gestion d'Instance.

V. PROCÉDURES POSTÉRIEURES À LA DÉTERMINATION DES QUESTIONS COMMUNES

A. Échéancier

i. Échéancier des demandeurs

59. Les demandeurs suggèrent à la Cour d'ordonner que l'échéancier ci-dessous s'appliquera suite au jugement portant sur les Questions Communes :

| | |
|--|---|
| Émission de l'Avis de Détermination des Questions Communes | Dans les 90 jours de la décision portant sur les Questions Communes |
| Début des auditions portant sur les Questions Individuelles, le cas échéant | Début 120 jours après que la décision ait été rendue |
| Début du Processus de détermination de compensations individuelles | Début 240 jours après que la décision ait été rendue |
| Expiration (de plein droit) du délai de production des Formulaires de Réclamation | Un (1) an après que la décision ait été rendue |
| Expiration (de plein droit en certaines circonstances ou en vertu d'une permission de la Cour) du délai de production des Formulaires de Réclamation | Un (1) an après que la décision ait été rendue |

B. Avis de détermination des Questions Communes

i. Notification aux Membres du Groupe

60. Sous réserve de modifications subséquentes, l'Avis de Détermination des Questions Communes sera substantiellement dans la forme approuvée par la Cour lors de l'audition portant sur les Questions Communes. Il pourra contenir, entre autres choses et sous réserve de

l'approbation de la Cour, certaines informations au sujet de dommages accordés et de circonstances justifiant la détermination de compensations individuelles.

61. Les demandeurs soumettent que l'Avis de Détermination des Questions Communes devrait circuler dans les quatre-vingt-dix (90) jours suivant le jugement portant sur les Questions Communes.

62. L'Avis de Détermination des Questions Communes sera mis en circulation de la même manière que l'Avis de Certification, ou de la façon déterminée par la Cour.

C. Formulaires de réclamation

i. Utilisation des formulaires de réclamation

63. Il sera demandé à la Cour d'approuver (conformément aux dispositions de l'article 334.37 des *Règles des Cours Fédérales*) l'utilisation d'un Formulaire de Réclamation standardisé par tout Membre du Groupe susceptible d'avoir droit à une portion des dommages octroyés ou à quelque forme de compensation individuelle.

ii. Obtention et production d'un formulaire de réclamation

64. La procédure d'obtention et de production d'un Formulaire de Réclamation sera décrite en détail à l'Avis de Détermination des Questions Communes.

65. Sous réserve de modifications subséquentes et de l'approbation de la Cour, les demandeurs suggèrent qu'un seul et même Formulaire de Réclamation standardisé (respectant le gabarit se trouvant à l'Annexe C) s'applique aux trois (3) sous-groupes du Groupe.

66. Les demandeurs suggèrent également que les Membres du Groupe ayant besoin d'aide ou de soutien au moment de compléter un Formulaire de Réclamation puissent bénéficier de conseils

adéquats. Si nécessaire, un processus visant à désigner un tuteur ou un fiduciaire chargé d'apporter de l'aide ou du soutien aux Membres du Groupe sera mis sur pied.

67. Avant de compléter un Formulaire de Réclamation, le Membre du Groupe pourra passer en revue les renseignements détenus par Canada pertinents à sa réclamation (autrement dit, les Informations de la Couronne), qui pourront inclure :

- (a) tous les dossiers en lien avec le placement volontaire ou forcé du Membre du Groupe au sein d'un environnement hors-foyer au cours de la Période du Recours Collectif;
- (b) tous les dossiers indiquant que le Membre du Groupe a eu besoin d'un produit ou d'un service;
- (c) tous les dossiers confirmant que le Membre du Groupe a requis un produit ou un service;
- (d) tous les dossiers relatif au fait que le produit ou le service public demandé par le Membre du Groupe lui a été refusé;
- (e) tous les dossiers relatifs aux produits et/ou aux services que la Couronne a effectivement fournis au Membre du Groupe; et/ou
- (f) tous les dossiers faisant état d'une quelconque relation familiale entre un Membre du Groupe des Familles et un Membre du Groupe des Enfants.

68. Tous les Membres du Groupe devront produire le Formulaire de Réclamation prescrit auprès de l'Administrateur du Recours Collectif et/ou des Procureurs du Groupe à l'intérieur des délais indiqués ci-dessous, ou tels que déterminés par la Cour.

69. Il sera de la responsabilité de l'Administrateur du Recours Collectif de recueillir tous les Formulaires de Réclamation.

iii. Délai de Production des Formulaires de Réclamation

70. Les Membres du Groupe seront informés du délai de production des Formulaires de Réclamation par le biais de l'Avis de Détermination des Questions Communes.

71. Les demandeurs soumettent que les Membres du Groupe devraient bénéficier d'un délai d'un an à compter jugement portant sur les Questions Communes afin de déposer un Formulaire de Réclamation de plein droit, ou selon le délai déterminé par la Cour.

72. Les demandeurs soumettent également que les Membres du Groupe devraient, en certaines circonstances particulières définies par la Cour (par exemple : le fait qu'ils n'étaient pas au courant de leurs droits) ou avec la permission de la Cour (par exemple : en raison de l'état de santé physique ou mentale), avoir le droit de produire un Formulaire de Réclamation plus d'un an après le jugement sur les Questions Communes.

D. Détermination et classification des Membres du Groupe

i. Approbation des Membres du Groupe des Enfants

73. Il reviendra à l'Administrateur du Recours Collectif de déterminer si la personne qui soumet un Formulaire de Réclamation en tant que Membre du Groupe des Enfants se qualifie effectivement comme Membre du Groupe.

74. L'Administrateur du Recours Collectif fondera la détermination dont il est question au paragraphe 75 sur les informations figurant au Formulaire de Réclamation et sur les directives émises par la Cour lors de l'Audition portant sur les Questions Communes. De telles directives pourront, entre autres choses, répondre aux questions suivantes: (a) si le Membre du Groupe a eu besoin d'un produit ou d'un service à quelque moment que ce soit de la Période du Recours Collectif; (b) si le Membre du Groupe s'est vu refuser le produit ou service en question; (c) si la livraison du produit ou service requis s'est vue retardée ou perturbée; (d) si un(e) tel(le) refus,

retard ou perturbation était attribuable à un manque de fonds, à une absence de juridiction ou à un conflit de compétence entre paliers ou départements gouvernementaux; et/ou (e) si un(e) tel(le) refus, retard ou perturbation est survenu(e) après que le Membre du Groupe eût atteint l'âge de la majorité applicable au sein de la province ou du territoire pertinent.

75. L'Administrateur du Recours Collectif procédera également à ces déterminations en fonction des Informations de la Couronne relatives au nombre de Membres du Groupe ayant reçu un produit ou un service en vertu du Principe Jordan (depuis le prononcé de la Décision du TCDP).

76. L'Administrateur du Recours Collectif devra, lorsque cela s'avèrera nécessaire et adéquat, requérir par écrit que la Couronne et/ou le Membre du Groupe des Enfants ayant soumis un Formulaire de Réclamation lui communique(nt) davantage d'informations.

ii. Approbation des Membres du Groupe des Familles

77. Il reviendra à l'Administrateur du Recours Collectif de déterminer si la personne qui soumet un Formulaire de Réclamation en tant que Membre du Groupe des Familles se qualifie effectivement comme Membre du Groupe des Familles.

78. L'Administrateur du Recours Collectif procédera à la détermination dont il est question au paragraphe 79 sur les renseignements figurant au Formulaire de Réclamation et sur les Informations qu'aura fournies la Couronne au sujet de la relation existant entre le potentiel Membre du Groupe des Familles et un Membre Approuvé du Groupe des Enfants.

79. L'Administrateur du Recours Collectif devra, lorsque cela s'avèrera nécessaire et adéquat, requérir par écrit que le Membre du Groupe Jordan ayant soumis un Formulaire de Réclamation lui communique davantage d'informations.

iii. Membres du Groupe décédés

80. La succession de tout Membre du Groupe décédé le ou après le 1er avril 1991 peut soumettre un Formulaire de Réclamation dans le cadre du présent recours collectif.

81. S'il appert que le Membre du Groupe Décédé se serait qualifié en tant que Membre du Groupe Approuvé, sa succession aura le droit d'être indemnisée conformément au Processus de Distribution des Dommages. À moins qu'elle n'y soit explicitement autorisée par la Cour, aucune succession ne pourra être indemnisée en vertu du Processus d'Évaluation de Compensations Individuelles.

iv. Notification des Membres du Groupe / Enregistrement et Contestation des Décisions

82. Dans les trente (30) jours de la réception d'un Formulaire de Réclamation, l'Administrateur du Recours Collectif devra aviser le requérant de sa décision de le reconnaître ou de le rejeter en tant que Membre du Groupe Approuvé. Les personnes dont le statut de Membre du Groupe n'aura pas été reconnu se verront expliquer de quelle manière elles peuvent contester la décision rendue par l'Administrateur du Recours Collectif. Les demandeurs suggèrent que la procédure de contestation inclut la possibilité de soumettre un Formulaire de Réclamation modifié, accompagné de pièces justificatives permettant de démontrer que le requérant est bel et bien un Membre du Groupe.

83. Toutes les parties intéressées auront l'opportunité d'en appeler de toute décision rendue par l'Administrateur du Recours Collectif devant la Cour, ou selon une façon à être déterminée. Les Procureurs du Groupe pourront interjeter appel d'une décision pour et au nom des personnes concernées.

84. L'Administrateur du Recours Collectif conservera tous les dossiers des Membres du Groupe Approuvés ainsi que les Formulaires de Réclamation qu'ils auront soumis, et il communiquera une fois par mois ces informations aux Procureurs du Groupe, à la Couronne et à toute autre partie intéressée. Les Procureurs du Groupe et/ou toute partie intéressée pourront, dans les trente (30) jours de la réception des informations, contester la décision rendue par l'Administrateur du Recours Collectif en transmettant à ce dernier (et à toute autre partie concernée) un exposé de leurs motifs de contestation. La partie répondante aura alors trente (30) jours pour répliquer par écrit à la demande de contestation, à l'expiration desquels l'Administrateur du Recours Collectif devra reconsidérer la décision qu'il a prise et assurer un suivi auprès de toutes les parties.

E. Processus de distribution des dommages

i. Distribution des dommages

85. L'Administrateur distribuera de la manière déterminée par la Cour les dommages obtenus au bénéfice de tous les Membres du Groupe Approuvés.

86. Les demandeurs proposeront que les Membres du Groupe Approuvés aient droit à une certaine proportion des dommages déterminée par l'Administrateur du Recours Collectif en fonction de critères à être approuvés par la Cour, lesquels comprennent, sans s'y limiter : (a) le temps qu'un Membre du Groupe a été privé d'un produit ou d'un service en raison d'un refus, d'un délai ou d'une perturbation (le tout en contravention du Principe de Jordan); (b) l'importance, pour l'enfant, du produit ou du service, et (c) la relation familiale existant entre un Membre du Groupe des Familles et un Membre du Groupe des Enfants.

87. Une fois qu'il les aura informés de la décision qu'il a prise au sujet de leur appartenance à un groupe ou à un autre, l'Administrateur du Recours Collectif devra, à l'intérieur d'un délai

raisonnable que la Cour aura fixé, aviser les Membres du Groupe Approuvés de la proportion de dommages à laquelle chacun a droit en vertu du Processus de Distribution des Dommages approuvé par la Cour.

88. L'Administrateur du Recours Collectifs devra également, le cas échéant, transmettre à chaque Membre du Groupe Approuvé une série de documents comprenant : de l'information quant à la façon de percevoir les dommages auquel il a droit; de l'information quant à l'opportunité pour le Membre du Groupe de recourir au Processus d'Évaluation de Compensations Individuelles; des copies du Formulaire d'Évaluation de Compensation Individuelle accompagnées d'un guide indiquant comment compléter le Formulaire en question; et les coordonnées de ressources susceptibles de fournir des conseils juridiques indépendants. De telles informations seront communiquées selon une forme et un style appropriés à la culture des interlocuteurs, au moyen de médiums interactifs tels que des capsules vidéo d'apprentissage.

ii. Évaluation individuelle des dommages

89. Une fois informés de leur droit au paiement de dommages, les Membres du Groupe Approuvés pourraient être avisés de l'opportunité de bénéficier d'une compensation individuelle établie conformément au Processus d'Évaluation de Compensations Individuelles, tel que défini ci-après.

F. Processus d'Évaluation de Compensations Individuelles

i. Formulaire d'Évaluation de Compensation Individuelle

90. Lorsqu'un Membre du Groupe Approuvé est informé de son droit de percevoir des dommages et de recourir au Processus d'Évaluation de Compensations Individuelles, il recevra un exemplaire du Formulaire d'Évaluation de Compensation Individuelle se trouvant à l'Annexe D.

91. Les demandeurs suggèrent qu'une demande de dommages individuels soit valablement formée par l'envoi d'un Formulaire d'Évaluation de Compensation Individuelle à l'attention de l'Administrateur du Recours Collectif, étant entendu et convenu que seules les personnes désirant recourir au Processus d'Évaluation de Compensations Individuelles seront tenues de produire un Formulaire d'Évaluation de Compensation Individuelle.

ii. Évaluation des Compensations Individuelles

92. Il pourrait être demandé à la Cour d'approuver la structure d'un Processus d'Évaluation de Compensations Individuelles une fois rendu le jugement portant sur les Questions Communes, ou au moment autrement déterminé par la Cour.

93. Un tel Processus d'Évaluation de Compensations Individuelles serait mis à la disposition de tous les Membres du Groupe Approuvés, à l'exception de ceux qui, de l'avis de la Cour à l'issue de l'audition portant sur les Questions Communes, n'ont pas droit à une Compensation Individuelle.

iii. Auditions portant sur les Points Individuels

94. Il sera demandé à la Cour d'émettre des directives, ou de désigner certaines personnes devant lui faire rapport en vertu de l'article 334.26 des *Règles des Cours Fédérales*, ou encore de nommer un juge chargé de réaliser un échantillonnage de test impliquant des Membres du Groupe Approuvés sélectionnés et qui ont choisi de recourir au Processus d'Évaluation de Compensations Individuelles, et cela en vue d'éclaircir les points qui pourraient demeurer pertinents à la suite de la détermination des Questions Communes – par exemple :

- (a) Règles d'audition régissant les évaluations individuelles;
- (b) Grille de compensations individuelles;

- (c) Résolution de différends portant sur la définition de concepts essentiels tels que « service essentiel », « retard » et « conflit de juridiction » et
- (d) Toute autre question soulevée par la Cour ou une partie au cours des débats entourant la détermination des Questions Communes.

G. Coût et financement des procédures

i. Frais juridiques des demandeurs

95. Les frais juridiques encourus par les demandeurs seront payés suivant une formule à pourcentage, sujet à l'approbation de la Cour conformément à l'article 334.4 des *Règles des Cours Fédérales*.

96. L'entente intervenue entre les Représentants du Groupe et les Procureurs du Groupe stipule que les honoraires et déboursés payables à ces derniers seront établis de la manière suivante :

- (a) Recouvrement collectif: vingt pour cent (20%) des premiers deux cent millions de dollars (\$200,000,000) recueillis par voie de règlement ou en vertu d'un jugement, plus dix pour cent (10%) de tout montant recueilli en excédent de la somme de deux cent millions de dollars (\$200,000,000) par voie de règlement ou en vertu d'un jugement;
ET
- (b) Recouvrement individuel: vingt-cinq pour cent (25%) des montants recueillis par voie de règlements ou en vertu d'un jugement.

ii. Financement des dépenses et débours

97. Tous les dépenses et débours de nature juridique encourus par les Représentants du Groupe ont été (et continueront à être) financés par les Procureurs du Groupe – à moins que les Représentants du Groupe et les Procureurs du Groupe n'en viennent éventuellement à la conclusion qu'il est dans le meilleur intérêt du Groupe d'obtenir du financement auprès de

tierces parties. En pareil cas, les Procureurs du Groupe aviseraient la Cour de la situation et requerraient son approbation.

H. Règlement

i. Négociations et offres de règlement

98. Les demandeurs ont entretenu des négociations avec la Couronne en vue de parvenir à un règlement équitable du litige, dans un délai raisonnable.

ii. Médiation et autres modes de résolution de conflits volontaires

99. Les demandeurs ont participé à des séances de médiation et d'autres négociations en vue de résoudre le litige ou de circonscrire les questions en litige.

I. Réévaluation du Plan de Poursuite

i. Flexibilité du Plan de Poursuite

100. Le présent Plan de Poursuite sera réévalué sur une base régulière et pourrait faire l'objet de modifications, avant ou après la détermination des Questions Communes, en fonction de gestion de l'instance continue assurée par la Cour, ou de toute autre manière que la Cour estime appropriée.

Le vingt SOTOS LLP
 quatre (24) 180 rue Dundas Ouest
 septembre Suite 1200
 2021 Toronto, ON M5G 1Z8

David Sterns (LSO#
 36274J)
dsterns@sotosllp.com
 Mohsen Seddigh (LSO#
 70744I)
mseddigh@sotosllp.com
 Jonathan Schachter (LSO#
 63858C)
jschachter@sotosllp.com
 Tél: 416-977-0007
 Téléc.: 416-977-0717

Avocats et procureurs du demandeur Zacheus Joseph Trout

**NAHWEGAHBOW,
 CORBIERE**
 5884 Rama Road,
 Suite 109
 Rama, ON L3V 6H6

Dianne G. Corbiere
dgcorbiere@nncfirm.ca
 Tél.: 705.325.0520
 Téléc.: 705.325.7204

KUGLER KANDESTIN
 1 Place Ville-Marie
 Suite 1170
 Montréal, QC H3B 2A7

Robert Kugler
rkugler@kklex.com
 Pierre Boivin
pboivin@kklex.com
 William Colish
wcolish@kklex.com
 Tél.: 514-878-2861
 Téléc.: 514-875-8424

**FASKEN MARTINEAU
 DUMOULIN**
 55 rue Metcalfe
 Suite 1300
 Ottawa, ON K1P 6L5

Peter N. Mantas
pmantas@fasken.com
 Tél: 613.236.3882
 Téléc: 613.230.6423

Avocats et procureurs de la demanderesse Assemblée des Premières Nations

MILLER TITERLE + CO.
 638 Smithe Street
 Suite 300
 Vancouver, BC V6B 1E3

Joelle Walker
joelle@millertiterle.com
 Tamara Napoleon
tamara@millertiterle.com
 Erin Reimer
erin@millertiterle.com
 Tél.: 604-681-4112
 Téléc.: 604-681-4113

ANNEXE "A"

AVIS DE CERTIFICATION SUGGÉRÉ

VEUILLEZ LIRE LE PRÉSENT AVIS AVEC ATTENTION PUISQU'IL POURRAIT AVOIR UN IMPACT SUBSTANTIEL SUR L'EXERCICE DE VOS DROITS

Nature de la Poursuite

En mars 2019, Sotos LLP, Kugler Kandestin LLP, et Miller Titerle + Co. (collectivement, les "Procureurs du Groupe") ont introduit (devant la Cour Fédérale du Canada siégeant dans le district judiciaire de Montréal, un recours collectif à l'encontre du Procureur Général du Canada (la "Couronne") pour et au nom de demandeurs membres des Premières Nations.

Le recours collectif allège qu'entre le 1^{er} avril 1991 et le 11 décembre 2007, la Couronne a mis en place, à l'échelle du territoire canadien, des politiques de financement discriminatoires ayant eu pour conséquence que plusieurs enfants de Premières Nations se sont vus refusés ou ont reçu tardivement certains produits et services publics.

Le recours collectif a été intenté au bénéfice des membres du Groupe suivant :

(a) tous les jeunes membres des Premières Nations qui se sont vu refuser un produit ou un service public ou à l'égard desquels la livraison d'un produit ou service public s'est vue retardée ou perturbée en raison d'un manque de fonds, d'une absence de juridiction ou d'un conflit de compétence entre paliers ou départements gouvernementaux, entre le 1^{er} avril 1991 et le 11 décembre 2007;

(b) les membres de la famille immédiate d'un membre du sous-groupe défini au paragraphe (a) ci-dessus.

Par ordonnance rendue le [INSCRIRE LA DATE], l'honorable juge [INSCRIRE LE NOM] a certifié l'action intentée à titre de recours collectif et a désigné Zacheus Joseph Trout à titre de représentant du Groupe.

La Cour a également décidé que les questions suivantes, qui s'appliquent à l'ensemble du Groupe, seront débattues lors d'une audition portant sur les Questions Communes :

- [INSCRIRE LES QUESTIONS COMMUNES RECONNUES PAR LE TRIBUNAL]
- ...

Participation au recours collectif

Si vous correspondez à la définition du Groupe, vous êtes automatiquement considéré(e) comme un Membre du Groupe, à moins de vous exclure du recours collectif de la manière décrite ci-dessous. Tous les Membres du Groupe seront liés par le jugement rendu par la Cour, ou tout règlement conclu par les Parties et subséquemment approuvé par la Cour.

À ce stade des procédures, la Cour ne s'est pas prononcée sur les chances de recouvrement des demandeurs ou du Groupe, ni sur le mérite des allégations des demandeurs et/ou des moyens de défense invoqués par la Couronne.

Honoraires, Déboursés et Autres Frais

Vous n'aurez jamais à payer quelque honoraire, déboursé ou autre frais. Lorsqu'il question des honoraires et déboursés judiciaires à prévoir, les Représentants du Groupe et les Procureurs du Groupe ont convenu d'un mandat de représentation prévoyant que les cabinets juridiques concernés seront rémunérés suivant une formule à pourcentage – ce qui signifie en pratique qu'ils ne seront payés qu'en cas de jugement favorable ou d'un règlement hors Cour approuvé.

Vous ne serez d'aucune manière tenu(e) responsable des frais de justice de la partie défenderesse en cas d'échec du recours collectif. Tous les honoraires professionnels payés aux Procureurs du Groupe sont assujettis à l'approbation de la Cour.

Exclusion

Si vous souhaitez, en tant que Membre du Groupe, vous exclure du recours collectif, vous devez compléter et acheminer un « Formulaire d'Exclusion » au plus tard le **[INSCRIRE LA DATE-LIMITE]**. Il vous est possible de télécharger le Formulaire d'Exclusion à partir du site web **[INSCRIRE L'ADRESSE DU SITE WEB]**.

Les Membres du Groupe ayant choisi de s'exclure du recours collectif à l'intérieur du délai stipulé ci-dessus ne recevront aucune des sommes qui pourraient être obtenues par les demandeurs dans ce recours collectif. Tous les

Membres du Groupe qui n'auront pas demandé à être exclus du recours collectif avant l'expiration du délai seront liés par tout jugement rendu à l'issue des procédures (qu'il soit ou non favorable aux demandeurs), de même que par tout règlement intervenu et subséquemment approuvé par la Cour.

Coordonnées

Si vous avez quelque question ou préoccupation au sujet du contenu du présent Avis ou de l'évolution du recours collectif, il vous est possible de contacter les Procureurs du Groupe de différentes manières :

Téléphone: **[NUMÉRO DE TÉLÉPHONE]**

Courriel: **[ADRESSE COURRIEL]**

Ligne d'information sans frais: **[NUMÉRO]**

Courrier ordinaire: **[ADRESSE POSTALE]**

ANNEXE “B”

1283306.1

Error! Unknown document property name.

FORMULAIRE D'EXCLUSION

À L'ATTENTION DE:

[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

[Adresse postale]

[Adresse courriel]

[Numéro de téléphone]

[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je ne souhaite pas participer au recours collectif connu sous le nom de *Zacheus Joseph Trout et als c. Procureur Général du Canada* et portant sur certains actes de discrimination commis à l'encontre d'enfants de Premières Nations. Je comprends qu'une fois exclu(e), je ne pourrai d'aucune manière participer à la distribution des sommes octroyées ou payées dans le cadre du recours collectif, et que si je souhaite obtenir compensation, je devrai introduire une action civile distincte et décider si j'engage un avocat pour me représenter à mes propres frais.

Date: _____

Signature

Nom complet

Numéro civique, numéro d'appt.

Ville, province, code postal

Numéro de téléphone

Adresse courriel

Le présent avis doit être transmis par voie de courrier ordinaire ou de courriel au plus tard le _____ 2022 pour être considéré valide.

1283306.1

Error! Unknown document property name.

ANNEXE “C”

1283306.1

Error! Unknown document property name.

FORMULAIRE DE RÉCLAMATION

À L'ATTENTION DE:

[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

[Adresse postale]

[Adresse courriel]

[Numéro de téléphone]

[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je, soussigné(e), _____ (inscrivez votre nom complet, incluant votre nom de jeune fille le cas échéant), confirme avoir reçu l'Avis du Recours Collectif National connu sous le nom de *Zacheus Joseph Trout et als c. Procureur Général du Canada* et portant sur certains actes de discrimination commis à l'encontre d'enfants de Premières Nations. Ma date de naissance est le _____ (Inscrire le jour, le mois et l'année)

J'estime être un Membre du Groupe et souhaite, en cette qualité, soumettre une réclamation en tant que membre du(des) sous-groupe(s) ci-dessous. (Veuillez cocher d'un X la ou les cases appropriée(s))

Groupe des Enfants

Groupe des Familles

Si vous estimez appartenir au Groupe des Enfants, veuillez résumer ci-dessous les produits et/ou services publics dont vous aviez besoin entre le 1^{er} avril 1991 et le 11 décembre 2007 mais qui vous ont été refusés ou ont été livrés tardivement ou de manière inadéquate.

| Produits et/ou services dont vous aviez besoin | Avez-vous fait la demande de tels produits et/ou services? | Les produits et/ou services en question ont-ils été refusés ou livrés tardivement ou de manière inadéquate? | Date(s) du besoin, de la demande et du refus, du retard ou de la perturbation |
|---|---|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Si vous estimez appartenir au Groupe des Familles, veuillez décrire ci-dessous la relation existant entre vous et un ou plusieurs Membres du Groupe des Enfants:

1283306.1

Error! Unknown document property name.

| Nom complet et numéro de réclamation de chaque Membre Approuvé du Groupe des Enfants faisant partie de votre famille | Relation existant entre vous et cette personne (i.e. la mère, le frère, la soeur, le grand-père ou la grand-mère d'un Membre Approuvé du Groupe des Enfants) |
|---|---|
| | |
| | |
| | |
| | |

Mon adresse postale est la suivante:

Numéro civique, numéro d'appt.

Ville, province

Code postal

Numéro(s) de téléphone

Adresse courriel

Signature: _____ Date: _____

ANNEXE “D”

1283306.1

Error! Unknown document property name.

FORMULAIRE D'ÉVALUATION DE COMPENSATION INDIVIDUELLE

À L'ATTENTION DE:

[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

[Adresse postale]

[Adresse courriel]

[Numéro de téléphone]

[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je, soussigné(e), _____ (inscrivez votre nom complet, incluant votre nom de jeune fille le cas échéant) confirme avoir été informé(e) du fait que je suis un Membre Approuvé du Groupe des Enfants. Mon numéro de réclamation est _____ [inscrivez le numéro de réclamation qui vous a été attribué]

Je confirme également qu'on m'a bien expliqué dans quelle mesure et de quelle manière je peux exiger une évaluation de compensation individuelle conformément aux paramètres du Processus d'Évaluation de Compensations Individuelles.

Je reconnais et conviens que j'ai l'opportunité d'obtenir des conseils juridiques indépendants au sujet du processus et qu'il m'est possible d'obtenir de l'assistance gratuite en vue de compléter le présent formulaire en contactant [inscrire les coordonnées du point de contact].

Je résume ci-dessous l'expérience que j'ai vécue lorsque les produits et/ou services publics dont j'avais besoins m'ont été refusés ou ont été livrés tardivement ou de manière inadéquate, de même que les conséquences d'une telle expérience.

[La forme du Formulaire d'Évaluation de Compensation Individuelle sera établie une fois qu'un jugement aura été rendu à propos des Questions Communes, étant entendu que l'objectif du document sera de recueillir les informations suivantes auprès de Membres du Groupe Approuvés]:

- *Faits, situations et circonstances ayant justifié la demande d'un produit ou d'un service public;*
- *Raisons expliquant le refus de livraison du produit ou service;*
- *Département(s) de contact;*
- *Autorisations permettant à la Couronne d'obtenir certains documents; et*
- *Toutes autres informations jugées nécessaires ou utiles.]*

1283306.1

Error! Unknown document property name.

Signature: _____ Date: _____

1283306.1

Error! Unknown document property name.

**Schedule C - Framework for
Supports for Claimants in
Compensation Process**

Holistic Wellness Supports Relating to Compensation Under the Class Actions on First Nations Child and Family Services and Jordan's Principle

The parties to the compensation settlement negotiations regarding First Nations Child and Family Services (FNCFS) and Jordan's Principle recognize the need to provide trauma-informed, culturally safe, and accessible health and cultural supports to class members as they navigate the compensation process, as well as supports they may require following the claims process and over the course of their lives. Given that First Nations partners have emphasized the cultural appropriateness of the [Indian Residential Schools Resolution Health Support Program](#) (IRS-RHSP), the presented components are services that mirror the IRS-RHSP with special consideration for the needs of children, youth and families. The approach would seek to build from and emphasize the best practices and innovation demonstrated through the IRS-RHSP and support the First Nations mental wellness continuum and continuity of services for class members. Funding provided to First Nations service providers under the IRS-RHSP does not exclude other community members from accessing cultural and emotional supports. This approach would continue in the current claims process. Fee for service mental health counselling is available to class members regardless of their eligibility for Non-Insured Health Benefits.

Components for the approach are based on the following considerations:

- Ensuring services are aligned with the [First Nations Mental Wellness Continuum Framework](#) (FNMWCF), which is widely endorsed and developed with First Nations partners, to guide culture as foundation and holistic navigation supports.
- Supporting the largest class action client cohort to date, and unique given the focus on children and youth and/or adverse childhood experiences.
- Recognizing the generational nature of this compensation, mental health and cultural supports will need to be available over the duration of the claims process and flexible to accommodate differing timelines on compensation **and support needs** as class members reach the age of majority. The approach outlined in this annex builds on the existing network of service providers to enable access to a continuity of services, including First Nations community-based programs, mental wellness teams, Non-Insured Health Benefits counselling and other services.
- Supporting, including funding, regional First Nations partners and First Nations governments to implement supports in the claims process.
- Mental health and cultural supports provided by service providers under contribution agreement will be accessible to all impacted community members.
- Adult class members will be appropriately served by the existing network of health and cultural supports with enhancements to capacity.
- Children and youth will be better served by specialized trauma-informed services, provided through existing First Nations organizations that are already serving children, youth, and families.
- Lessons learned from the Missing and Murdered Indigenous Women and Girls (MMIWG) Inquiry are that client utilization ramped up more quickly than in the first years of the IRS-RHSP. This is likely due to increased awareness and availability of services.
- There is a need for a specific line with chat/text function and case management supports for class members on a confidential basis to easily navigate access to trauma-informed services supported by culturally relevant assessments and comprehensive case management.
- The role of case management is to prevent class members having to repeat their stories and minimize re-traumatization.
- Collaboration with Correctional Services of Canada (CSC), provincial and territorial correctional services and youth detention centers (YDC) is needed to ensure services are provided to class members that are in custody.
- Collaboration with a variety of educational providers (community based, federal, and provincial and territorial) is needed to ensure that services are provided/referred in a way that is accessible to school-aged children, including leveraging expertise in existing youth programs and mental wellness teams that work closely with schools.

Guiding principles for building options:

| PRINCIPLES | DESCRIPTION |
|--|--|
| <p>Child & youth focus, competent service</p> | <p>Healthy child [and youth] development is a key social determinant of health and is linked to improved health outcomes in First Nations families and communities. Successful services for Indigenous children and youth include programs that: are holistic, community-driven and owned; build capacity and leadership; emphasize strengths and resilience; address underlying health determinants; focus on protective factors; incorporate Indigenous values, knowledge and cultural practices; and meaningfully engage children, youth, families and the community (FNMWCF, p. 16 & Considerations for Indigenous child and youth population mental health promotion in Canada). Creating safe and welcoming environments where First Nations children, youth and families are assured their needs will be addressed in a timely manner is essential. Child development expertise, neuro-diverse services and other considerations must be accounted for.</p> |
| <p>Client-centred care within holistic family and community circle/context</p> | <p>Services and supports build on individual, family and community strengths, considers the wholistic needs of the person, [family and community] (e.g., physical, spiritual, mental, cultural, emotional and social) and are offered in a range of settings (Honouring Our Strengths, p. 41). Services are accessible regardless of status eligibility and place of residence. Services consider neuro-diversity, especially in the case of children and youth.</p> |
| <p>Trauma-informed, Child development-informed</p> | <p>Trauma-informed care involves understanding, recognizing, and responding to the effects of all types of trauma experienced as individuals at different development stages of life and understands trauma beyond individual impact to be long-lasting, transcending generations of whole families and communities. A trauma-informed care approach emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors (individuals, families, and communities) rebuild a sense of control and empowerment. Trauma-informed services recognize that the core of any service is genuine, authentic and compassionate relationships. With trauma-informed care, communities, service providers or frontline workers are equipped with a better understanding of the needs and vulnerabilities of First Nations clients affected by trauma (FNMWCF: Implementation Guide, p. 81).</p> |
| <p>Provision of culturally safe assessments</p> | <p>Assessment frameworks, tests, and processes must be developed from an Indigenous perspective, including culturally appropriate content (Thunderbird Partnership Foundation's <i>A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People</i>).</p> |
| <p>Provision of coordinated & comprehensive continuum of services (i.e. awareness of other programs & services)</p> | <p>Active planned support for individuals and families to find services in the right element of care transition from one element to another and connect with a broad range of services and supports to meet their needs. A comprehensive continuum of essential services includes: Health Promotion, Prevention, Community Development, Education, Early Identification and Intervention, Crisis Response, Coordination of Care and Care Planning, Withdrawal Management, Trauma-informed Treatment, Support and Aftercare (Honouring Our Strengths, p.3 & FNMWCF, p. 45). The Continuum of Services will aim to prevent class members needing to repeat their stories.</p> |
| <p>Enhanced care coordination & planning</p> | <p>Ensure timely connection, increased access, and cultural relevancy [and safety] across services and supports. It is intended to maximize the benefits achieved through effective planning, use, and follow-up of available services. It includes collaborative and consistent communication, as well as planning and monitoring among various care options specific to individual's holistic needs. It relies upon a range of individuals to provide ongoing support to facilitate access to care (Honouring Our Strengths, p. 60 & FNMWCF, p. 17).</p> |
| <p>Culturally competent workforce through ongoing self-reflection</p> | <p>Awareness of one's own worldviews and attitudes towards cultural differences, including both knowledge of and openness to the cultural realities and environments of the individuals served. A process of ongoing self-reflection and organizational growth for service providers and the system as a whole to respond effectively to First Nations people (Honouring Our Strengths, p. 8).</p> |

| PRINCIPLES | DESCRIPTION |
|--|---|
| Culturally-informed and sustainable workforce: long-term development of First Nations service providers | Education, training and professional development are essential building blocks to a qualified and sustainable workforce of First Nations service providers through long-term approaches, whereby ensuring service continuity. Building and refining the skills of the workforce can be realized by ensuring workers are aware of what exists through both informal and formal learning opportunities, supervision, as well as sharing knowledge within and outside the community (FNMWCF, p. 48). |
| Community-based multi-disciplinary teams (i.e. Mental Wellness Teams) | Grounded in culture and community development, multi-disciplinary teams are developed and driven by communities, through community engagement and partnerships. It supports an integrated approach to service delivery (multi-jurisdictional, multi-sectoral) to build a network of services for First Nations people living on and off reserve (FNMWCF, p. 52, Honouring Our Strengths, p. 79). This approach could link with, or build within, navigation supports for class members to assess their eligibility and access the claims process. |
| Community-based programming | Comprehensive, culturally relevant, and culturally safe community-based services and supports are developed in response to community needs. Community-based programs considers all levels of knowledge, expertise and leadership from the community (FNMWCF, p. 44). |
| Flexible service delivery | Services are developed to embrace diversity and are flexible, responsive, accessible and adaptable to multiple contexts to meet the needs of First Nations peoples, family, and community across the lifespan (FNMWCF, p. 45). There will need to be special consideration for remote communities. |

Component 1: Service Coordination and Care Teams approach for supports to claimants

| Elements | FNMWCF Alignment |
|--|--|
| <ul style="list-style-type: none"> • Interdisciplinary Care Teams for class members to support coordinated, seamless access to services and supports, wherever possible. • Service Coordinators housed in First Nations organizations across the country to exercise case management role and pull assigned team leads for administrative, financial literacy and health and cultural supports (including professional oversight/supervision when necessary) depending on the class member’s needs. Service Coordinators would not be delivering the services themselves but acting as the central point of contact for class members. • Care Teams are based on partnerships between various local/regional organizations (e.g., First Nations financial institutions, IRS-RHSP providers, peer support networks, etc.). • The Final Settlement Agreement would indicate what the base standard for Care Team services must include and the description of Service Coordination functions. • Wherever possible, services are available in local/regional First Nations languages. • Community contact person to be identified as an extension of the sub-regional Care Team. • A national/regional network of Service Coordinators would be brought together for feedback and this would be shared with the Settlement Implementation Committee. These networks would also offer peer support, training, evaluation. | <ul style="list-style-type: none"> • Effective and innovative way to increase access to and enhance the consistency of services; outreach, assessment, treatment, counselling, case management, referral, and aftercare. • Culture as foundation. • Developed and driven by communities. • Based on community needs and strengths. • Effective model for developing relationships that support service delivery collaborations both with provinces and territories and between community, cultural, and clinical service providers. |

Component 2: Bolstering existing network of health and cultural supports

| Elements | FNMWCF Alignment |
|---|---|
| <ul style="list-style-type: none"> Leveraging and expanding the existing network of health and cultural supports housed within First Nations and Indigenous organizations, with an emphasis on child and family-focused supports, to provide trauma-informed care while class members navigate the settlement process. Some of the organizations would be part of the existing network of IRS-RHSP, MMIWG, day schools and other service providers, while others could be new providers, particularly to increase access for children and youth. | <ul style="list-style-type: none"> Enhanced flexible funding. Community development, ownership and capacity building. Self-determination. Culture as foundation. First Nations play key role in hiring of personnel to ensure personnel is recognized by their community. Communities can ensure service provision are culturally safe and appropriate. |

Component 3: Access to mental health counselling to all class members

| Elements | FNMWCF Alignment |
|--|--|
| <ul style="list-style-type: none"> Mental health counselling for individuals, families and communities is provided by regulated health professionals (i.e. psychologists, social workers, culture-based practitioners/ceremonialists) who are in good standing with their respective regulatory body and are enrolled with ISC. Access to counselling is not dependent on residence or Non-Insured Health Benefits eligibility. Counselling would be provided in health professionals, culture-based practitioners/ceremonialists private practice and are primarily paid by ISC on a fee-for-service basis. Counsellors can travel into communities and be reimbursed on a per diem basis. Virtual mental health counselling will be eligible, depending on regulatory college specifications. | <ul style="list-style-type: none"> Enhanced flexible funding. Community development, ownership and capacity building. Self-determination. To increase access to services to class members and their families as defined by First Nations partners. |

Component 4: Support enhancement to the Hope for Wellness Help Line or dedicated line

| Elements | FNMWCF Alignment |
|---|---|
| <ul style="list-style-type: none"> Dedicated support team for class action members that is accessible in First Nations languages, including: <ul style="list-style-type: none"> Access to specialized child and youth expertise, including trauma-informed, child development perspective. Case management function. Referrals to dedicated Care Teams through Service Coordinators (component 1). Referral to information line relating to the application process. Phone line employees will receive training on the class actions, the course of the CHRT complaint and other related legal, policy and social documentation. | <ul style="list-style-type: none"> Quality care system and competent service delivery. Increase access to necessary services. |

Schedule D - Provincial and Territorial Ages of Majority

| Province / Territory | Age of Majority | Governing Statute / Provision |
|-----------------------------|------------------------|--|
| Alberta | 18 years old | <p>“Every person attains the age of majority and ceases to be a minor on attaining the age of 18 years”</p> <p>Source: <i>Age of Majority Act</i>, RSA 2000, c A-6, s 1</p> |
| British Columbia | 19 years old | <p>“From April 15, 1970, (a) a person reaches the age of majority on becoming age 19 instead of age 21, and (b) a person who on that date has reached age 19 but not 21 is deemed to have reached majority on that date”</p> <p>Source: <i>Age of Majority Act</i>, RSBC 1996, c 7, s 1(1)</p> |
| Manitoba | 18 years old | <p>“Every person attains the age of majority, and ceases to be a minor, on attaining the age of 18 years”</p> <p>Source: <i>The Age of Majority Act</i>, CCSM 1988, c A-7, s 1</p> |
| New Brunswick | 19 years old | <p>“A person attains the age of majority and ceases to be a minor on attaining the age of 19 years”</p> <p>Source: <i>Age of Majority Act</i>, RSNB 2011, c 103, s 1(1)</p> |
| Newfoundland And Labrador | 19 years old | <p>“Every person who attains the age of 19 years (a) attains the age of majority; and (b) ceases to be a minor person”</p> <p>Source: <i>Age Of Majority Act</i>, SNL 1995, c A-4.2, s 2</p> |
| Northwest Territories | 19 years old | <p>“Every person attains the age of majority, and majority ceases to be a minor, on attaining the age of 19 years”</p> <p>Source: <i>Age of Majority Act</i>, RSNWT 1988, c A-2, s 2</p> |

| | | |
|----------------------|--------------|--|
| Nova Scotia | 19 years old | <p>“Every person attains the age of majority, and ceases to be a minor, on attaining the age of nineteen years”</p> <p>Source: <i>Age of Majority Act</i>, RSNS 1989, c 4, s 2(1)</p> |
| Nunavut | 19 years old | <p>“Every person attains the age of majority, and ceases to be a minor, on attaining the age of 19 years”</p> <p>Source: <i>Age of Majority Act</i>, RSNWT (Nu) 1988, c A-2, s 2</p> |
| Ontario | 18 years old | <p>“Every person attains the age of majority and ceases to be a minor on attaining the age of eighteen years”</p> <p>Source: <i>Age of Majority and Accountability Act</i>, RSO 1990, c A.7, s 1</p> |
| Prince Edward Island | 18 years old | <p>“Every person attains the age of majority and ceases to be a minor on attaining the age of eighteen years”</p> <p>Source: <i>Age of Majority Act</i>, RSPEI 1988, c A-8, s 1</p> |
| Quebec | 18 years old | <p>“Full age or the age of majority is 18 years. On attaining full age, a person ceases to be a minor and has the full exercise of all his civil rights”</p> <p>Source: <i>Civil Code of Quebec</i>, c CCQ-1991, c 64, s 153</p> |
| Saskatchewan | 18 years old | <p>“Every person attains the age of majority and ceases to be a minor on attaining the age of eighteen years”</p> <p>Source: <i>Age of Majority Act</i>, RSS 1978, c A-6, s 2(1)</p> |
| Yukon | 19 years old | <p>“Every person reaches the age of majority, and ceases to be a minor, on reaching the age of 19 years”</p> <p>Source: <i>Age of Majority Act</i>, RSY, c 2, s 1</p> |

**Schedule E - Summary Chart of
Jordan's Principle / Trout
Approach**

| CLASS | CRITERIA | AMOUNT |
|---|---|-------------------------------------|
| Jordan's Principle Class (2007-2017) | Significant Impact due to Essential Service Gap/Delay/Denial as determined by Framework of Essential Services OR Highest Level of Impact on the Questionnaire ¹ OR Service Gap/Denial/Delay outside of Framework of Essential Services but satisfies Article 6.07 AND Highest Impact on Questionnaire ¹ | Minimum \$40,000 |
| | Lower Impact due to Essential Service Gap/Delay/Denial as determined by Framework of Essential Services OR Service Gap/Denial/Delay outside of Framework of Essential Services but satisfies requirements of Article 6.07 BUT not Highest Level of Impact on Questionnaire ¹ | Up to \$40,000 maximum ² |
| Trout Class (1991-2007) | Significant Impact due to Essential Service Gap/Delay/Denial as determined by Framework of Essential Services OR Highest Level of Impact on the Questionnaire ¹ OR Service Gap/Denial/Delay outside of Framework of Essential Services but satisfies requirements of Article 6.07 AND Highest Impact on Questionnaire ¹ | Minimum \$20,000 |
| | Lower Impact due to Essential Service Gap/Delay/Denial as determined by Framework of Essential Services OR Service Gap/Denial/Delay outside of Framework of Essential Services but satisfies requirements of Article 6.07 BUT not Highest Level of Impact on Questionnaire ¹ | Up to \$20,000 maximum ³ |

¹ To be determined based on a review of Supporting Documentation and Questionnaire responses.

² Amount will depend on number of claimants sharing within Jordan's Principle Class budget of \$3 billion.

³ Amount will depend on number of claimants sharing within Trout Class budget of \$2 billion.

**Schedule F - Examples Chart of
Removed Child Family Class
Approach**

Examples Chart of Removed Child Family Class Approach

This table sets out examples of various scenarios where multiple Caregiving Parents or Caregiving Grandparents apply for, and are approved for compensation with respect to one (1) Removed Child.

| # of Approved Category A: Caregiving Parents (biological) | # of Approved Category B: Caregiving Parents (adoptive or Stepparent) | # of Approved Category C: Caregiving Grandparent(s) | Disposition |
|---|---|---|---|
| 2 | 2 | 4 | <ul style="list-style-type: none"> • Category A parents receive one (1) Base Compensation each. • Other categories receive no compensation. |
| 1 | 2 | 4 | <ul style="list-style-type: none"> • Category A parent receives one (1) Base Compensation. • Category B parents share the one (1) remaining Base Compensation pro rata. • Category C grandparents receive no compensation. |
| 1 | 1 | 4 | <ul style="list-style-type: none"> • Category A parent receives one (1) Base Compensation. • Category B parent receives one (1) Base Compensation. • Category C grandparents receive no compensation. |
| 0 | 2 | 4 | <ul style="list-style-type: none"> • Category B parents receive one (1) Base Compensation each. • Category C grandparents receive no compensation. |
| 0 | 3 | 4 | <ul style="list-style-type: none"> • Category B parents share two (2) Base Compensations pro rata. • Category C grandparents receive no compensation. |
| 0 | 1 | 1 | <ul style="list-style-type: none"> • Category B parent receives one (1) Base Compensation. • Category C grandparent receives one (1) Base Compensation. |

| | | | |
|---|---|-----------|---|
| 0 | 1 | 2 or more | <ul style="list-style-type: none">• Category B parent receives one (1) Base Compensation.• Category C grandparents share one (1) Base Compensation pro rata. |
| 0 | 0 | 1 or 2 | <ul style="list-style-type: none">• Category C grandparent receives one (1) Base Compensation each. |
| 0 | 0 | 3 or more | <ul style="list-style-type: none">• Category C grandparents share two (2) Base Compensations pro rata. |

Schedule G - Investment Committee Guiding Principles

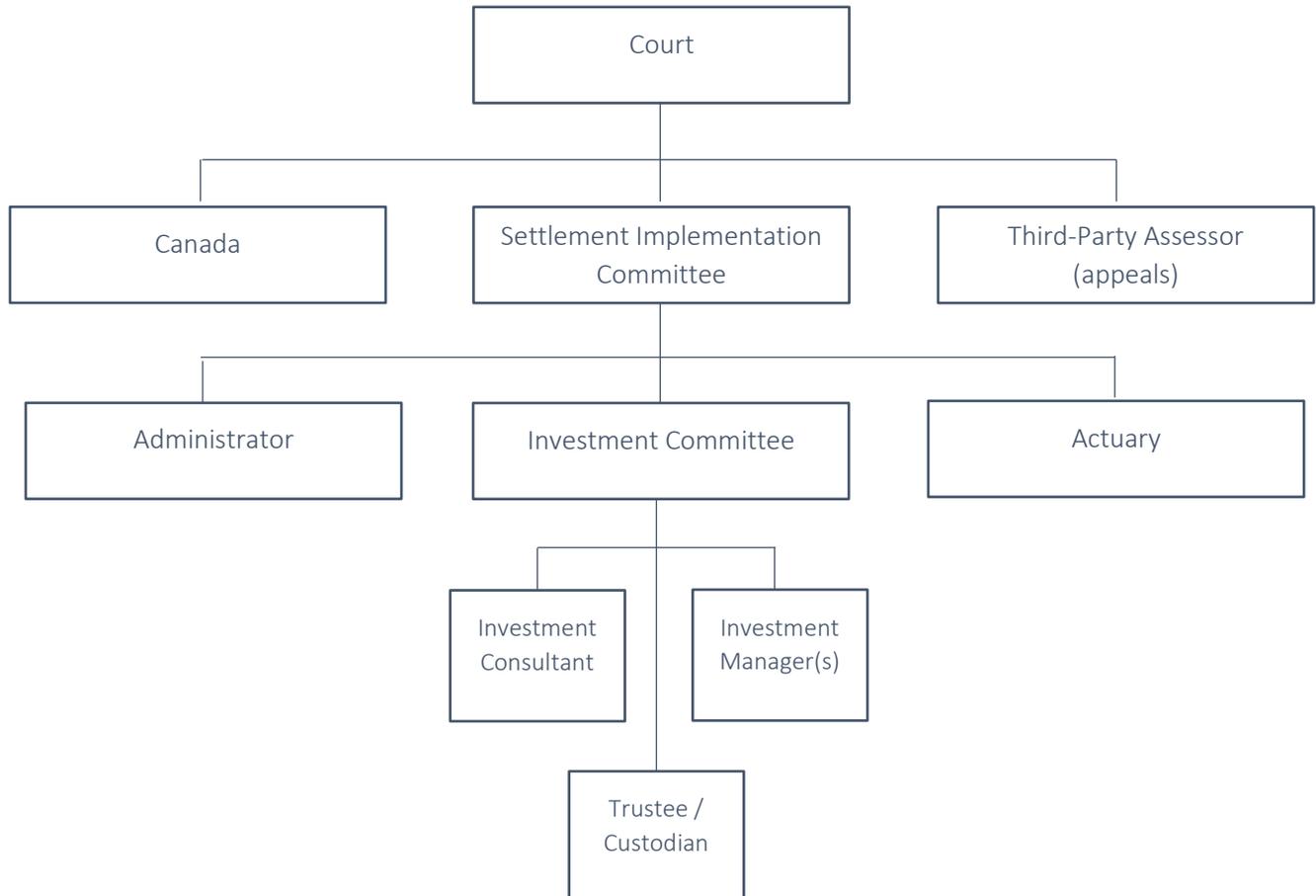
SCHEDULE [●]

Investment Committee Guiding Principles

This Schedule sets out the principles that shall inform the drafting of the Investment Committee Terms of Reference by the Settlement Implementation Committee, as set out in the Final Settlement Agreement.

Basic Governance Structure relating to Investment Committee:

- In order to facilitate the effective management of the Settlement Funds, the Investment Committee should be constituted in a manner that is directly overseen by the Settlement Implementation Committee.** The Investment Committee should be permitted to make decisions within the scope of the Terms of Reference with independence, but is accountable to the Settlement Implementation Committee and, ultimately, the Court. The Investment Committee must be able to communicate with both the Administrator and the Actuary, whether independent of, or through the Settlement Implementation Committee.
- The Settlement Implementation Committee should be responsible for oversight of the entire process, including resolving any issues that may arise from time to time.** Where necessary, the Settlement Implementation Committee is the body responsible for seeking guidance from the Court, on behalf of the Class, the Administrator, the Actuary or the Investment Committee.



3. **The Investment Committee should be guided by a statement of investment goals established by the Settlement Implementation Committee.** These goals should not be prescriptive of methods, but rather establish desired outcomes, with the implementation to achieve these outcomes assigned to the Investment Committee.

4. **The Investment Committee should be empowered, through its Terms of Reference to take the following actions:**
 - a. Establish, review and maintain a Statement of Investment Policies and Procedures, consistent with the investment goals established by the Settlement Implementation Committee;
 - b. Review investment goals and recommending changes to the investment goals to the Settlement Implementation Committee;
 - c. On advice from the Investment Consultant and the Actuary, review the asset mix of the Trust to ensure it is consistent with the Trust's return objectives and risk tolerances. As required, modify the asset allocation to ensure the Trust remains prudently invested and diversified to achieve its long-term objectives.
 - d. Identify and recommend to the Settlement Implementation Committee an Investment Consultant and corporate trustee for the Fund and for an expenses fund, in the case that implementation expenses are pre-paid by Canada.
 - e. Determine the number of investment managers to use from time to time. Select and appoint investment manager(s), set the mandate for each investment manager, terminate investment manager(s) and/or rebalance the funds among the investment manager(s), all based on the advice of the Investment Consultant.
 - f. Periodically (bi-annually, annually, semi-annually, or quarterly) review the performance of the Investment Consultant, custodian and corporate trustee and report the results of the review to the Settlement Implementation Committee.
 - g. Engage the Investment Consultant to provide advice as considered appropriate from time to time.
 - h. Receive, review and approval of reports from the Investment Consultant, investment manager(s) and corporate trustee for the Fund.
 - i. Direct the Investment Consultant and/or investment manager(s) to implement any decisions of the Investment Committee.

- j. Delegate to the investment manager(s) such decisions regarding the investment of the Fund consistent with the Statement of Investment Policies and Procedures.
- k. Monitor compliance of the Trust's investment and investment procedures with the Statement of Investment Policies and Principles.
- l. With assistance from the Investment Consultant, monitor the investment performance of the Fund as a whole. Monitor and review all aspects of the performance and services of the Investment Manager(s) including style, risk profile and investment strategies.
- m. Monitor risks to the Fund with respect to the overall compensation plan.
 - i. With assistance from the Investment Consultant, conduct an annual risk review of the Fund in conjunction with the review by the Settlement Implementation Committee and at such other times as the Investment Committee considers prudent.
 - ii. Implement such risk mitigation strategies as considered prudent and report results to the Settlement Implementation Committee.
- n. Provide assistance to the Auditor as required.
- o. Make recommendations to the Settlement Implementation Committee regarding any Court Approved Protocols and policies that affect the investments of the Fund, including adoption, amendment and termination.
- p. Receive periodic reports from the Actuary regarding expected future compensation payments (amount and timing) and based on advice from the Investment Consultant, determine whether any changes to the Statement of Investment Policies and Procedures is necessary or if any changes to the mandates given to the investment manager(s) is necessary.
- q. Take direction from and being responsive to the Settlement Implementation Committee on a timely basis.

**This is Exhibit "G" referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G



Government
of Canada

Gouvernement
du Canada

[Canada.ca](#) ([Canada.ca](#)) > [Crown-Indigenous Relations and Northern Affairs Canada](#)

> [Reconciliation](#) > [Indian Residential Schools Settlement Agreement](#)

Statistics on the Implementation of the Indian Residential Schools Settlement Agreement

Information update on the Independent Assessment Process From September 19, 2007 to March 31, 2019

- **The deadline to apply to the Independent Assessment Process (IAP) was September 19, 2012**
- The IAP is administered by the Indian Residential Schools Adjudication Secretariat (IRSAS)
- The Government of Canada is responsible for conducting research and disclosing its documents to the IRSAS according to Schedule D of the Indian Residential Schools Settlement Agreement (IRSSA). In addition, the Government of Canada is responsible for negotiating settlements, attending all IAP hearings, and compensating eligible claimants. Statistics shown below reflect how Canada fulfills its obligations. Further statistics are available from [IRSAS](#)

Statistics about the IAP

| Process Summary | | Total |
|---|---|------------------------|
| IAP applications received by the IRSAS | | 38,257 |
| IAP claims for which Canada has disclosed its documents to the IRSAS | | 30,825 |
| IAP claims resolved (% (percent) of applications received) | 38,178 (99%) | |
| | through decisions following a hearing | 26,693 |
| | through negotiated settlements | 4,165 |
| | through negotiated settlements: post hearing | 245 |
| | not admitted or withdrawn or dismissed | 7,075 |
| Total IAP payments approved | | \$3.180 billion |
| Average IAP payment, including legal costs | | \$111,265 |
| Statistics include continuing Alternative Dispute Resolution (ADR) claims as per the IRSSA. | | |

Other updates on the implementation of the Indian Residential Schools Settlement Agreement

Requests to add new Indian residential schools to the IRSSA

- Article 12 of the IRSSA sets out a two-part test that is used to assess

each requested institution to determine if it should be recognized as an Indian residential school

- To date, 9,471 people have asked for 1,531 distinct institutions to be added to the IRSSA. Since implementation of the IRSSA, CIRNAC has determined that 7 requested institutions meet the Article 12 test criteria and have been added as Indian Residential Schools for specific periods of time. The court has also added 3 institutions, the last of which, Kivalliq Hall (Nunavut), was added on December 14, 2016, by the Nunavut Court of Justice, and upheld on appeal by the Nunavut Court of Appeal via decision dated July 20, 2018. Canada did not appeal this decision, and therefore, the total number of eligible Indian Residential Schools under the IRSSA is now 140. There are no remaining Article 12 challenges
- The Order of Madam Justice Brown regarding the Designated Amount Fund (DAF) Wind-Up was entered July 27, 2015. In order to begin transfer of unused funds in the DAF (Designated Amount Fund) to the National Indian Brotherhood Trust Fund and Inuvialuit Education Foundation for educational programs, a bar was placed on any new forms of application or Request for Direction that will have the effect of creating a demand or liability on the DAF, such as seeking to add an institution to Schedule F under Article 12
- For information on institutions requested through Article 12, please visit the official IRSSA web site

Outreach

- The Advocacy and Public Information Program began in 2007 and is a contribution funding program managed by CIRNAC to encourage the sharing of information and ensure that the Aboriginal

community, particularly former students and their families, are aware of all aspects of the IRSSA, including CEP (Common Experience Payment) and IAP. Other objectives include supporting healing and reconciliation, with a particular focus on youth and intergenerational issues

- From 2007 to 2014, over \$28 million was fully invested into 140 regional and national projects across Canada. All of these projects were completed by March 31, 2014

Commemoration

- The IRSSA identifies \$20 million for commemoration to provide former students, their families and communities the opportunity to pay tribute to, honour, educate, remember, and memorialize their experiences by acknowledging the systemic impacts of the residential school system. CIRNAC and the Truth and Reconciliation Commission (TRC) are jointly responsible for the development and implementation of commemoration
- All project funding under the commemoration initiative was allocated by March 31, 2014

Resolution Health Support Program: Indigenous Services Canada

- The Indian Residential Schools Resolution Health Support Program (IRS RHSP) provides mental health and emotional support services to former students and their families before, during and after their participation in IRSSA processes, including CEP, IAP, TRC events and commemoration activities
- The following services are provided:

- **emotional support:** Resolution Health Support workers to listen, talk and provide support through all phases of the IRSSA
 - **cultural support:** Elders and traditional healers for teachings, ceremonies, dialogue and traditional healing
 - **professional counselling:** psychologists and social workers that are registered with Health Canada, for individual or family counselling
 - **assistance with transportation** may be offered when professional counselling and cultural support services are not locally available
- For more information on the program and its services, please visit the [Indigenous Services Canada website](#).

Information update on the Common Experience Payment From September 19, 2007 to March 31, 2016

The deadline for applying to the Common Experience Payment (CEP) was September 19, 2011. The deadline to apply for the CEP under exceptional circumstances was September 19, 2012. After March 31, 2016, updates will be made to the CEP statistics below only when there are significant changes, such as the addition of an institution under Article 12 of the Indian Residential Schools Settlement Agreement or the official completion of the program.

Statistics and information concerning the CEP

| | |
|--|---------------------------------------|
| Process summary | Total |
| Projected number of CEP applications at launch of process | 110,000 |
| Projected number of eligible CEP applications at launch of process | 80,000 |
| Original amount of the CEP Trust Fund | \$1,900,000,000 |
| Total CEP payments, including advance payments | \$1,622,422,106 |
| Average CEP payment | \$20,457 |
| Total CEP applications received since 2007 | 105,530 |
| Total CEP applications received since 2007* | 105,524 |
| Total CEP applications completed: paid or ineligible | 103,236 |
| | applications paid 79,309 |
| | applications ineligible 23,927 |
| Complete CEP applications in progress | 6 |
| * Includes applications where research has been conducted, but authentication requires additional information from applicants. | |

| | |
|--|--|
| Appeal process summary | Total |
| Total reconsideration requests received | 27,798 |
| | reconsideration processed eligible 9,771 |
| | reconsideration processed ineligible 18,022 |
| | reconsideration in progress 5 |

| Appeal process summary | Total |
|---|--------------|
| Total National Administrative Committee (NAC) appeals received | 5,259 |
| NAC appeals processed eligible | 1,164 |
| NAC appeals processed ineligible | 3,511 |
| NAC appeals in progress | 7 |
| Total court appeals received | 741 |
| court appeals processed eligible | 13 |
| court appeals processed ineligible | 723 |
| court appeals in progress | 5 |

CEP remainder

- In accordance with the Indian Residential Schools Settlement Agreement, an audit of the Designated Amount Fund was conducted after September 19, 2011. The audit disclosed a balance in excess of \$40 million which triggered the requirement to disburse amounts to CEP recipients, upon application, as personal credits
- Personal credits are non-cash credits that are redeemable at approved educational entities and groups for individual or group educational services. Personal credits have a maximum value of \$3,000 per individual CEP recipient. Personal credits can be used by the CEP recipient and by certain members of the CEP recipient's

family

- Terms and conditions in respect to the administration of personal credits were negotiated by Canada, and the Assembly of First Nations and by Canada and the Inuit Representatives. The terms and conditions were approved by the Supreme Court of British Columbia on October 31, 2013. The implementation of the personal credits process began in January 2014
- Following the October 31, 2014 deadline to apply for personal credits originally approved by the court and agreed to by all parties, an Order of the Supreme Court of British Columbia extending personal credits deadlines was entered on January 7, 2015. New deadlines are as follows:
 - acknowledgement forms: extended from October 31, 2014, to March 9, 2015
 - redemption forms: extended from December 1, 2014, to June 8, 2015
 - completion of educational activities: extended from April 30, 2015, to August 31, 2015
- As of March 31, 2016, 30,042 personal credits applications had been received and a total of 23,774 redemption forms totaling over \$57 million had been processed
- In order to begin transfer of unused funds in the Designated Amount Fund (DAF) to the National Indian Brotherhood Trust Fund and Inuvialuit Education Foundation for educational programs, Madam Justice Brown issued an Order regarding the DAF Wind-Up on July 27, 2015. A bar was placed on future CEP applications, personal

credits applications and any forms of application or Request for Direction that will have the effect of creating a demand or liability on the DAF, such as seeking to add an institution to Schedule F under Article 12. After extensive efforts by Canada, the Assembly of First Nations and the Inuit Representatives to attempt to locate applicants with whom Canada had lost contact, the court also dismissed over 2,300 incomplete CEP applications

- Any amount remaining in the DAF after all demands and liabilities are satisfied will be distributed in percentage installments approved by the court to the National Indian Brotherhood Trust Fund and the Inuvialuit Education Foundation

Date modified: 2019-02-19

This website is available for archival purposes only and is no longer being updated or monitored. Click [here](http://www.iap-pei.ca/stats-eng.php?act=2021-03-29-eng.php) for more information. (information-eng.php?act=2021-03-29-eng.php)

Indian Residential Schools

Adjudication Secretariat

Secrétariat d'adjudication

des pensionnats indiens

(/home-eng.php)

Independent Assessment Process (IAP) Statistics

FROM SEPTEMBER 19, 2007 TO SEPTEMBRE 30, 2020

- This table shows progress in resolving IAP claims
- To date, 100% of all IAP claims have been resolved
- Close to 90% of all IAP claimants have received compensation under the IAP

Please swipe table to the right to see full info



| Province | All claims received | Claims Resolved | Claims in Progress |
|------------------------------|---------------------|-----------------|--------------------|
| British Columbia | 6,640 | 6,640 | 0 |
| Alberta | 8,376 | 8,376 | 0 |
| Saskatchewan | 8,897 | 8,897 | 0 |
| Manitoba | 5,492 | 5,492 | 0 |
| Ontario | 3,368 | 3,368 | 0 |
| Québec | 2,200 | 2,200 | 0 |
| Yukon Territory | 556 | 556 | 0 |
| Northwest Territories | 1,545 | 1,545 | 0 |
| Nunavut | 529 | 529 | 0 |
| Atlantic | 305 | 305 | 0 |
| Outside of Canada | 368 | 369 | 0 |
| Total | 38,276 | 38,276 | 0 |
| CLAIMS IN PROGRESS | | | 0 |
| Claims at Post Hearing Stage | | | 0 |

| Province | All claims received | Claims Resolved | Claims in Progress |
|--|---------------------|-----------------|------------------------|
| Claims with Hearings Scheduled | | | 0 |
| Other claims to be resolved | | | 0 |
| Hearings to be scheduled (ESTIMATED) | | | 0 |
| Claims that may be resolved through other means (estimate) | | | 0 |
| CLAIMS RESOLVED IN THE LAST SIX MONTHS | | | 12 |
| TOTAL IAP HEARINGS HELD | | | 26,707 |
| SUCCESSFUL CLAIMS | | | 89% |
| AVERAGE COMPENSATION | | | \$91,466.40 |
| AWARDS BY ADJUDICATORS | | | \$2.141 Billion |
| TOTAL PAYMENTS | | | \$3.233 Billion |

The compensation amount is provided by Canada.

The number of in-progress claims excludes claims that are post-decision which may have legal fee rulings or review activities pending.

**This is Exhibit “H” referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G

7 February 2022

Mr. Robert Kugler
Associé / Partner
Kugler Kandestin LLP
1, Place Ville-Marie, Suite 1170
Montréal QC H3B 2A7

RE: Moushoom/Trout – Removed Children Attaining Age of Majority

Rob:

I have estimated the number of children in the removed child class that will attain the age of majority over future years. I made the following assumptions as part of this work.

1. The number of First Nation children entering care in Canada in each fiscal year 2002-03 to 2018-19 is the number estimated by Nico Trocmé, Marie Saint-Girons and myself in our joint report “Estimated Class Size – First Nations Children in Care 1991 to 2019” dated 18 January 2021 (the “**Joint Report**”).
2. The number entering care for fiscal years 2019-20 to 2021-22 were approximately the same as was estimated for the 2018-19 year in the Joint Report – 3,400 per year.
3. In the Joint Report, we estimated the number of children entering care between 1 April 1991 and 31 March 2019 to be 106,000, plus or minus about 15,000. I estimate there are an additional 10,000 First Nation children who entered care from 1 April 2019 to 31 March 2022.
4. The total number of First Nation children who entered care from 1 April 1991 to 31 March 2022 is estimated to be 116,000 plus or minus about 15,000.
5. The age distribution of the children entering care in each year in Canada was similar to the average age distribution of children entering care in Ontario from 2000 to 2012.
6. The age of majority is age 18 in all Canadian jurisdictions with the exception of British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut and Yukon where it is age 19.
7. I referred to the 2016 census numbers that identify population of First Nations people by band and province/territory and determined that 75% of First Nations people live in a province with an age of majority of 18 and 25% live in a jurisdiction with an age of majority of 19. I assumed that any difference by jurisdiction in the probability of a First Nations child being taken into care is not material to the results and I assumed that 75% of children taken into care attain the age of majority at age 18 and 25% at age 19.

I was advised that children taken into care up to 31 March 2022 are to be included in my analysis. I determined that all children taken into care prior to 1 April 2003 will have attained the age of majority by 31 March 2022 and I have ignored them for purposes of this report.

Based on these assumptions, I determined the number of children that entered care in each of the past 19 years by age of entry and the year in which they will attain the age of majority.

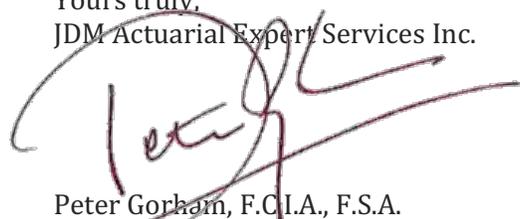
As of 31 March 2022, I estimate that 44,500 of the total 116,000 children are under the age of majority. Consistent with the range provided in the Joint Report, I estimate that number could vary by plus or minus 6,000 – that is the number of children under the age of majority as of 1 April 2022 is likely in the range 38,500 to 50,500.

Based on the single-point estimate of 44,500 under the age of majority, the following table sets out my estimate of the number of First Nations children taken into care from 1 April 1991 to 31 March 2022 who will attain the age of majority in each 12-month period in the future.

| Fiscal Year | Number Attaining Age of Majority |
|----------------------|---|
| Apr 2022 to Mar 2023 | 3,990 |
| Apr 2023 to Mar 2024 | 3,910 |
| Apr 2024 to Mar 2025 | 3,740 |
| Apr 2025 to Mar 2026 | 3,530 |
| Apr 2026 to Mar 2027 | 3,420 |
| Apr 2027 to Mar 2028 | 3,250 |
| Apr 2028 to Mar 2029 | 3,130 |
| Apr 2029 to Mar 2030 | 2,890 |
| Apr 2030 to Mar 2031 | 2,600 |
| Apr 2031 to Mar 2032 | 2,280 |
| Apr 2032 to Mar 2033 | 2,120 |
| Apr 2033 to Mar 2034 | 2,000 |
| Apr 2034 to Mar 2035 | 1,850 |
| Apr 2035 to Mar 2036 | 1,640 |
| Apr 2036 to Mar 2037 | 1,430 |
| Apr 2037 to Mar 2038 | 1,190 |
| Apr 2038 to Mar 2039 | 900 |
| Apr 2039 to Mar 2040 | 530 |
| Apr 2040 to Mar 2041 | 100 |
| Total | 44,500 |

If you have any questions or require additional information, please call me.

Yours truly,
JDM Actuarial Expert Services Inc.



Peter Gorham, F.C.I.A., F.S.A.
President and Actuary

**This is Exhibit "I" referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G

February 23, 2021



COMPENSATION FOR THE DELAY AND DENIAL OF SERVICES TO FIRST NATIONS CHILDREN



OFFICE OF THE PARLIAMENTARY BUDGET OFFICER
BUREAU DU DIRECTEUR PARLEMENTAIRE DU BUDGET

The Parliamentary Budget Officer (PBO) supports Parliament by providing economic and financial analysis for the purposes of raising the quality of parliamentary debate and promoting greater budget transparency and accountability.

This report estimates the financial cost of complying with a Canadian Human Rights Tribunal decision (2019 CHRT 39) as it relates to children who experienced delays and denials of services which should have been available under Jordan's Principle. A previous report estimated the cost of complying with that decision as it relates to children taken into care.

Lead Analyst:

Ben Segel-Brown, Financial Analyst

Contributors:

Salma Mohamed Ahmed, Research Assistant

This report was prepared under the direction of:

Mark Mahabir, Director of Costing and General Counsel

Nancy Beauchamp, Carol Faucher, Jocelyne Scrim and Rémy Vanherweghem assisted with the preparation of the report for publication.

For further information, please contact pbo-dpb@parl.gc.ca

Yves Giroux

Parliamentary Budget Officer

RP-2021-038-M_e

Table of Contents

| | |
|--|-----------|
| Executive Summary | 1 |
| 1. Jordan's Principle | 3 |
| 2. Compensation Order | 5 |
| 3. Affected Children | 6 |
| 4. Cost Implications | 7 |
| 5. Annex A: Eligibility with Service Gaps | 8 |
| 6. Annex B: Estimation of Affected Children | 10 |
| 6.1. 13,000 Under Delayed Claims | 10 |
| 6.2. 100 Under Denied Claims | 12 |
| 6.3. 90,000 Affected by Service Gaps | 12 |
| Notes | 15 |

Executive Summary

In September 2019, the Canadian Human Rights Tribunal (CHRT) ordered Canada to pay compensation to certain First Nations children. That decision included compensation for children who remained in their home but were “denied services or received services after an unreasonable delay or upon reconsideration ordered by [the] Tribunal, between December 12, 2007 ... and November 2, 2017.”

Cost of complying with the compensation order

This report estimates that 33,000 additional persons will be eligible for compensation in relation to the delay and denial of services, entailing a cost of \$1.3 billion. This estimate is highly uncertain due to data limitations. Indigenous Services Canada’s (ISC) initial estimated liability did not include any cost of complying with the Jordan’s Principle aspect of the order.

The total cost of complying with the CHRT’s order consists of the compensation for delays and denials of services estimated in this report and compensation for children taken into care estimated in a prior report to be \$0.9 to \$2.9 billion.

The total cost of complying with the CHRT’s order is estimated to be \$2.2 billion to \$4.2 billion.

Cost of complying under parties’ assumed interpretation of that order

The parties to the CHRT proceeding submitted a framework, approved by the CHRT on 12 February 2021, for the payment of compensation under the CHRT’s order. The framework and the process leading to it suggest that parties intend to offer broader compensation than required by the CHRT order.

Specifically, subsequent submissions indicate that parties have assumed that compensation must be paid to all children who were deprived of essential services as a result of a gap in services. The 2019 CHRT order only requires compensation to be paid to children who were deprived of essential services as a result of a gap in services if that child was taken into care; children who remained in their homes are compensated only for delays and denials of services. With the interpretation apparently assumed by the parties, 250,000 additional persons will be eligible for compensation in relation to the delay and denial of services or gaps and services, entailing a cost of \$10 billion.

This figure is, to an even greater extent, highly uncertain due to data limitations.

The approved compensation framework also explicitly provides for broader compensation for children taken into care. Specifically, it compensates all children taken into care instead of children unnecessarily removed from their home, family, and community. This would result in an estimated \$6.5 billion in compensation being paid in relation to children taken into care.

The total cost of complying with the order based on the interpretation of that order set out in the compensation framework and process leading to that framework is estimated to be \$15 billion after accounting for overlap.

1. Jordan's Principle

The Origins of Jordan's Principle

Jordan River Anderson was a First Nations child with a severe medical condition. He was surrendered into provincial care in order to receive medical services which were not available on-reserve. After spending two years in hospital, he could have been placed into a specialized foster home close to the hospital for the remaining few years of his life. He was unable to do so because Indigenous Services Canada (ISC), Health Canada, and the Province of Manitoba disagreed over who should pay for the costs of home-based care.¹

Jordan's Principle, named in recognition of Jordan River Anderson, is a systemic order of the CHRT regarding the approval of government services for First Nations children.² Where a government service is available to all other children, the government department of first contact must pay for the service. Where a service is not necessarily available to all other children, the government department of first contact must evaluate the needs of the child to determine whether the requested services should be provided to ensure substantive equality, to ensure culturally appropriate services, or to safeguard the best interests of the child.³

Jordan's Principle requests can be submitted by individuals or groups. The individual or group filing the request does not need to specifically invoke Jordan's Principle for it to apply. When a request is refused under another program, ISC considers whether Jordan's Principle applies. When a request specifically invokes Jordan's Principle, it may nevertheless be referred to an applicable existing program.

Jordan's Principle Claim Volumes

The federal government initially applied a narrow definition of Jordan's Principle which focused on jurisdictional disputes related to children with severe medical needs. As a result, very few cases were identified by the federal government where the principle applied. The CHRT subsequently ordered the federal government to revise its definition and reconsider the applications it had denied.

Since the federal government broadened its definition of Jordan's Principle, it has received a large number of claims. More than 594,000 claims were approved between July 2016 and April 2020.⁴ With approximately 375,000 First Nations children including those off-reserve, this represents approximately 1.6 claims per current First Nations child or roughly one per person when including those who became adults during the period.⁵

Since 2017, most approved products and services have been provided under "community managed group requests". From March to August of 2019, 126,257 out of 136,003 approved products and services under Jordan's Principle (92%) were approved under group requests.⁶

The reported volume of services provided under group requests greatly overstates the number of unique children receiving essential services. By volume, most services funded under group requests are activities on the land or social activities which are not generally included on lists of essential services.⁷ In addition, children participate in multiple funded activities and are counted as receiving a service for each event they attend. However, these group requests also included services which are clearly essential, like intensive mental health counselling.

2. Compensation Order

In September 2019, the Canadian Human Rights Tribunal (CHRT) ordered Canada to pay compensation to certain First Nations children and their caregivers.

That CHRT decision included compensation for children unnecessarily removed from their home, family and community. In a previous report, we estimated that 19,000 to 65,100 persons would be eligible for compensation in relation to such removals, entailing a cost of \$0.9 billion to \$2.9 billion. This includes compensation for children removed from their home in order to receive services. The estimate was based on compensation being paid to all children unnecessarily removed from their home, family, and community.

With respect to this aspect of the order addressed in the PBO's prior report, the parties to that agreement proposed a compensation framework, approved by the CHRT on 12 February 2021, which extends compensation to all children removed from the home, including those placed in kinship care and irrespective of whether the removal was unnecessary.⁸ In this way, the cost of compensating children would rise to \$6.5 billion under the compensation framework with 72,000 children and 73,000 parents receiving compensation.

The CHRT order also included compensation for children who remained in their home but were "denied services or received services after an unreasonable delay or upon reconsideration ordered by [the] Tribunal, between December 12, 2007 ... and November 2, 2017." This aspect of the order is the subject of this report.

The parties to the CHRT proceeding have apparently assumed the decision requires compensation to be paid to all children who were deprived of essential services as a result of a gap in services.⁹ However, the CHRT order only requires compensation to be paid to children who were deprived of essential services as a result of a gap in services where that child was taken into care. Further explanation of this point is provided in Annex A.

3. Affected Children

The number of children who were affected by delays and denials of essential services is highly uncertain because Jordan’s Principle claims were not tracked prior to 2017. The below table shows the estimated number of affected children, by group. In total, about 13,000 children are expected to be eligible for compensation, mostly in relation to delayed approval of group claims. A further 90,000 children affected by essential service gaps are assumed not to be eligible but would be eligible under the interpretation apparently assumed by parties to the CHRT proceeding.¹⁰

The estimation of these figures is explained in Annex B.

| Eligibility | Form of denial of services | Individual | Group |
|---|-----------------------------------|-------------------|--------------|
| Eligible | Delayed | 200 | 12,800 |
| | Denied | 10 | 90 |
| | Approved upon reconsideration | 50 | |
| Not eligible but apparently assumed eligible by parties | Service Gaps | 90,000 | |

4. Cost Implications

Each affected child is entitled to \$40,000.¹¹

Any caregiving parents of that child are also each entitled to \$40,000, or if the parents were absent and the children were in the care of one or more grand-parents, any caregiving grandparent of that the child are each entitled to \$40,000.¹² First Nations children live with an average of 1.5 biological parents (or grandparents if parents are absent).¹³

With 13,000 children assumed to be eligible, this implies 20,000 eligible parents for a total of 33,000 persons eligible for compensation. This would entail a cost of \$1.3 billion.

The total cost of complying with the CHRT's order consists of the compensation for delays and denials of services estimated in this report and compensation for children taken into care estimated in a prior report. The total cost of complying with the CHRT's order is estimated to be \$2.2 billion to \$4.2 billion.

Under the interpretation of the CHRT's decision apparently assumed by the parties to that proceeding, eligibility is much broader. If compensation is also paid to the approximately 90,000 First Nations children who were affected by gaps in essential services but were not removed from the home, there would be roughly 100,000 eligible First Nations children and 150,000 eligible parents or grandparents of such children for a total of 250,000 persons eligible for compensation. This would entail a cost of \$10 billion.

As noted earlier, the compensation framework also provides for broader compensation for children taken into care.¹⁴ Specifically, it compensates all children taken into care instead of children unnecessarily removed from their home, family, and community. Under these parameters, and assuming 26% of placements are in informal kinship care only as seen in Quebec, the model set out in our prior report suggests that approximately 72,000 children and 73,000 parents or grandparents would be eligible for compensation in relation to removals.¹⁵ This would suggest the cost of paying compensation for removals would total \$6.5 billion.

This suggests that, in combination, complying with the CHRT's order in the manner set out in the compensation framework would cost \$15 billion, after accounting for the proportionate overlap between the two eligible groups.

5. Annex A: Eligibility with Service Gaps

The parties to the CHRT proceeding have apparently assumed that the decision requires compensation to be paid to all children who were deprived of essential services as a result of a gap in services.¹⁶ The CHRT clarified in a subsequent decision that a service gap, which exists even where no request was ever made, is distinct from delays and denials where a request was made.¹⁷

However, the CHRT order only requires compensation to be paid to children who were deprived of essential services as a result of a gap in services where that child was taken into care. In full, the CHRT order on this point reads:

The Panel finds there is sufficient evidence and other information in this case to establish, on a balance of probabilities, that Canada's systemic racial discrimination found in the Tribunal's Decision 2016 CHRT 2 and subsequent rulings: 2017 CHRT 7, 2017 CHRT 14, 2017 CHRT 35 and 2018 CHRT 4, resulted in harming First Nations children living on reserve or off-reserve who, as a result of a gap, delay and/or denial of services were deprived of essential services and placed in care outside of their homes, families and communities in order to receive those services or without being placed in out of home care were denied services and therefore did not benefit from services covered under Jordan's Principle as defined in 2017 CHRT 14 and 35 (for example, mental health and suicide preventions services, special education, dental etc.). Finally, children who received services upon reconsideration ordered by this Tribunal and children who received services with unreasonable delays have also suffered during the time of the delays and denials. All those children above mentioned experienced pain and suffering of the worst kind warranting the maximum award of remedy of \$20,000 under section 53 (2)(e) of the CHRA. Canada is ordered to pay \$ 20,000 to each First Nation child removed from its home and placed in care in order to access services and for each First Nations child who was not removed from the home and was denied services or received services after an unreasonable delay or upon reconsideration ordered by this Tribunal, between December 12, 2007 (date of the adoption in the House of Commons of the Jordan's Principle) and November 2, 2017 (date of the Tribunal's 2017 CHRT 35 ruling on Jordan's Principle), following the process discussed below. [Emphasis added]

With respect to the children taken into care, the order includes children unable to access services as result of a gap in services. Because these children were included in our previous report on children taken into care, they do not represent additional children entitled to compensation for the purposes of this estimate.

However, with respect to children not taken into care, admissibility is consistently restricted to children who were denied services, received services upon reconsideration, or received services after unreasonable delays. Moreover, the distinction between children who were and were not removed would be irrelevant if both groups were eligible for compensation whenever they were unable to access services. No explanation for the distinction is provided in the CHRT's analysis.

The parties to the CHRT proceeding have apparently assumed that the decision would benefit the large number of First Nations children who were

1. unable to access services as a result of service gaps but did not request those services, and
2. were not taken into care in order to receive those services.¹⁸

In addition, there is some potential ambiguity as there is no analysis supporting this distinction and the CHRT makes statements, in the context of defining a "service gap", which reject Canada's argument that a service must have been requested for compensation to be provided.¹⁹ For this reason, this report presents the consequences of adopting the interpretation apparently assumed by the parties, i.e. that all children affected by service gaps are eligible, irrespective of whether they were taken into care in order to receive those services.

6. Annex B: Estimation of Affected Children

This Annex outlines the calculations of the size of each group of affected children.

Because systematic tracking of Jordan's Principle claims did not begin until June 2017, claims based on requests submitted between June 2017 and the November 2017 cut-off date are analysed separately from those submitted from 12 December 2007 to June 2017. In addition, the lack of tracking means that the number of children affected by delays and denials essential services prior to June 2017 is highly uncertain.

6.1. 13,000 Under Delayed Claims

200 Under Delayed Individual Claims

Based on PBO's analysis of ISC's operational data between June 2017 and November 2017, there are 219 distinct individuals who received approval for services after more than 2 calendar days had elapsed between the time ISC reported having received sufficient information to make a decision and the request being approved.²⁰ Without a case-by-case review of the details or a concrete standard, it is impossible to determine whether these delays were unreasonable. Some were in areas where there is little risk of harm from a few days of delay, like education, but most were in areas that are potentially more urgent like respite care and medical transportation.

Between April 2007 and June 2017, a very small number of Jordan's Principle requests were tracked because the federal government had a narrow interpretation of that principle. As a result, data prior to June 2017 is incomplete, which makes it difficult to identify children potentially eligible for compensation in relation to delays prior to 2017.

For the period prior to June 2017, the federal government conducted a retroactive review of its records using the CHRT's broader definition of Jordan's Principle. Among 203 individual requests identified in this retroactive review, 50 claims were approved upon reconsideration. The children who needed the services identified in these requests are explicitly eligible for compensation under the CHRT's order.

Some individual requests approved between 1 April 2007 and June 2017 may have been unreasonably delayed, but these claims cannot be identified from

any available data as they were not tracked. With only 195 unique children having approved claims in 2016, the historical number of individual claims is likely small relative to claims received after that date and historical group claims.²¹

Overall, it is assumed the delay was unreasonable for 200 children.

12,800 Under Delayed Group Claims

Between June 2017 and November 2017, there were 92 communities who received approval for services after more than 7 days had elapsed. To assess the risk associated with these claims, the PBO requested a sample of Jordan's Principle group claims from ISC. The nature of group events funded under group JP's claims are highly variable – "services" might range from community ice-fishing to intensive mental health counselling. Clearly some individuals received essential services under group requests, but that number is far less than the total of the number of children participating in each event.²²

For the purposes of a rough estimate, it was assumed the each of the 92 delayed group claim provided essential services to 25 children. This roughly aligns with the number of children who received services that would be recommended by a professional – like occupational therapy, physiotherapy, speech and language therapy, and mental health assessments. It excludes activities on the land and social activities.

Across 92 tracked community requests, this would suggest there may be 2,300 children eligible for compensation.

Children would also be eligible in relation to group requests within the scope of Jordan's Principle submitted prior to 2017 that were delayed or denied at the time. This would include examples of Jordan's Principle claims cited by the CHRT, such as a request submitted by Wapekeka First Nation for an in-community mental health team prior to suicides in that community.

There is little information available regarding group requests within the Scope of Jordan's Principle prior to 2017. Prior to 2017, these requests were not systematically identified nor tracked. These requests may have been made to a variety of ISC programs, including public health and education programs. These requests may, or may not, have cited Jordan's Principle. While some of these requests may have been approved, few requests, if any, would have been approved within the CHRT's subsequently established timelines.

In the first four months of 2017, prior to the CHRT's May 2017 order expanding Jordan's Principle, the federal government received an average of 3.5 group requests each month. Assuming this reflects the rate at which requests had been submitted historically, this suggests there may have

been about 420 requests submitted between 2007 and 2017. Assuming each request would have provided essential services to 25 persons, this represents 10,500 persons potentially eligible for compensation.

There is extreme uncertainty around this figure for several reasons. In particular, since May 2017 a large and increasing number of group claims have been submitted. To some extent, this may reflect claims previously submitted to other programs being identified and addressed as Jordan's Principle claims, which would suggest many more children may be eligible for compensation. But it may also reflect First Nations groups submitting more claims because they are aware of the expanded scope of Jordan's Principle or are aware of claims approved under that principle in other communities, which would suggest a similar volume of requests did not exist prior to 2017.

6.2. 100 Under Denied Claims

10 Under Denied Individual Claims

Among the 203 denied requests between 1 April 2007 and 1 November 2017 which were re-reviewed by ISC, 98 were denied upon re-review. Since the re-review was overseen by the CHRT, most of those re-denied claims probably fall outside of the scope of Jordan's Principle. It is assumed that 10 might have been wrongfully redened and give rise to compensation.

90 Under Denied Group Claims

Between June 2017 and November 2017, there were two communities who had requests for services denied. The denied requests each served less than 50 children. This suggests that at most 100 children could be entitled to compensation in relation to post-2017 denied group claims. It is assumed that 90 children are entitled to compensation in relation to these claims. Group claims denied at the time of request prior to 2017 are assumed to be captured in the above estimate of the number of children affected by delays in the approval of group claims. Since group need is generally ongoing, it is assumed that claims denied prior to 2017 would have been resubmitted and approved after 2017, making them cases of delays rather than denials.

6.3. 90,000 Affected by Service Gaps

Whereas delays and denials refer to services that were requested, service gaps are situations where services were required but not requested.²³

As explained above, the CHRT order does not require children to be compensated when they were deprived of an essential service due to a service gap unless they were placed in care. Because our previous estimate of the cost of compensating children taken into care included these children, these are not additional eligible children for the purposes of this estimate.

However, the parties to the CHRT proceeding have apparently assumed, in the process leading to the implementation framework, that these children are eligible.²⁴ So, it is worth estimating the scope of this population who may receive compensation if this interpretation is reflected in an agreement between the parties which is subsequently incorporated into a CHRT order.

Prior to 2017, Jordan's Principle claims were not systematically tracked. As part of its reconsideration of denied claims, ISC attempted to identify and reconsider claims within the scope of Jordan's Principle which might not have been tracked. This involved a search by ISC employees of all their records, as well as a search of newspapers, discussions with regional staff and services providers, and outreach through the Assembly of First Nations. While this process is not subject to any cut-off date, ISC identified 203 claims denied between 1 April 2007 and 2 November 2017, as of 2020. These claims were discussed above.

Nevertheless, the scope of potential untracked claims that could be raised once compensation becomes available is large.

The absence of requests or recommendations does not limit the eligible population. It is quite possible that ISC would have no record of a request for services. It is also quite possible that a service would be recommended by a professional without actually being requested from ISC, especially when published materials indicated that a service was not available and previous requests had been denied. And even if there was never any request or recommendation, families may still be able to make a claim for compensation. While the exact circumstances in which this would occur are not specified, the decision appears to imply that the lack of an assessment, referral or recommendation should not automatically disentitle a claimant where they were unable to access assessment or referral services due to systemic barriers in access to services.²⁵

The CHRT clarification decision indicates that "not all supports, products and services as currently approved by Canada since the Tribunal's rulings in 2017 CHRT 14 and 2017 CHRT 35 are equally necessary" and that as a result, "some measure of reasonableness is acceptable" in defining what is an essential service.²⁶ However, the decision also indicates that children may be entitled to compensation for violations of substantive equality, even if there was no adverse impact on the health or safety of a First Nations child.²⁷ While vague, it appears this definition would exclude the vast majority of services delivered under Jordan's Principle group requests, like activities on the land and social activities. The CHRT clarification decision also suggests that the

services should generally have been recommended by a professional, which supports narrowing compensation to the types of service that would be recommended by a professional, like occupational therapy, physiotherapy, and mental health services.²⁸

The requirement that a service was recommended by a professional, or would have been recommended by a professional but for systemic barriers, roughly aligns the scope of need for which compensation is available with the scope of services now being approved under Jordan's Principle individual requests. As such, it is instructive to look at recent Jordan's Principle claims to understand the scope of need which may have existed historically.

Since expanding its definition of Jordan's Principle, the federal government has approved a large number of individual requests for products and services. In 2019, ISC approved 25,508 individual requests, of which 10,335 were from new and unique children.

The number of new original claims that would have been submitted since 2007 was simulated based on population churn and the specific probabilities of persons with and without a prior JP claim filing a claim in a given month of 2019. Given these assumptions, it is expected that 90,000 unique children would have needed services covered by Jordan's Principle from December 2007 to June 2017. This represents compensation being paid in relation to approximately one in five First Nations persons who were children in 2017 or became adults in the preceding 10 years. While meaningful comparisons are difficult, the Indigenous Services Canada's Non-Insured Health Benefits program paid pharmaceutical benefits to 138,016 registered Indian persons under 19 years of age in the 2018-19 fiscal year alone, about half of registered Indian persons under 19.²⁹ But, this reflects different services being provided to a narrower population and without accounting for repeat need across years.

There will be a moderate administrative burden to bring a claim. Families would have to provide some evidence that they were recommend, or would have been recommended, a service within the scope of Jordan's Principle.

However, there is no requirement to testify or provide any evidence of harm suffered as a result of not receiving services. In addition, there is also a strong incentive to bring forward claims with \$80,000 to \$120,000 in compensation available per family depending on the number of caregivers the child had at the time of the recommendation. The financial compensation available suggests uptake could be very high.

As a result, it is estimated that 90,000 unique children affected by service gaps would receive compensation. However, this figure is extremely uncertain.

Notes

¹ 2016 CHRT 2 at para 352.

² The term services is used in this report for the sake of brevity as most requests are for funding for services, although medical equipment is also provided and the child may receive either the service directly or funding for the cost of the service.

³ 2017 CHRT 35 at para 135.

⁴ Indigenous Services Canada, [Jordan's Principle](#).

⁵ Statistics Canada, [2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016155](#).

⁶ Attorney General of Canada, [Affidavit of Sony Perron](#) (3 October 2019) at 15 (Table 1).

⁷ First Nation Child and Family Caring Society, [Annex B – Clean version of Caring Society's definitions \(with essential services schedule\)](#).

⁸ Attorney General of Canada, Compensation Framework (submitted to the CHRT on 2 Oct 2020, available through the [First Nation Child and Family Caring Society timeline](#)), at § 4.2.1; 2021 CHRT 7.

⁹ In 2020 CHRT 15 at paras 61-120 no party draw any distinction between children who are and are not taken into care with respect to whether a request was require to be eligible for compensation, even in the context of defining a service gap and whether a request was required.

¹⁰ See endnote 9.

¹¹ 2019 CHRT 39 at paras 250, 254.

¹² 2019 CHRT 39 at paras 251, 254. 185.

¹³ Statistics Canada, [2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016350](#).

¹⁴ See endnote 8.

¹⁵ The ratio is not 1.5 to 1 because some parents are excluded because their child was removed due to abuse.

¹⁶ While not explicit, this assumption is apparent throughout the submissions of parties summarized in 2020 CHRT 15.

¹⁷ 2020 CHRT 15.

¹⁸ See endnote 9.

¹⁹ 2020 CHRT 15 at para 106-7, 146.

²⁰ The date on which ISC reports having received sufficient information may not be the same as the date on which the CHRT would consider ISC to have received sufficient information. In addition, due to missing data, it is not possible to determine whether approximately 900 additional claims were approved after more than 2 days had elapsed.

²¹ Data provided by ISC 19 Oct 2020.

²² For the delayed requests, it is difficult to determine the number of children served because of the way in which ISC collects this data. If, for example, a group request funded a series of events in the community, the number of children served would be reported to ISC as the sum of the number of children who attended each event. This is problematic because the same child is counted twice even though they could only be compensated once.

²³ 2020 CHRT 15 at para 106-107.

²⁴ See endnote 9.

²⁵ 2020 CHRT 15 at para 117.

²⁶ 2020 CHRT 15 at para 148.

²⁷ 2020 CHRT 15 at para 147.

²⁸ 2020 CHRT 15 at para 117.

²⁹ ISC, [Non-Insured Health Benefits program: First Nations and Inuit Health Branch: Annual report 2018 to 2019](#) at Figure 4.7: NIHB pharmacy claimants by age group, gender and region: 2018 to 2019

**This is Exhibit "J" referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G

Review of Data and Process Considerations for Compensation Under 2019 CHRT 39

Report prepared for Indigenous Services Canada

February 2022



Fallon, B., Trocmé, N., Saint-Girons, M., Caldwell, J., Quinn, A., Milne, C., Wilson, L., Paul, L., Rotenberg, G., Mercado, J., Rodomar, S., Sistovaris, M., Haber, E., & Livingston, E. (2022). *Review of Data and Process Considerations for Compensation Under 2019 CHRT 39*. Indigenous Services Canada.

Design and formatting: **Leah Gryfe Designs**.

Review of Data and Process Considerations for Compensation Under 2019 CHRT 39

Co-Principal Investigators:

Barbara Fallon, Co-Investigator

Professor, University of Toronto
Factor-Inwentash Faculty of Social Work

Nico Trocmé, Co-Investigator

Professor, McGill University, School of Social Work
Centre for Research on Children & Families

Prepared by:

Marie Saint-Girons, Co-Coordinator

McGill University, School of Social Work
Centre for Research on Children & Families

Johanna Caldwell, Co-Coordinator

McGill University, School of Social Work
Centre for Research on Children & Families

Ashley Quinn, Social Work Faculty Advisor

Assistant Professor, University of Toronto
Factor-Inwentash Faculty of Social Work

Cheryl Milne, Legal Advisor*

Director, Asper Center for Constitutional Rights
Instructor, University of Toronto Faculty of Law

Leyco Wilson, Research Assistant

PhD Student, University of Toronto
Factor-Inwentash Faculty of Social Work

Lisa Paul, Research Assistant

Former Jordan's Principle Service Coordinator
Elsipogtog First Nation, New Brunswick

Graham Rotenberg, Research Assistant

University of Toronto
Faculty of Law

Joseph Mercado, Practicum Law Student

University of Toronto
Faculty of Law

Szymon Rodomar, Research Assistant

University of Toronto
Faculty of Law

Marina Sistovaris, Technical Editor

University of Toronto
Factor-Inwentash Faculty of Social Work

Eden Haber, Research Assistant

McGill University
School of Social Work

Eliza Livingston, Research Assistant

University of Toronto
Factor-Inwentash Faculty of Social Work

**Subsequent authors are listed based on the date they joined the team*

Contents

| | |
|---|----|
| Glossary of Terms | vi |
| Abbreviations | ix |
| Foreword | x |
| Acknowledgements | xi |
| Executive Summary | 1 |
| Introduction | |
| Introduction | 13 |
| Project Scope | 13 |
| Legal Context: Timeline | 14 |
| Compensation Categories | 16 |
| 2019 CHRT 39 compensation categories | 16 |
| Definitions provided in the Final Compensation Framework | 17 |
| Operationalization of the 2019 CHRT 39 compensation categories | 19 |
| Potential differences between the negotiated settlement and the CHRT order | 21 |
| Structure of the Report | 21 |
| I. The Delivery and Documentation of Services to First Nations Children | |
| The Delivery of Services to First Nations Children in Canada | 23 |
| Current structure of First Nations child welfare in Canada | 23 |
| Current structure of health and social services for First Nations children | 28 |
| The Use of Administrative Data to Document the Delivery of Services | 34 |
| What is administrative data? | 34 |
| Growing demand for better data | 34 |
| Advantages of utilizing administrative data | 36 |
| Limitations of utilizing administrative data | 37 |
| A closer look at Indigenous data governance | 42 |
| Summary: Opportunities for overcoming the challenges of using administrative data | 47 |

| | |
|---|----|
| II. Data Availability | |
| Child Welfare Compensation Categories: Data Availability | 49 |
| Overview of approach | 49 |
| Data available at ISC: FNCFS Program | 51 |
| Data available at sampled child welfare agencies and authorities | 57 |
| Summary: Data availability related to child welfare compensation eligibility | 70 |
| Jordan's Principle Compensation Categories: Data Availability | 72 |
| Overview of approach | 72 |
| Data available at ISC | 74 |
| Additional data available outside of ISC | 89 |
| Summary: Data availability related to Jordan's Principle compensation eligibility | 90 |
| Concerns Expressed by Respondents Related to Availability of Data | 91 |
| Data gaps | 91 |
| Inaccessible data | 91 |
| Placement reason | 91 |
| Diversity of definitions | 92 |
| III. Considerations for the Compensation Process | |
| Description of Approach | 94 |
| Compensation Process Concerns and Considerations Expressed by Respondents | 95 |
| Data confidentiality/ownership | 95 |
| Agency responsibility | 95 |
| Agency capacity | 95 |
| Access to compensation process | 96 |
| Support to compensation claimants | 96 |

| | |
|--|------------|
| Exploring Lessons Learned From Canadian and International Approaches to Compensation Agreements | 97 |
| Introduction | 98 |
| Notifying claimants | 101 |
| Applying for compensation | 103 |
| Processing of claims | 112 |
| Conclusion | 115 |
| A Closer Look at Retraumatization | 117 |
| Introduction | 117 |
| Theoretical understanding of retraumatization | 117 |
| Retraumatization in settlement, compensation, and justice-seeking processes | 119 |
| Impacts of retraumatization in settlement processes | 126 |
| Conclusions | 127 |
| Summary: Possibilities for Building on the Compensation Framework | 129 |
| Conclusion | 135 |
| Role of Administrative Data from Health and Social Services Settings | 135 |
| Data Availability | 136 |
| Considerations for the Compensation Process | 138 |
| Moving Forward | 141 |
| References | 143 |

Appendices

| | |
|---|------------|
| A Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect | A-1 |
| B Summary of Process-Related Components of the Final Compensation Framework | B-1 |
| C FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations | C-1 |
| D List of FNCFS-Funded Agencies (FY 2013-2014 to present) | D-1 |
| E List of FNCFS Agency-Band Associations (FY 2013-2014 to present) | E-1 |
| F FNCFS IMS – Data Field Descriptions | F-1 |
| G FNCFS IMS – Drop Down List Values | G-1 |
| H FNCFS IMS – Review of Data Quality | H-1 |
| I Overview of the Availability and Quality of Child Maintenance Data Held by the FNCFS Program at ISC from FY 2013-2014 to Present | I-1 |
| J Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) | J-1 |
| Alberta ISC Region | J-1 |
| Atlantic ISC Region | J-2 |
| BC ISC Region | J-3 |
| Manitoba ISC Region | J-4 |
| Ontario ISC Region | J-5 |
| Quebec ISC Region | J-6 |
| Saskatchewan ISC Region | J-7 |
| Yukon ISC Region | J-8 |
| K FNCFS – Child Maintenance Data Overview – Prior to FY 2013-2014 | K-1 |
| L Data Expungement in the Field of Child Welfare | L-1 |
| M One-Page Project Information Sheet | M-1 |
| N OneTemplate – Child Welfare Data Questionnaire Table | N-1 |
| O [Content withheld for confidentiality] | O-1 |

| | | | | | |
|-----------|--|-------------|------------|---|--------------|
| P | Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory | P-1 | AA | NIHB – Mental Health Care – Data Tables | AA-1 |
| Q1 | Jordan's Principle Data Dictionary – 2017-18 – Individual Requests | Q1-1 | BB1 | CBRT – Data Dictionary CBRT Overview | BB1-1 |
| Q2 | Jordan's Principle Data Dictionary 2017-18 Group Requests | Q2-1 | BB2 | CBRT – Data Dictionary 2013-14 and 2014-15 | BB2-1 |
| Q3 | [Content withheld for confidentiality] | Q3-1 | BB3 | CBRT – Data Dictionary 2015-16 through 2017-18 | BB3-1 |
| Q4 | [Content withheld for confidentiality] | Q4-1 | CC | SIA Community Profiles Database Guide | CC-1 |
| Q5 | Jordan's Principle Data Dictionary 2017-18 Decision Rationales | Q5-1 | DD | Overview of Administrative and Survey Sources Documenting Needs | DD-1 |
| R1 | Jordan's Principle Data Tracker 2017-18 TOC | R1-1 | EE | Overview of Canadian and International Compensation Schemes | EE-1 |
| R2 | Jordan's Principle Data Tracker 2017-18 Methodology | R2-1 | | | |
| R3 | Jordan's Principle Data Tracker 2017-18 Completeness – Individual | R3-1 | | | |
| R4 | Jordan's Principle Data Tracker 2017-18 Completeness – Group | R4-1 | | | |
| R5 | Jordan's Principle Data Tracker 2017-18 U of T – Individual | R5-1 | | | |
| R6 | Jordan's Principle Data Tracker 2017-18 U of T – Group | R6-1 | | | |
| S | Overview of Availability of Data Related to Jordan's Principle Individual and Group Requests in FY 2017-2018 | S-1 | | | |
| T | NIHB – Status Verification System – Data Dictionary | T-1 | | | |
| U | NIHB – Uses and Limitations | U-1 | | | |
| V | [Content withheld for confidentiality] | V-1 | | | |
| W | [Content withheld for confidentiality] | W-1 | | | |
| X | NIHB – Information on Historical Data Systems Used by Regions for Medical Transportation | X-1 | | | |
| Y | NIHB – Medical Transportation Data Reporting | Y-1 | | | |
| Z | NIHB – Alberta Vision Care Database Architecture | Z-1 | | | |

Tables and Figures

Executive Summary

| | |
|---|----------|
| Table 1. Summary of findings regarding data availability in the FNCFS program and sampled child welfare agencies | 4 |
|---|----------|

Introduction

| | |
|--|-----------|
| Table 2. Description of compensation categories under <i>2019 CHRT 39</i> | 16 |
|--|-----------|

| | |
|---|-----------|
| Table 3. Definitions provided in the <i>Final Compensation Framework</i> | 17 |
|---|-----------|

I. The Delivery and Documentation of Services to First Nations Children

| | |
|--|-----------|
| Table 1.1 Administrative responsibility and child welfare service delivery in Canadian provinces and territories (FY 2018-2019) | 24 |
|--|-----------|

| | |
|---|-----------|
| Table 1.2 Overview of the number and type of Jordan's Principle service coordination organizations by jurisdiction | 30 |
|---|-----------|

| | |
|--|-----------|
| Table 1.3 Applications of administrative data sharing | 37 |
|--|-----------|

| | |
|--|-----------|
| Table 1.4 Risks associated with sharing administrative data | 39 |
|--|-----------|

| | |
|---|-----------|
| Table 1.5 Description of child welfare information and data expungement policies across Canada | 40 |
|---|-----------|

II. Data Availability

| | |
|--|-----------|
| Table 2.1 Information of interest to help identify claimants under the CHRT child welfare compensation categories | 50 |
|--|-----------|

| | |
|--|-----------|
| Table 2.2 Format of historical child maintenance data kept by FNCFS ISC regions prior to FY 2013-2014 | 54 |
|--|-----------|

| | |
|--|-----------|
| Table 2.3 List of provincial and delegated agencies in BC that receive funding from FNCFS and the name of the administrative data system they use | 59 |
|--|-----------|

| | |
|---|-----------|
| Table 2.4 List of provincial/delegated agencies in New Brunswick and the name of the administrative data system they currently use | 60 |
|---|-----------|

| | |
|---|-----------|
| Table 2.5 List of provincial/delegated agencies in Ontario and the name of the administrative data system they use | 63 |
|---|-----------|

| | |
|--|-----------|
| Table 2.6 List of provincial/delegated agencies in Quebec and the name of the administrative data system they use | 66 |
|--|-----------|

| | |
|--|-----------|
| Table 2.7 Overview of data availability for information of interest in the current settlement process | 71 |
|--|-----------|

| | |
|---|-----------|
| Table 2.8 Information of interest to help identify claimants under the CHRT Jordan's Principle compensation categories | 73 |
|---|-----------|

| | |
|---|-----------|
| Table 2.9 Services approved under Jordan's Principle and names of ISC programs that offer these services | 74 |
|---|-----------|

| | |
|---|-----------|
| Table 2.10 Availability of Jordan's Principle data prior to FY 2017-2018 | 78 |
|---|-----------|

| | |
|--|-----------|
| Table 2.11 Data on individual Jordan's Principle requests available prior to July 2017 based on information provided by respondents | 79 |
|--|-----------|

| | |
|---|-----------|
| Table 2.12 Overview of availability of data from the NIHB program based on information provided by respondents | 81 |
|---|-----------|

| | |
|--|-----------|
| Table 2.13 Overview of the Home and Community Care program at ISC and the availability and gaps in data it collects | 83 |
|--|-----------|

| | |
|---|-----------|
| Table 2.14 Overview of the Children's Oral Health Initiative (COHI) program at ISC and the availability and gaps in data it collects | 84 |
|---|-----------|

| | |
|---|-----------|
| Table 2.15 Overview of the Indian Residential Schools Resolution Health Support program and the availability of data | 86 |
|---|-----------|

| | |
|--|-----------|
| Table 2.16 Overview of the Education programs at ISC and the availability and gaps in data they collect | 87 |
|--|-----------|

III. Considerations for the Compensation Process

| | |
|---|------------|
| Table 3.1 Notice plans in Canadian and International compensation regimes | 101 |
| Table 3.2 Application design in Canadian and International compensation regimes | 104 |
| Table 3.3 Support provided to claimants in Canadian and International compensation regimes | 109 |
| Table 3.4 Claims processing mechanisms in Canadian and International compensation regimes | 111 |
| Table 3.5 Key findings of review of opportunities to build on the Final Compensation Framework | 129 |

Appendices

| | |
|---|-------------|
| Table I.1 Availability in FNCFS IMS data (FY 2013-2014 to present) to help identify eligible claimants under the child welfare compensation categories | I-1 |
| Table J.1 Data fields available in sample FNCFS child maintenance reports provided by Alberta ISC region (FY2005-2006 to FY2012-2013) | J-1 |
| Table J.2 Data fields available in sample FNCFS child maintenance reports provided by Atlantic ISC region (FY2005-2006 to FY2012-2013) | J-2 |
| Table J.3 Data fields available in sample FNCFS child maintenance reports provided by British Columbia ISC region (FY2005-2006 to FY2012-2013) | J-3 |
| Table J.4 Data fields available in sample FNCFS child maintenance reports provided by Manitoba ISC region (FY2005-2006 to FY2012-2013) | J-4 |
| Table J.5 Data fields available in sample FNCFS child maintenance reports provided by Ontario ISC region (FY2005-2006 to FY2012-2013) | J-5 |
| Table J.6 Data fields available in sample FNCFS child maintenance reports provided by Quebec ISC region (FY2005-2006 to FY2012-2013) | J-6 |
| Table J.7 Data fields available in sample FNCFS child maintenance reports provided by Saskatchewan ISC region (FY2005-2006 to FY2012-2013) | J-7 |
| Table J.8 Data fields available in sample FNCFS child maintenance reports provided by Yukon ISC region (FY2005-2006 to FY2012-2013) | J-8 |
| Table P.1 Overview of availability of data held at the Alberta Ministry of Children's Services (2006-present) | P-2 |
| Table P.2 Overview of availability of data held by the Ministry of Child and Family Development in British Columbia | P-6 |
| Table P.3 Overview of availability of data held by the Department of Families Manitoba | P-10 |
| Table P.4 Overview of availability of data held by the Ministry of Social Development in New Brunswick | P-13 |
| Table P.5 Overview of availability of data in First Nations CFS agency sampled in New Brunswick | P-16 |
| Table P.6 Overview of availability of data held at the Department of Seniors, Children & Social Development in Newfoundland & Labrador since 2000 | P-18 |
| Table P.7 Overview of availability of data held at the Northwest Territories Department of Health & Social Services (2000 to present) | P-21 |
| Table P.8 Overview of availability of data held by the Department of Families in Nova Scotia (2009 to present) | P-24 |
| Table P.9 Overview of data availability in First Nations CFS agencies sampled in Ontario | P-27 |
| Table P.10 Overview of data availability in provincial CFS agencies sampled in Ontario | P-30 |
| Table P.11 Overview of availability of data held by the PEI Ministry of Social Development and Housing (2003 to present) | P-33 |
| Table P.12 Overview of availability of data held by the Ministry of Health and Social Services regions in Quebec | P-36 |
| Table P.13 Overview of data availability in First Nations CFS agency sampled in Quebec | P-40 |
| Table P.14 Overview of availability of data held by the Ministry of Social Services in Saskatchewan (2006 to present) | P-42 |
| Table P.15 Overview of availability of data held by the Department of Health and Social Services in the Yukon | P-46 |
| Table S.1 Availability of data related to Jordan's Principle requests in FY 2017-2018 | S-1 |

Glossary of Terms

Administrative data. Information that is collected for either the purpose of case management or financial record keeping. It is typically stored in an information system and can be contained in a data field or in open text.

Annual Incidence. The number of child maltreatment-related investigations per 1,000 children in a given year.

Apprehension/Removal. Apprehension is a situation where a child is removed from the care of their parent or caregiver **and is typically done** by obtaining a warrant from a child welfare court after convincing the court the child is in need of protection, and a less restrictive course of action is not available or will not protect the child adequately.

Band. An Indian band is defined as “a body of Indians for whose collective use and benefit lands have been set apart or money is held by the Crown, or who have been declared to be a band for the purpose of the *Indian Act*. Many Indian bands have elected to call themselves a First Nation and have changed their band name to reflect this. With the 1985 amendment to the *Indian Act* of Canada (Bill C-31), many Indian bands exercised the right to establish their own membership code, whereby it was not always necessary for a band member to be a Registered Indian according to the *Indian Act*.¹”

Care (in) / Child in care. Denotes a child for whom the child welfare authority takes responsibility for the child as if it were a parent.

Caregiver. Caregiver(s) is used to describe a person who is providing care to the indexed child.

Caseworker/Child protection worker/Child welfare worker. Typically defined in provincial territorial child welfare legislation and refers to an authorized person to conduct child protection proceedings. This person is responsible for inputting information about a child and family into a case management system.

Child maintenance. Child maintenance is financial support provided by Indigenous Services Canada to reimburse the child welfare authority for everyday living costs of bringing up a child when the child is in care.

Child welfare/ Child protection. Child welfare and child protection are used synonymously to describe a range of services typically under the purview of child welfare legislation. Services includes intervention and prevention services.

Child welfare authority. Child welfare authority is an administrative body that is mandated to protect children under provincial / territorial child welfare legislation or *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families*.

Delegated. As provinces and territories have jurisdiction over child and family services, all child and family service providers must be delegated or in the process of delegation by the province or territory and must comply, at minimum, with provincial or territorial legislation and standards.

Disparity. Disparity means *lack of similarity*. Disparity indices compare the proportion of the population of children from one ethno-racial group who experienced a specific child welfare outcome to the proportion of the child population of another ethno-racial group (usually White) that experiences the same outcome.

Disproportionality. Disproportionality means *not in proportion*. Disproportionality indices compare the proportion of children who experienced a specific child welfare outcome (e.g., investigation or placement in care) that are in a specific ethno-racial group to the proportion of children in a broader population (e.g., the general child population) in that ethno-racial group. Disproportionality does not compare ethno-racial groups to one another.

Final compensation framework. The Final Compensation Framework is a document “intended to facilitate and expedite the payment of compensation to the beneficiaries described in the Compensation Entitlement Order, as amended by subsequent Tribunal decisions” (Final Compensation Framework, s.1.3). It was prepared following discussions between the respondent (Attorney General of Canada) and the complainants (Assembly of First Nations, First Nations Child and Family Society) with input from the Canadian Human Rights Commission, Chiefs of Ontario, and Nishnawbe Aski Nation.

1 Statistics Canada. (n.d.). *Membership in a First Nation or Indian band*. <https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/pop070-eng.cfm>

First Nations. “First Nations people” refers to Status and non-status “Indian” peoples in Canada. Many communities also use the term “First Nation” in the name of their community. Currently, there are more than 630 First Nation communities, which represent more than 50 nations or cultural groups and 50 Indigenous languages.²

First Nations Status. An individual recognized by the federal government as being registered under the Indian Act is referred to as having First Nations Status

Foster care. Foster care (also known as out-of-home care) is a temporary service provided by a child welfare authority for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents.

Indigenous. In Canada, the term Indigenous peoples (or Aboriginal peoples) refers to First Nations, Métis, and Inuit peoples.³

Indigenous data governance. Indigenous data governance includes both the stewardship and the processes necessary to implement Indigenous control over Indigenous data (collection, storage, analysis, use, reuse).

Inuit. Inuit are the Indigenous people of Arctic Canada. About 64,235 Inuit live in 53 communities in: Nunatsiavut (Labrador); Nunavik (Quebec); Nunavut; and Inuvialuit (Northwest Territories and Yukon). Crown-Indigenous Relations and Northern Affairs Canada (2019). Indigenous peoples and communities.⁴

Kinship care. Kinship care refers to the care of children by relatives or, in some jurisdictions, close family friends.

Legacy system. Legacy systems are information systems that were previously used by a child welfare authority.

Level of identification and substantiation. There are four key levels in the case identification process: detection, reporting, investigation, and substantiation. Detection is the first stage in the case identification process. This refers to the process of a professional or community member detecting a maltreatment-related concern for a child. Little is known about the relationship between detected and undetected cases. Investigated cases are subject to various screening practices, which vary across jurisdictions. *Substantiation* distinguishes between cases where maltreatment is confirmed following an investigation, and cases where maltreatment is not confirmed. Typically, there is three-tiered classification system, in which a suspected level provides an important clinical distinction for cases where maltreatment is suspected to have occurred by the investigating worker but cannot be substantiated.

Notice plan. The Notice Plan allows members of the class to determine whether they wish to apply for or opt out of a compensation process.

Maltreatment. The term maltreatment includes acts of commission (abuse) or omission (neglect) that are interpreted as being detrimental to children and requiring intervention.

Métis. Métis are “a distinctive peoples who, in addition to their mixed ancestry, developed their own customs and recognizable group identity separate from their Indian or Inuit and European forbearers.”⁵

Ongoing child welfare services. Ongoing child welfare services are typically those that are provided to a child or family after an investigation about the concern has been completed. The caseworker decides whether the situation requires ongoing child welfare involvement.

Permanency. Child welfare authorities use a variety of strategies to achieve permanency for children. Permanency planning involves time-limited, and goal-oriented activities to maintain children within their families of origin or place them with other permanent families. Permanency plans include the goal for permanency, the tasks required to achieve the goal, and the roles and responsibilities of all involved.

2 Government of Canada. (2021). First Nations. <https://www.rcaanc-cirnac.gc.ca/eng/1100100013791/1535470872302>

3 Government of Canada. (2021). *Indigenous peoples and communities*. <https://www.rcaanc-cirnac.gc.ca/eng/1100100013785/1529102490303>

4 Government of Canada. (2021). *Inuit*. <https://www.rcaanc-cirnac.gc.ca/eng/1100100014187/1534785248701>

5 Government of Canada. (2021). *Métis Rights*. <https://www.rcaanc-cirnac.gc.ca/eng/1100100014413/1535468629182>

Prevalence. Prevalence refers to the proportion of a population that has experienced a phenomenon.

Prevention. Typically, prevention is a type of child welfare service that is intended to prevent the occurrence of an outcome such as placement or further child welfare involvement.

Placement. Out-of-home placement includes voluntary care agreements and placements in residential, foster, and community or kinship care.

Residential care. Residential/secure treatment: A 24-hour residential treatment program for several children that provides room and board, intensive awake night supervision, and treatment services.

Risk. No specific form of maltreatment alleged or suspected. However, based on the circumstances, a child is at risk for maltreatment in the future due to a milieu of risk factors. For example, a child living with a caregiver who abuses substances may be deemed at risk of future maltreatment even if no form of maltreatment has been alleged.

Spell in care. A spell in care is a continuous period of care denoted by a start and end date. A child can have multiple placements within one spell in care.

Abbreviations

| | | | |
|-----------------------|--|--------------------------------|--|
| AFN | Assembly of First Nations | ISC | Indigenous Services Canada |
| AGC | Attorney General of Canada | IMS | Information Management System (FNCFS) |
| AIP | agreement-in-principle | INAC | Indigenous and Northern Affairs Canada |
| BCFNDGI | BC First Nations' Data Governance Initiative | IAP | Individual Assessment Process (IRSSA) |
| CARS | Computer Assisted Research System (IRSSA) | IFSD | Institute of Fiscal Studies and Democracy |
| CAS | Children's Aid Society | IRSSA | Indian Residential Schools Settlement Agreement |
| CEP | Common Experience Payment (IRSSA) | IT | Information Technology |
| CIC | Children in Care | JICP | Jericho Individual Compensation Program |
| CHRA | Canadian Human Rights Act | NAC | National Advisory Committee on First Nations Child and Family Services |
| CHRC | Canadian Human Rights Commission | NAN | Nishnawbe Aski Nation |
| CHRT | Canadian Human Rights Tribunal | NCTR | National Center for Truth & Reconciliation |
| COHI | Children's Oral Health Initiative | NIHB | Non-Insured Health Benefits |
| COO | Chiefs of Ontario | OCAP® | Principles of Ownership, Control, Access, & Possession |
| FNCFCFS | First Nations Child & Family Caring Society ("Caring Society") | OHRC | Ontario Human Rights Commission |
| FNCFS | First Nations Child & Family Services | OIRSC | Office of Indian and Residential Schools Canada |
| FNDGS | First Nations Data Governance Strategy | PTSD | Post-Traumatic Stress Disorder |
| FNIGC | First Nations Information Governance Centre | RCPSC | Royal College of Physicians and Surgeons of Canada |
| FNIIHB | First Nations and Inuit Health Branch | SADRE | Single Access Dispute Resolution Enterprise (IRSSA-CEP) |
| FNQLHSSC | First Nations of Quebec & Labrador Health & Social Services Commission | South African TRC | South African Truth & Reconciliation Commission |
| FY | Fiscal Year | TRC | Truth & Reconciliation Commission of Canada |
| HICPS | Health Information and Claims Processing Services | UNDRIP | United Nations Declaration on the Rights of Indigenous Peoples |

Foreword

This report is the product of a year-long effort to compile and consolidate information that may support the implementation of the *2019 CHRT 39* decision to compensate First Nations children who were removed from their families and communities through child welfare intervention or experienced denials or delays in receiving essential public services. Specifically, by request of the First Nations Child and Family Caring Society and with funding from Indigenous Services Canada, the project was initiated to minimize the burden on individual claimants to prove their eligibility through two main tasks: 1) to review the availability and gaps in data that could help identify potentially eligible claimants under the *2019 CHRT 39* decision, and 2) to provide certain considerations for the compensation process related to the CHRT decision.

The need for compensation follows decades of discriminatory funding and policy toward First Nations children and their families and communities, found by the Canadian Human Rights Tribunal (CHRT) to be “wilful and reckless” on the part of the Government of Canada. The *2019 CHRT 39* decision attempted to provide redress for this discrimination through compensation to First Nations children and some of their caregivers for experiences dating back to 2006. In parallel, two class action lawsuits have formed to redress discrimination against First Nations children and their caregivers, covering a longer timeframe from 1991. In December 2021, agreements-in-principle were reached to seek a settlement agreement for compensation related to *2019 CHRT 39* and the two class action lawsuits. While this report was

primarily designed to support the compensation process for the *2019 CHRT 39* decision, where feasible, we also address compensation issues that might relate to the broader settlement agreement. However, the timing of the report relative to the settlement agreement process meant that we were limited in our ability to comment on emerging eligibility requirements.

The findings contained in this report highlight significant gaps in available data to help identify claimants due in part to the decentralized nature of health and social services in Canada and the lack of data management infrastructure for historical data at a federal level. The limitations of available data described in this report do not illustrate a clear and systematic path forward for compensation. This should not be seen as a deterrent to the implementation of a fair and equitable compensation process, but rather as an opportunity for a less burdensome, legalistic, and traumatizing process than has been done in past efforts to rectify injustices against First Nations children and communities.

As a team of independent researchers, our role was not to provide a framework for compensation. Rather, the report is designed as a reference document to support stakeholders as they develop and implement a compensation process. These decisions must be driven by First Nations representatives. We hope that by providing information about the availability of data and experiences from previous compensation processes, this report can help support the timely development of a compensation process that reduces the likelihood of burden and retraumatization for both individuals and communities.

Acknowledgements

This project was funded by Indigenous Services Canada at the request of the First Nations Child & Family Caring Society.

The Project Co-Coordinator Marie Saint-Girons and Johanna Caldwell led this project with integrity, intelligence, and a vision for the work that started and ended with accountability to First Nations children, their families, and their communities.

We wish to acknowledge the many research assistants who were instrumental in moving this project forward: Leyco Wilson, Lisa Paul, Graham Rotenberg, Joseph Mercado, Szymon Rodomar, Marina Sistovaris, Eden Haber, and Eliza Livingston, as well as the contributions of Genevieve Sansone, Tara Black, and Laura Best in finalizing the report. We are also indebted to the advisors, Cheryl Milne and Ashley Quinn, who helped guide the research process. Our intrepid graphic designer, Leah Gryfe, made it possible for us to present our complex findings in a way that is accessible in this report.

This project would not have been possible without the time, knowledge, and reflections of key informants in child welfare authorities across Canada as well as staff at Indigenous Services Canada. We would like to extend our sincere gratitude for their patience and dedication in clarifying the availability and applicability of data to the compensation process.

Finally, we would like to thank the members of the National Advisory Committee (NAC) working group for their valuable insight and advice throughout each stage of the project.

*—Co-Principal Investigators:
Professor Barbara Fallon
(Factor-Inwentash Faculty of Social Work,
University of Toronto) and
Professor Nico Trocmé
(Director of the Faculty of Social Work at McGill University)*

Executive Summary

This report presents the findings of a project designed to provide background information to support the implementation of the *2019 Canadian Human Rights Tribunal (CHRT) 39* order to compensate First Nations children who have been denied the right to stay safely with their families and to receive adequate medical care or social services because of discriminatory policies and practices put in place by the federal government. Many of the findings from this report may also help inform the agreements-in-principle (AIP) reached on December 31, 2021, that could help settle the *2019 CHRT 39* along with two parallel class action lawsuits, which have sought compensation for overlapping classes of individuals. The project was completed by a team of independent researchers led by Barbara Fallon (University of Toronto) and Nico Trocmé (McGill University), funded by Indigenous Services Canada (ISC) at the request of the First Nations Child and Family Caring Society (FNCFCS; "Caring Society"). The report builds on the *Taxonomy of Compensation Categories for First Nations Children, Youth and Families related to 2019 CHRT 39* (Sistovaris et al., 2019), prepared by the University of Toronto research team.

This project was initiated in an effort to minimize the burden on individual claimants to prove their eligibility, one of clear intentions of the CHRT decision. The project team was asked to support the future implementation of the decision through two main tasks:

- 1 Review the availability and gaps in data that could help identify potentially eligible claimants under the *2019 CHRT 39* order, and
- 2 Provide certain considerations for the compensation process, including the notice plan, for applicants to receive compensation under this decision.

Differences were noted between the *2019 CHRT 39* order and the AIP. These differences, as well as remaining ambiguities, are listed below:

Timeframe of eligibility. The information currently available on the AIP reached by the parties suggests that the timeframe for eligibility for the Removed Child class goes from April 1, 1991, to March 31, 2022, whilst the timeframe of eligibility for the Jordan's Principle class goes from April 1, 1991, to November 2, 2017.¹ This extends the timeframe of

eligibility originally granted under *2019 CHRT 39*. Given that the project mandate was tied to the CHRT order, the outreach conducted by the team focused on data available from January 2006 to present for the child welfare compensation categories and from December 2007 to November 2017 for the Jordan's Principle compensation categories.

Eligibility under the Removed Child class. The current information available on the negotiated settlement suggests that the Removed Child class includes children who "were taken in out-of-home care".² At the date of writing the report in January 2022, it is unclear whether out-of-home care only includes formal out-of-home care arrangements (i.e., excludes informal kinship services) and whether out-of-home care includes placement with extended family and placement within the community. The Sotos website also specifies that "length of time in care; number of out-of-home placements, and [placement] in care on or off reserve" could be used to determine the final compensation amount. These factors were not included in the *2019 CHRT 39* order. As a result, the project team did not specifically ask about these concepts when reaching out to respondents, but information on certain proxies is included, which could be helpful in understanding the availability of this information.

Eligibility under the Jordan's Principle class. The current information available on the negotiated settlement states that the Jordan's Principle class includes children who "experienced delays or denials of a public service or product contrary to Jordan's Principle."³ This does not specify whether this class would also include denied or delayed group requests for public services or products. It also suggests that the Jordan's Principle class does not include children who experienced service gaps, but made no requests for services. As a result of this, the review of Jordan's Principle data availability in this report focuses primarily on denials and delays.

Primary caregivers. As of yet, publicly available information does not specify which primary caregivers would be compensated. As such, it is not yet possible to confirm whether primary caregivers who physically, sexually, or emotionally abused their children are excluded.

1 Sotos Class Actions. (n.d.). *Overview – First Nations Youth*. <https://www.sotosclassactions.com/cases/first-nations-youth/>

2 Ibid.

3 Ibid.

The report includes (I) an overview of service delivery and challenges related to the use of administrative data to document access to health and social services for First Nations children and their families; (II) an analysis of the availability of administrative data to inform a compensation process; and (III) documentation of process-related concerns from respondents, a review of lessons learned from past Canadian and international settlement processes, and literature on retraumatization.

The Delivery and Documentation of Services to First Nations Children

The structure of health and social services to First Nations children in Canada

Child welfare services for First Nations children are administered in Canada at the federal, provincial, territorial, and band level, resulting in a complex web of policies, structures, and services that vary across these jurisdictions. First Nations children involved with child welfare are subject to different mandates and funding based on their place of residence. First Nations children ordinarily resident on-reserve may interact with a locally run First Nations child welfare agency or one run by the province, while First Nations children living off-reserve who come in contact with child welfare are likely to interact with the provincial authority that serves the area where they live. A small number of urban Indigenous child and family services agencies serve First Nations children off-reserve in urban settings.

Ongoing patterns of First Nations overrepresentation in child welfare systems are consistently documented in both national and provincial data (Fallon et al., 2021; Sinha et al., 2011). According to the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS-2019), investigations involving First Nations children were 17.2 times as likely to result in placement in formal out-of-home care compared to investigations involving non-Indigenous children (Fallon et al., 2021). Child welfare involvement is consistently shown to be overwhelmingly related to neglect cases which often intersect with poverty, inadequate housing, and other inequities disproportionately experienced by First Nations families in Canada (First Nations Child and Family Caring Society, 2013; Trocmé, Knoke, & Blackstock, 2004).

The allocation of **healthcare responsibility** for Indigenous peoples—which includes First Nations, Inuit, and Métis—is often referred to as a “jurisdictional patchwork” (Gouldhawke, 2021, n.p.) of policies, legislation and relationships (Government of Canada, 2021 a, n.p.; Behrend, Forsyth & Mohamed, 2021, p. 4). Responsibility is “divided between the provinces, territories, the federally-funded Non-Insured Health Benefits (NIHB) program for First Nations and Inuit, and finally, limited Métis programs via Indigenous Services Canada [ISC]” (Gouldhawke, 2021, n.p.). **Jordan's Principle** is a “child-first” principle adopted by unanimous support of the House of Commons in 2007 designed to ensure that in situations where there is a funding dispute between federal and provincial governments, or between federal departments with regards to the provision of essential services,⁴ First Nations children do not experience delays, disruptions, or denials of services typically available to other Canadian children (Government of Canada, 2019). Under provisions of Jordan's Principle, the government department of first contact is required to pay for the service(s) provided to a First Nations child and resolve any funding issues after services are provided (Government of Canada, 2019). Jordan's Principle is named in honour of Jordan River Anderson, a First Nations child from Norway House, Manitoba, requiring complex care who died in hospital far from his community while the federal and provincial governments battled over funding responsibilities for Jordan's at-home care needs (Government of Canada, 2019).

The use of administrative data to document the delivery of services

The decentralized nature of child welfare and health and social services delivery in Canada poses a fundamental challenge to the collection, management, storage, and use of administrative data (Laferrrière & Deshaies-Moreault, 2018).

Administrative data has specific advantages over competing sources of data for decision makers (Administrative Data Research UK, n.d.; Powered by Data, 2018a, 2018b). The advantages of administrative data include but are not limited to cost efficiencies; a high level of data detail; flexibility to utilize data for longitudinal research; the ability to minimize the burden on respondents; and the ability to share or link data.

4 This includes, but is not limited to, services such as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy.

Indigenous data is information that reflects and impacts the collective and individual lives of Indigenous peoples, and includes lands, resources, cultural information, traditional knowledge, and information about individuals, families, and communities (Carroll et al., 2020; Rainie et al., 2019). The collection and management of information and data related to Indigenous peoples by non-Indigenous researchers or institutions raises ethical issues and concerns. These concerns stem from colonial and assimilationist practices and policies within Canada – such as the *Indian Act* of 1876, the White Paper of 1969, residential schools, and the Sixties Scoop – that have forcefully suppressed and marginalized Indigenous identities and cultures over generations. Research and evaluation efforts related to Indigenous peoples have historically been conducted from a Euro-centric perspective that does not respect or understand Indigenous values and traditions and systematically excludes them from decision-making that affects their communities (Ormiston, 2010).

The feasibility of using administrative data to support the identification of claimants seeking compensation was the primary task for this year long project. We found that the limitations of administrative data which include variation in data collection methods and data quality; accessibility issues arising from ethical, privacy and confidentiality concerns; and impact of infrastructure and funding on the quality of administrative data systems were amplified due to the fragmented service delivery systems to First Nations children (see [Section 1](#)).

Data Availability

In order to assess the availability and quality of administrative data that could assist in identifying eligible claimants under the *2019 CHRT 39* compensation categories, a framework detailing the types of information needed to determine eligibility under each compensation category was developed. The framework includes a list of data fields that, **if available and of high quality**, could assist with the process of assessing claim eligibility under the CHRT child welfare (Table 2.1) and Jordan's Principle (Table 2.8) compensation categories. Potential administrative data sources were identified at a national and jurisdictional level and respondents who had knowledge about these data sources were asked about data availability, completeness, and accuracy. Finally, we analyzed the applicability of these data to child welfare and Jordan's Principle compensation categories.

Child Welfare Data

The **First Nations Child and Family Services (FNCFS) program** funds child prevention and protection services for First Nations children and families on-reserve or ordinarily resident on-reserve. The data holdings pertain to information on child maintenance costs for First Nations children on-reserve that are provided on a monthly basis to ISC either by FNCFS agencies or by provincial/territorial governments. The FNCFS program is administered at a regional level in the following regions: Alberta, Atlantic (New Brunswick, Nova Scotia, Newfoundland and Labrador, and PEI), British Columbia, Manitoba, Ontario, Quebec, Saskatchewan, and the Yukon. In fiscal year 2013-2014, the FNCFS program implemented a national information system to store child maintenance data funded by ISC. Prior to that fiscal year, FNCFS child maintenance data was decentralized and region-specific. The report describes both the data available through the national Information Management System (IMS) from FY 2013-2014 onwards, and the data held at a regional level for FYs prior to 2013-2014.

The project team also reviewed information systems from **sampled child welfare authorities** in provinces and territories across Canada. We gathered information about data in 1) mainstream or child welfare authorities not specifically delegated to serve First Nations communities by surveying information system(s) used in each province and territory, and 2) First Nations agencies, where possible and applicable. The non-random sample of approximately 150 key informants was designed to provide information on the range of information systems being used across Canada but was not designed to be representative of specific provinces (unless otherwise specified in the report). We were not able to independently verify the level of detail regarding the availability, completeness, and accuracy of data collected.⁵

A summary of our findings regarding child welfare data availability from the FNCFS program and from sampled child welfare agencies across Canada is available in the following table. For more details on the availability and quality of data, please refer to [Appendix J](#) for an overview of FNCFS data collected by ISC regions between FY 2005-2006 and FY 2013-2014, [Appendix I](#) for information on data in the IMS used by the FNCFS program between FY 2013-2014 and present; and [Appendix P](#) for the results of our outreach to sampled child welfare authorities across Canada.

5 To protect confidentiality and minimize response burden the project team did not have direct access to the data sources.

Table 1. Summary of findings regarding data availability in the FNCFS program and sampled child welfare agencies

| Information of interest | Availability in FNCFS data | | Availability in sampled child welfare authorities |
|---|--|---|--|
| | FY 2005-2006 to 2013-2014 | FY 2013-2014 to present (IMS) | |
| Can the child be identified? | <p><i>Child name and date of birth</i> was systematically collected across regions, except for ATL Region (in that region, child's date of birth was not available in forms provided from FY 2005-2006 to 2008-2009 and FY 2010-2011 to 2012-2013).</p> <p>Variability noted across regions in the collection of the child's <i>Indian Registration Number</i>:</p> <ul style="list-style-type: none"> Field collected in QC, ON, SK, and BC for all FYs examined (FY 2005-2006 to 2012-2013). In AB and MB regions, only the Treaty or Band number was collected from FY 2007-2008 2009-2010 and from FY 2005-2006 to FY 2007-2008 respectively. The field is not collected in the YK region until FY 2012-2013 and unavailable in forms from the ATL region for FYs 2006-2007, 2008-2009, 2010-2011, and 2012-2013. | <p><i>Child name, date of birth and Indian Registration Number</i> are all collected by the IMS, with high levels of completeness. Some minor typos were noted for the child's name and date of birth when the child was not registered for status.</p> | <p>All sampled child welfare agencies in each jurisdiction collected the <i>Child Name, Date of Birth, and Indian Registration Number</i>.</p> <ul style="list-style-type: none"> Despite occasional typos noted with the <i>Child Name and Date of Birth</i>, the completeness of the data for these two data fields was generally high. The child's <i>Indian Registration Number</i>, is often missing or unknown to workers in child welfare agencies in AB, BC, NWT, ON, PEI, QC, and YK, even for children with status, and there were rarely any validation procedures in place to ensure that the information was accurate. There would be significant data quality issues to address if these data are used to help identify eligible children. |
| Is the child First Nations and does he or she live on-reserve? | <p>Child maintenance forms are used to document maintenance costs for <i>First Nations children ordinarily resident on-reserve</i>.</p> <p>Some of the child maintenance forms reviewed specifically asked about the <i>child (or parent's) residence on or off reserve</i> (available in forms from Alberta region from FY 2010-2011 to 2012-2013; and forms from BC, ON, and SK regions from FY 2005-2006 to 2012-2013)</p> | <p>While data regarding child's <i>First Nations identity or residence on-reserve</i> is not listed as a data field in the IMS, FNCFS child maintenance data only concerns First Nations children ordinarily resident on-reserve who are placed in out-of-home care.</p> <p>Issues with applicability to compensation categories:</p> <ul style="list-style-type: none"> Small differences in practices for determining residence on or off-reserve across regions (e.g. in MB, it is where the child is taken into care that determines who funds services). The definition of First Nations children used by the FNCFS program does not include "individuals who have been recognized as citizens by their First Nations" but are not eligible for status. | <p>There is considerable variability in the quality of the information regarding the child's <i>First Nations identity</i>:</p> <ul style="list-style-type: none"> NWT, Nova Scotia, Ontario, PEI, and Quebec highlighted medium or high issues with missing or unknown data for this field. In delegated FNCFS agencies sampled, the child needed to be from the First Nations band associated with the agency to receive services from the CFS agency. As such, even though these sampled agencies did not have a specific data field for this, it is reasonable to assume that the child placed by these specific agencies is First Nations. Issues with applicability to compensation categories: In NS, although some information on race is collected, this does not include whether a child is First Nations. <p>Ministries in AB, BC, MB, N&L, ON, and QC were the only systems that specifically collected information on <i>child residence on/off reserve</i>.</p> <ul style="list-style-type: none"> Completeness issue noted in BC, MB, N&L, and QC Accuracy issues noted in AB, N&L, ON, and QC. In other sampled agencies (i.e., NB, NWT, NS, PEI, SK, and a First Nations agency in ON) it is the <i>child's address of residence</i> that is documented. Some accuracy issues (including typos in addresses or addresses not being up-to-date) have been noted across jurisdictions. |

(continued on following page)

Table 1. Summary of findings regarding data availability in the FNCFS program and sampled child welfare agencies (*continued*)

| Information of interest | Availability in FNCFS data | | Availability in sampled child welfare authorities |
|--|--|--|--|
| | FY 2005-2006 to 2013-2014 | FY 2013-2014 to present (IMS) | |
| Can the caregiver at the time of removal be identified and are they First Nations? | <p>The parent or guardian name is available in some child maintenance forms</p> <ul style="list-style-type: none"> Specifically: in ATL region in FY 2011-2012, in MB region from FY 2006-2007 to 2012-2013, as well as in BC, ON, and Saskatchewan for FY 2005-2006 to 2012-2013. | <p>No information on the caregiver is included in the national IMS.</p> <ul style="list-style-type: none"> This information may be available from child maintenance forms accessible through ISC regions. | <p>The <i>caregiver's name</i> was collected in all sampled agencies.</p> <ul style="list-style-type: none"> Completeness issues identified in AB, BC, N&L, and QC. Issues with applicability to compensation categories: Respondents from AB, BC, MB, and NB all indicated that caregiver's name is identified when a case is open, but it is difficult to determine with certainty if this was the child's caregiver at the time of removal. <p>The <i>caregiver's Indian Registration Number</i> was available in agencies sampled in AB, BC, MB, NB, N&L, NWT, NS, ON, SK, and the YK.</p> <ul style="list-style-type: none"> Issues with missing or unknown information were noted in AB, BC, N&L, NWT, NS, QC, ON, and the YK. There were often no validation procedures in place to ensure that the information was accurate. <p>All sampled agencies collected some information on the <i>caregiver's First Nations identity</i>, except for the First Nations agency sampled in Quebec.</p> <ul style="list-style-type: none"> Missing or unknown information noted in AB, BC, NWT, NS, ON, PEI, and QC. Accuracy issues noted in QC and the YK and applicability issues identified in NS. |
| When was the child placed? | <p><i>Dates of placement</i> were usually available.</p> <ul style="list-style-type: none"> Regions that did not have this information were the YK (all FYs examined), SK (FYs 2005-2006 and 2006-2007), and the ATL (although it is available in FY 2009-2010). Issues with applicability to compensation categories: This does not provide enough information to determine if a child <i>moved</i> between different placements during a spell in care. Placement start and end date could provide an indication of <i>length of time in care</i>, but information would need to be reliably collected and stored across all FYs for it to be usable. | <p>The days during which a child had a child maintenance expense (<i>Start Pay Date</i> and <i>End Pay Date</i>), are mandatory fields in the IMS and have a high level of accuracy.</p> <ul style="list-style-type: none"> Issues with applicability to compensation categories: These data fields are attached to the <i>payment of a placement</i> and do not provide enough specificity to determine if a child moved between different placements during a spell in care. They do provide an estimate of the length of time in care starting in FY 2013-2014. If a child was in care prior to that date, this information would need to be linked across databases. | <p>All agencies sampled collected data on the <i>start and end date of each placement</i></p> <ul style="list-style-type: none"> The quality of this information was high across all child welfare agencies sampled. The information was usually considered as accurate because it is tied to child maintenance costs reimbursed by the provincial or federal government. Some provinces noted minor errors (i.e., differences of a few days) If recorded consistently across different years, this information could potentially serve as a proxy for moves in care. |

(continued on following page)

Table 1. Summary of findings regarding data availability in the FNCFS program and sampled child welfare agencies (*continued*)

| Information of interest | Availability in FNCFS data | | Availability in sampled child welfare authorities |
|---|---|--|--|
| | FY 2005-2006 to 2013-2014 | FY 2013-2014 to present (IMS) | |
| Was the child placed outside of their community? | <p>The child or parent's <i>address of residence</i> at the time of removal and the <i>address of placement</i> can be compared to determine if a child was placed outside of their community.</p> <ul style="list-style-type: none"> The parent's address was only collected by BC and ON regions. However, no information on address of placement was found. Issues with applicability to compensation categories: Given that address of residence cannot be compared to address of placement, this information cannot be used to determine placement outside of a community. | <p>Information on the address of residence and the address of placement is not available in the IMS.</p> | <p><i>Residence at the time of removal:</i></p> <ul style="list-style-type: none"> Issues with missing or unknown data were noted in AB, MB, N&L, and ON. The address can also be subject to small accuracy errors (including typos in addresses or addresses not being updated at the time of removal). Key informants in NS and PEI indicated that a child (or caregiver's) address is automatically updated in a live field (meaning the previous information is not retained) once a family changes residence. This means that retrieving information on previous addresses and the dates of that residence would be difficult. <p><i>Address of placement</i> is more consistently collected</p> <ul style="list-style-type: none"> Accuracy issues have been noted, especially for placements on reserve (e.g., in the NWT). Minor issues with missing or unknown information regarding placement address were noted in AB, NWT, BC, and QC, with key informants in ON and NB noting more substantive issues with completeness. |
| Was the child placed outside of their family? | <p>If collected, <i>placement type</i> could provide an indication as to whether the child was placed in kinship care (i.e., with extended family) or not.</p> <ul style="list-style-type: none"> Placement type was available in AB (FY 2007-2008 onward), the ATL (FYs 2009-2010 and 2011-2012), BC (FY 2006-2007 onward), MB (FY 2005-2006 and FY 2012-2013), and for from FY 2005-2006 to 2012-2013 in ON, QC, and SK. | <p>Placement type information, including whether the child was placed in kinship care, is available for all ISC regions except MB.</p> <ul style="list-style-type: none"> Issues with applicability to compensation categories: It is important to note that the types of placement and definition of kinship care vary considerably across provinces. | <p><i>Placement type</i> was documented across all jurisdictions.</p> <ul style="list-style-type: none"> BC, MB, ON, PEI, and YK all identified issues with the accuracy of responses provided by workers. Issues with applicability to compensation categories: Kinship care was not documented in MB. In the agencies that provided a definition of kinship care (i.e., AB, BC, and SK) the definition includes close friends or neighbours as possible kinship care arrangements. This term could not be used as a direct estimate of placement outside of the family, if family is defined as not including extended community members. |

(continued on following page)

Table 1. Summary of findings regarding data availability in the FNCFS program and sampled child welfare agencies (*continued*)

| Information of interest | Availability in FNCFS data | | Availability in sampled child welfare authorities |
|---------------------------|--|--|--|
| | FY 2005-2006 to 2013-2014 | FY 2013-2014 to present (IMS) | |
| Why was the child placed? | Information on <i>reason for placement</i> is unavailable, except for in one form used by Manitoba ISC region. | Information on reason for placement is unavailable in the IMS. | <p>The <i>type of maltreatment investigated</i> was collected by nearly all sampled agencies.</p> <ul style="list-style-type: none"> • Respondents in AB, YK, NS, and ON highlighted issues with missing data. • In some cases, the maltreatment type includes information on who perpetrated the abuse. If not, most provinces include information on the name of the <i>alleged perpetrator of maltreatment</i>. However, this information is sometimes difficult to retrieve because it is not available in one data field. <p>The <i>substantiation</i> of the maltreatment or risk of maltreatment is generally collected.</p> <ul style="list-style-type: none"> • However, some provinces like ON or BC do not measure substantiation directly (e.g., in ON, a concern is verified – rather than substantiated). • Furthermore, the evidentiary threshold used to determine level of substantiation varies across provinces. <p>In some provinces/territories, following the investigation, the worker is asked about the <i>reason for placement</i>. In other provinces, such as Alberta, information beyond substantiation of an initial investigation is not collected.</p> <p>Issues with applicability to compensation categories:</p> <ul style="list-style-type: none"> • Administrative systems generally include different types of physical abuse, sexual abuse, emotional/psychological abuse, and neglect. In some provinces – like ON - it is difficult to map investigation reasons directly unto these 5 categories because there are more than a hundred possible reasons for investigation, which are not always tied to maltreatment. • Definitions used to describe different types of abuse and neglect vary between jurisdictions (e.g., inadequate nurturing or affection is recorded as psychological abuse or neglect, depending on the jurisdiction). • Investigated maltreatment at the time of an investigation does not always reflect the reason why a child was placed. • Nearly all respondents indicated that it would be difficult to determine whether a child was <i>placed in order to receive essential services</i> because this was not formally considered as a reason for placement in their jurisdiction. |

Jordan's Principle Data

In order to identify information related to the potential eligibility for compensation under Jordan's Principle categories of 2019 CHRT 39, we assessed multiple sources of information across jurisdictional levels. As defined in the Jordan's Principle compensation category decision tree (see [Figure 2](#) in main report), we considered **delays and denials** as situations where a request for a service had been made and there was either a delay or a denial. **Service gaps** were defined as either 1) a request had been made but there was a difference in the requested and accepted amount, or 2) no request had been made, but a child's identified needs were not met. However, since the current AIP does not include gaps in services as an eligibility requirement for the Jordan's Principle class, our analysis focused primarily on situations where a request *has* been made.

Jordan's Principle. We began by investigating what information was collected centrally at Indigenous Services Canada by the Jordan's Principle team. Documentation of Jordan's Principle requests reflects the evolving trajectory of Jordan's Principle implementation since 2007. Prior to 2017, there was no systematic data collection and most requests were redirected to other existing programs at ISC. Due to a high level of turnover in Jordan's Principle staff, there is also a substantial loss of institutional memory. The most reliable and accessible data pertaining to Jordan's Principle requests are found in more recent years. Beginning in Fiscal Year 2017-2018, a more systematic approach to data collection was implemented to collect detailed information regarding requests, approvals, denials, as well as the date of a request and the date of a response, which can be used as a proxy for delay. For FY 2017-2018, there is significantly more information available on individual Jordan's Principle requests, compared to group Jordan's Principle requests. More detailed information on the gaps and availability of data regarding Jordan's Principle requests in FY 2017-2018 is available in [Appendix S](#).

NIHB. Claims submitted to the NIHB for medical benefits, including prescriptions, equipment, and supplies are documented in multiple information systems according to the benefit type. These systems, and the availability and limitations of these data holdings, are documented in Table 2.12. NIHB data is limited to claims adjudicated under its purview, and includes information related to claimant name, date of claim, date of approval/denial, and reason for denial. Like Jordan's Principle information, this data is structured according to requests along with information about how the request was processed which may aid in assessing

compensation eligibility. However, communication with NIHB staff indicated several important limitations of using this data for the purposes of supporting compensation. These limitations relate to: lack of detail on certain individual services due to NIHB contribution agreements and transfer arrangements with communities and contracts with service providers; underrepresentation of service utilization; lack of information on residency due to data tied to Indian Registration Number rather than residence; and the administrative nature of the system which does not accurately demonstrate approval rates. Despite these limitations, NIHB may be an important source of data to determine claimant eligibility.

Other ISC Programs. We requested detailed information regarding data collected related to Home and Community Care, the Children's Oral Health Initiative, Mental Wellness, and certain programs from the Education department and the Social services, policies, and planning department. For programs that responded, no information exists on the dates of a request for services, the date of a decision, the reason for a decision, or the difference between approved and requested amounts. Only information about the client, the type of service provided and on what date that service was provided was available. This limits the capacity to use the information provided from these programs to identify children eligible for compensation under Jordan's Principle compensation categories.

Community level data. We identified two sources of community-level information that could be of use to the compensation process. First, the Community-Based Reporting Template is used to collect information regarding service delivery at the community level. Service delivery information collected using the CBRT could be cross-referenced with all communities to determine where this service delivery was not reported. Second, the Community Profiles Database, held by the Synergy in Action team at ISC, documents socioeconomic and demographic information about First Nations communities, including multiple indicators of remoteness and isolation. These data could be used to provide important contextual information regarding individual access to needed services.

Additional administrative data. Additional administrative data from provincial and territorial health and social services could be useful to identify First Nations children who experienced a delay or denial of services. Given the focus of the current project, the project team did not meet with key respondents with information about these data holdings. However, this could be an avenue to explore when implementing the compensation process.

Considerations for the Compensation Process

The second part of our project mandate was to comment on considerations for the compensation process. We approached this objective in three ways. First, in our discussions with respondents regarding availability of data for child welfare and Jordan's Principle compensation categories, we documented concerns regarding the compensation process itself. Second, we conducted an extensive review of Canadian and international settlement processes and summarized lessons learned from these past processes. This involved a review of academic and 'grey' literature along with publicly available information, and interviews with multiple individuals with experience related to past Canadian settlements. Third, we conducted a review of social science literature regarding retraumatization, a concern that was repeatedly expressed in our review of past settlements. Findings from each of these activities are summarized below.

Stakeholder consultations

Stakeholder concerns are summarized under four main considerations.

Data confidentiality and ownership. Some child welfare agencies expressed concern about sharing their data to help identify children given past misuse of data and current concerns about the confidentiality of the children and families. Questions from key respondents included how the central administrator will be given the mandate to obtain identifying information about children in families in order to create a "pool of eligible applicants" as per the Compensation Framework.

Agency responsibility. While the CHRT decision holds the federal government accountable, removal decisions are made locally. Especially in small communities, the *ongoing* nature of the child welfare eligibility under the CHRT creates a challenging situation for these agencies. Specifically, we heard concerns regarding possible blame on CFS agencies who removed a child, but who are also helping claimants access compensation.

Agency capacity. While the compensation decision aims to alleviate the burden on individual claimants, a standard of proof that requires documentation to access compensation will inevitably involve agency participation. Key respondents indicated that they are already overworked and are concerned

about the time and resources needed to help identify claimants. Several recommendations were made to hire more staff to account for this increase in workload.

Access to compensation and support after receipt of compensation.

Respondents have expressed the need to ensure that vulnerable and isolated individuals will receive compensation, and that they will receive adequate support after receiving compensation.

Review of national and international settlement processes

The process of compensating marginalized groups for past persecution is complex and requires thoughtful planning. Canada, Australia, New Zealand, Germany, and other jurisdictions have settled lawsuits and created compensation schemes that aim to repair, to the extent possible, harms they perpetuated. Although each compensation scheme is procedurally different, common themes emerge: 1) effectively communicating with the eligible claimants, 2) creating claimant-friendly application processes, and 3) leveraging technology to execute these processes efficiently and cost-effectively. Key lessons-learned from past settlements, as they relate to different phases of a compensation process are summarized below.

Notifying claimants

Simplify notice plan. Ensuring applicants are aware of the existence of a compensation scheme is essential to its success. However, notice plans have created confusion in affected communities. A notice plan should clearly explain the eligibility criteria where possible and describe how to troubleshoot intake issues. All explanations of the eligibility criteria should be explained using plain, widely spoken languages, and be explained in an accessible manner for claimants. Consulting key stakeholders (including eligible claimants) about the design of the notice plan will improve accessibility and clarity of communications regarding the compensation process.

Tailor communication to different audiences. Notice plans have typically called for applications in Canada's official languages, ignoring Indigenous communities' preferred language and modes of communication. Considering the varying needs and resources of communities is essential to reaching eligible applicants and ensuring compensation schemes promote reconciliation

and healing. Developing communications plans that are tailored to age, geography, band, agency, etc. can increase applications, reduce costs by limiting difficulties processing incomplete applications, and promote reconciliation by reducing application processing times.

The application process

Participatory, Indigenous-led design of application processes. Centring Indigenous legal paradigms and community supports can more faithfully advance reparative justice initiatives. Western legal systems should not be all-encompassing. Indigenous legal traditions should be incorporated explicitly, or entirely, in providing legal remedies. Spatial and temporal restrictions on eligibility that comport with exclusively Western legal ideas should be minimized wherever possible.

Simplify forms. Every compensation process requires a claimant to complete an application. Claimants have criticized these processes because applications are lengthy, deploy legalistic language, and overemphasize the burden of producing documentation on claimants to support their claims. This process is intrinsically retraumatizing and costly. Forms must be more user-friendly by becoming shorter, produced in multiple (Indigenous) languages and include visualizations to simplify instructions. Both paper and online options for application completion should be available to accommodate diverse First Nations communities.

Progressive disclosure. Progressive disclosure – the process by which a claimant reveals more about their abuse or trauma as they build trust with others – has largely been absent from determinations about the length of the compensation period. Allowing for application extensions and broadening the window of eligibility for compensation could help application processing procedures become more accommodating of claimants needs and aware of the pressures of retraumatization.

Legal support. Many past processes have not had free legal advice or appropriate application supports available for claimants. Some applicants experienced fraud, were retraumatized by overly jargonistic language, and did not feel as though they had the inclusive supports they needed. Providing legal support free-of-charge, understanding literacy rates in the community, conferring with community leaders to determine the types of supports preferred, and having a flexible review process will improve compensation processes.

Mental health supports. A toll-free helpline is a start but may not be sufficient to support the mental health needs of many individuals and communities affected by the compensation process – especially if it is understaffed. Indigenous healing supports, in addition to in-person mental health resources and counselling, are crucial.

Administrative supports. Hiring an adequate number of trained staff to assist claimants in a community-centric manner is essential to an effective implementation of a compensation regime. A well-staffed, culturally- and trauma-informed team of attendants would improve compensation processes. In addition, having support staff working directly with communities, such as community liaisons, can render compensation schemes more efficient and help tailor implementation to community needs.

Processing claims

Implement reasonable processing capacity. Multiple compensation processes have been more popular than anticipated, meaning high application volumes and overwhelmed staff, resulting in reduced capacity for claims administrators to process applicants in a timely manner. Claimants feel that this is tantamount to a broken promise, as they wait for months, and sometimes years, to receive a decision. For administrators, it means they begin processing applications at a disadvantage – there are too many applications and too few reviewers. Planning for the worst is important – meaning hiring more staff than needed, especially at the beginning of the notice plan, and leaving time to prepare between the compensation decision or agreement and the beginning of the notice plan.

Clearly communicate to manage internal and external expectations. Given repeated examples of long delays in processing applications, it is essential to set expectations with claimants on the length of time it will take to process applications. Further, government contractors and internal stakeholders must set reasonable timelines and have a clear-cut understanding of how the application process will function to ensure consistency in communication with claimants and administrative staff.

Build and test technological capacity. Technological processes have been inconsistently deployed. Claims administrators and users have failed to use the tools in the same way – even within the same organization. Higher-than-anticipated application volumes have slowed the efficacy of largely untested,

algorithmic tools. Claims administrators should test application processing tools prior to implementation and train users on ways to consistently adopt the software. Ultimately, technology is a useful tool, and it can lead to more efficacious and efficient processing of compensation.

Review of social science literature on retraumatization

Our review of social science literature on retraumatization expands on the findings of the review of past settlements by providing a deeper understanding of the psychological processes that need to be understood in designing compensation procedures that minimize the potential for additional harm. The following summarizes the key risk and protective factors for retraumatization in settlement, compensation and justice-seeking processes:

Factors that contribute to the risk of retraumatization:

- Requiring disclosure of traumatic experiences on multiple occasions
- Scaling compensation based on the established severity of abuses
- Adversarial approaches
- Procedural formalism and restrictions on the way in which a survivor tells their story
- Lengthy waiting periods
- Existing vulnerability related to racialization, marginalization, and lack of resources

Factors that protect against retraumatization:

- Adopting culturally relevant approaches to compensation and justice that may differ from Western legalistic traditions
- Availability of trauma-informed, culturally-sensitive support services before, during, and after, for participants and their families and communities
- Preparation for participation including explanation of procedures, timeline, requirements of participation, and possible costs/benefits of taking part
- Training all personnel involved in administration and adjudication in trauma- and cultural-sensitivity
- Considering compensation and justice at the individual, family, and community levels, and attending to cultural and structural factors that created conditions for abuse

Conclusions

A fair, transparent, equitable, and decolonized compensation process that is designed for claimants who have been systematically discriminated against by the Government of Canada is no doubt challenging given the limitations and lack of availability of administrative data. **Claimants are not responsible for missing and incomplete information about the discrimination that they suffered, and it is this fundamental acknowledgment that must guide the continued development of the compensation process.** The administrative body responsible for assessing eligibility should be comprised of experts in First Nations data governance, trauma, community relations, data, and most importantly the connection among all these principles. Elders will be integral to the compensation process as they hold crucial roles in supporting communities by teaching, advising, and counselling. Quality assurance processes must be documented and transparent to ensure that there is accountability for children, families, and communities whose trauma is ongoing. Jurisdictional disputes; racism and discrimination; a westernized approach which excludes Indigenous knowledge, culture, and practices; and the legacy of colonialism are the common foundation for the findings detailed in this report. For decades, the government of Canada has made decisions about the lives of First Nations children that it has failed to adequately document. This cannot be a deterrent to compensation.

Introduction

INTRODUCTION

Across Canada, generations of First Nations children have been denied the right to stay safely with their families and to receive adequate medical care or social services because of discriminatory policies and practices put in place by the federal government. While some past harms have been acknowledged through previous reconciliation efforts and compensation schemes,¹ these did not extend to the hundreds of thousands of First Nations children who have suffered from the inequitable provision of child welfare and essential health and social services over the past three decades.

The landmark compensation decision at the Canadian Human Rights Tribunal (CHRT) in September 2019 (*First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2019 [2019 CHRT 39]) attempts to redress these harms through compensation of claimants and reform of services. In parallel, two class action lawsuits (*Moushoom, Meawasige, Meawasige v. The Attorney General of Canada*, 2019; *Assembly of First Nations, Trout v. The Attorney General of Canada*, 2020) have sought compensation for an overlapping class of individuals. During the months of November and December 2021, interested parties related to the CHRT compensation decision (Attorney General of Canada, First Nations Child and Family Caring Society, Assembly of First Nations, Chiefs of Ontario, Nishnawbe Aski Nation, and Canadian Human Rights Commission) as well as associated class actions have engaged in confidential negotiations to determine the scope of eligibility and mechanisms for compensation. After over 14 years of legal battles, two **agreements-in-principle** (AIP) were reached among the parties on December 31, 2021. On January 4, 2022, basic details of the AIP were announced, indicating that the scope of eligibility will differ from the CHRT decision in certain important ways.

This report presents the findings of a project designed to provide background information to support the implementation of the 2019 CHRT 39 decision related to the availability and gaps in data that could help identify eligible individuals, and certain considerations related to the compensation process. The report is intended to serve as a technical document to support the implementation of a compensation process. Given the overlap between the CHRT order and the class actions, this report may also be helpful in supporting the implementation of the broader compensation process.

¹ Including: Indian Residential Schools Settlement Agreement (IRSSA), Federal (Day) School Settlement, and Sixties Scoop Settlement

Project Scope

In 2020, a team of independent researchers from the University of Toronto and McGill University led by Professor Barbara Fallon and Professor Nico Trocmé was approached by Indigenous Services Canada (ISC), at the request of the First Nations Child and Family Caring Society (FNCFCS; “Caring Society”), to support the future operationalization of the 2019 CHRT 39 order. This request followed completion of the *Taxonomy of Compensation Categories for First Nations Children, Youth and Families related to 2019 CHRT 39* (Sistovaris et al., 2019), which was written in 2019 under the leadership of Professor Barbara Fallon at the University of Toronto. The present project began in **October 2020** and concludes with the submission of this report in **January 2022**.

This project was initiated in an effort to minimize the burden on individual claimants to prove their eligibility, as was initially intended by the CHRT decision. The project team was asked to support the future implementation of the decision through two main tasks:

- 1 Review the **availability and gaps in data** that could help identify potentially eligible claimants under the 2019 CHRT 39 decision, and
- 2 Provide certain **considerations for the compensation process**, including the **notice plan**, for applicants to receive compensation under this decision.

To review **availability of data**, we: 1) identified information of interest that may help prove claimant eligibility under the CHRT compensation categories; 2) identified administrative data sources that collected this information; and 3) asked key respondents with in-depth knowledge of these data systems to provide information on the quality of the data. We started with data from administrative systems at ISC (First Nations Child and Family Services [FNCFS]; Jordan’s Principle; Non-Insured Health Benefits [NIHB] programs; and First Nations and Inuit Health Branch [FNIHB] programs). For additional child welfare data, we reached out to a sample of First Nations and non-First Nations child welfare agencies in jurisdictions across Canada. For additional Jordan’s Principle information, we spoke with Jordan’s Principle service coordination organizations, and explored potentially relevant administrative and survey data sources. We highlighted potential gaps in available data along with

concerns raised by the people we spoke to. At no point in the process did we review actual datasets, whether anonymized or not. We relied upon secondary descriptive information, such as respondents' statements and data dictionaries, to complete our review of available data. Given that our review of child welfare agency information systems and Jordan's Principle information was limited to only a few selected agencies, the findings included in this report cannot be generalized to all of Canada but provide a sense of a range of data collection and storage practices. The research process was also limited by each agency or organization's ability to provide the information requested.

To provide **considerations for the compensation process**, including the notice plan, we conducted research on prior compensation processes to highlight lessons learned that may inform the upcoming compensation implementation. To complement our research on past settlement processes, we conducted a review of literature related to the notion of retraumatization with a focus on reconciliation and justice-seeking processes. We also consolidated process-related concerns from respondents we spoke to throughout the project. It is important to note that our documentation of respondent concerns reflects an ad hoc process emerging from our discussions with key contacts regarding data availability. The respondents contacted for this process were individuals either in leadership or management positions, or were familiar with collection, documentation, and storage of data related to child welfare services, Jordan's Principle, or other ISC programs. Our mandate did not include a systematic review of existing concerns among other individuals who will be implicated in the compensation process – namely, individual claimants themselves. Therefore, the concerns noted in this report in no way reflect the extent of concerns that may be held regarding the compensation process.

Contextual research throughout the project helped ground tasks related to our dual mandate. We conducted research related to child welfare data quality, data expungement practices, First Nations child health and social services, and First Nations data governance. We also monitored legal developments related to the *2019 CHRT 39* decision during the project, most notably the week of hearings during the judicial review of the decision at the federal court (held June 14–18, 2021), and followed the class action settlement processes taking place in tandem with the CHRT decision, up until the agreements in principle were reached.

At different stages of the project, the team engaged in discussions with various **stakeholders**, including: the First Nations Child and Family Caring Society,

the Assembly of First Nations, the National Advisory Committee on First Nations Child and Family Services (NAC), Indigenous Services Canada, and First Nations experts in child welfare and Jordan's Principle in each province/territory. A small working group emerged from our discussions with NAC, with whom we held in-depth consultations at each project phase.

Legal Context: Timeline

The project took place within a rapidly shifting context, following a series of developments that have led to efforts to seek justice based on the *2016 CHRT 2* Merit Decision, such as *2019 CHRT 39*. The following timeline provides information on key moments that relate to *2019 CHRT 39*:

- **February 23, 2007** Complaint of discrimination filed at the Canadian Human Rights Commission (CHRC) by the First Nations Child and Family Caring Society (FNCFCS) and the Assembly of First Nations (AFN) alleging discriminatory funding of child welfare and children's services on-reserve.
- **January 26, 2016** **2016 CHRT 2 (the "Merit Decision"):** The Canadian Human Rights Tribunal (CHRT; "the Tribunal") substantiates the 2007 complaint, finding systemic discrimination on the part of the government of Canada against First Nations children and their families in the provision of First Nations Child and Family Services and in its "narrow and inadequate" (paragraph 107) implementation of Jordan's Principle. This was followed by a series of non-compliance orders related to findings of ongoing discrimination.
- **May 26, 2017** **2017 CHRT 14:** The Tribunal finds that Canada's implementation of Jordan's Principle was overly narrow in only including children on reserve or ordinarily resident on reserve (paragraphs 50, 52–54, 67). The Panel confirms that Jordan's Principle "applies equally to all First Nations children, whether resident on or off reserve" (paragraph 135, 1.B.i.).
- **November 2, 2017** **2017 CHRT 35:** The federal government is found to be in compliance with Jordan's Principle.



² The definitions from the final version of the Framework are used in this report.

The following sections outline the understanding of eligibility for compensation that informed our research from October 2020 to December 2021, based on the 2019 CHRT 39 decision. Given that the recent AIPs indicate that compensation mechanisms will differ from the scope of eligibility on 2019 CHRT 39 in important ways, where possible we have attempted to include information gleaned from our research that could remain relevant for the eventual settlement agreement, which will be decided after this report is finalized and submitted.

Compensation Categories

This section provides an overview of the understanding of the 2019 CHRT 39 compensation categories upon which we based our approach, before highlighting certain differences between the CHRT compensation categories and the settlement agreement currently being negotiated.

2019 CHRT 39 compensation categories

Pursuant to the 2019 CHRT 39 compensation order, maximum allowable compensation (\$40,000) was due to First Nations children and their caregivers who were eligible for compensation. Four main compensation categories could be extrapolated from the 2019 CHRT 39 ruling in paragraphs 245–257. Each compensation category is described in Table 2.³

Table 2. Description of compensation categories under 2019 CHRT 39

| | | |
|--------------------------------------|--|--|
| Child welfare | First Nations children living on reserve or in the Yukon who were removed by the child welfare system and <i>placed</i> outside of their home, family, and community. | From January 1, 2006 ⁴ until further notice ⁵ |
| | First Nations parents or grandparents who were the primary caregiver of a child removed unnecessarily from their home, family, and community; unless the parent or grandparent <i>physically, sexually, or psychologically abused</i> the child. | |
| Child welfare/ Jordan's Principle | First Nations children living on or off-reserve and their parents or grandparents in cases of the removal of a child to obtain essential services covered under Jordan's Principle as defined in 2017 CHRT 14 and 35. | From December 12, 2007 ⁶ to November 2, 2017 ⁷ |
| Jordan's Principle | First Nations children living on or off-reserve and their parents or grandparents who experienced a gap, denial or delay of essential services covered under Jordan's Principle as defined in 2017 CHRT 14 and 35. | |

* Concepts in bold are defined further in the Final Compensation Framework (see Table 3) and those in italics are defined by province/territory in the Taxonomy (see Appendix A).

-
- 3 Given subsequent orders regarding definitions used in the Compensation Decision, there have been changes in the interpretation of the CHRT compensation categories since the release of the Taxonomy report. The current report provides a more up-to-date understanding of these categories.
- 4 Date following the last WEN DE report
- 5 Earliest of – either (1) Panel decides that unnecessary removal of FN children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.
- 6 Date of adoption in the House of Commons of the Jordan's Principle motion (see: Canada. Parliament, House of Commons, Journals, 39th Parliament, 2nd sess., 2007 December 12, Number 036).
- 7 Date of Tribunal's 2017 CHRT 35 ruling on Jordan's Principle (see: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada* (Representing the Minister of Indigenous and Northern Affairs Canada), 2017 CHRT 35).

Definitions provided in the Final Compensation Framework

On February 12 2021, the Tribunal approved the final **Framework for the Payment of Compensation under 2019 CHRT 39** (“the *Final Compensation Framework*”), which was “intended to facilitate and expedite the payment of compensation to the beneficiaries described in the *Compensation Entitlement Order*, as amended by subsequent Tribunal decisions” (*Final Compensation Framework*, s.1.3). It was prepared following discussions between the respondent (Attorney General of Canada) and the complainants (Assembly of First Nations, First Nations Child and Family Society) with input from the Canadian Human Rights Commission, Chiefs of Ontario, and Nishnawbe Aski Nation.

The document includes definitions of certain terms used in the compensation order following discussions between the Attorney General of Canada, the First Nations Child and Family Caring Society (FNCFS), the Assembly of First Nations (AFN) and the interested parties Chiefs of Ontario (COO) and Nishnawbe Aski Nation (NAN). These definitions are listed in Table 3 below.

In addition to the definitions described above, the *Final Compensation Framework* provides guiding principles as well as specific considerations for the compensation process related to: the location of beneficiaries, support to beneficiaries, validation of compensation claims, processing of compensation claims, supports for beneficiaries relating to the payment of compensation, and monitoring of the framework. These process-related components of the *Final Compensation Framework* are summarized in Appendix B.

Table 3. Definitions provided in the *Final Compensation Framework*

| Term | Definition provided in the <i>Final Compensation Framework</i> |
|---------------------|---|
| Beneficiary | “a person, living or deceased, described at paragraphs 245–257 of the Compensation Entitlement Order, ² as expanded by the Tribunal's decision in 2020 CHRT 7” (<i>Final Compensation Framework</i> , s. 4.1). ⁸ |
| First Nations child | <p>“a child who:</p> <ul style="list-style-type: none"> a) was registered or eligible to be registered under the Indian Act; b) had one parent/guardian who is registered or eligible to be registered under the Indian Act; c) was recognized by their Nation for the purposes of Jordan's Principle; or d) was ordinarily resident on reserve, or in a community with a self-government agreement” “if they had a meaningful connection to the First Nations community. The factors to be considered and carefully balanced include (without any single factor being determinative): <ul style="list-style-type: none"> a) Whether the child was born in a First Nations community or whose parents were residing in a First Nations community at the time of birth; b) How long the child has lived in a First Nations community; c) Whether the child's residence in a First Nations community was continuous; d) Whether the child was eligible to receive services and supports from the First Nation community while residing there (e.g. school, health services, social housing, bearing in mind that there may have been inadequate or non-existent services in the First Nations community at the time); and e) The extent of the connection of the child's parents and/or other caregivers to the First Nation community, excluding those non-status individuals working on a reserve (i.e., RCMP, teachers, medical professionals, and social workers)” (<i>Final Compensation Framework</i>, s. 4.2.5, emphasis added) <p>First Nations children who were not registered or eligible to be registered under the Indian Act (i.e., categories b to d) “are eligible for compensation in relation to denials, gaps and unreasonable delays with respect to essential services [from] January 26, 2016 to November 2, 2017.” (<i>Final Compensation Framework</i>, p. s. 4.2.5.2, emphasis added). They are only “eligible for compensation in the amount of \$20,000 for pain and suffering [...] but are not eligible for compensation under s. 53(3) of the Canadian Human Rights Act for wilful and reckless discrimination” (<i>Final Compensation Framework</i>, s. 4.2.5.3)</p> |

(continued on following page)

⁸ In this report, we typically use the term “claimant” to refer to individuals who may apply for compensation. Particularly given the remaining ambiguities and uncertainties regarding eligibility and implementation, the term “claimant” refers more generally to any individual who may be eligible or may apply for compensation.

Table 3. Definitions provided in the *Final Compensation Framework* (continued)

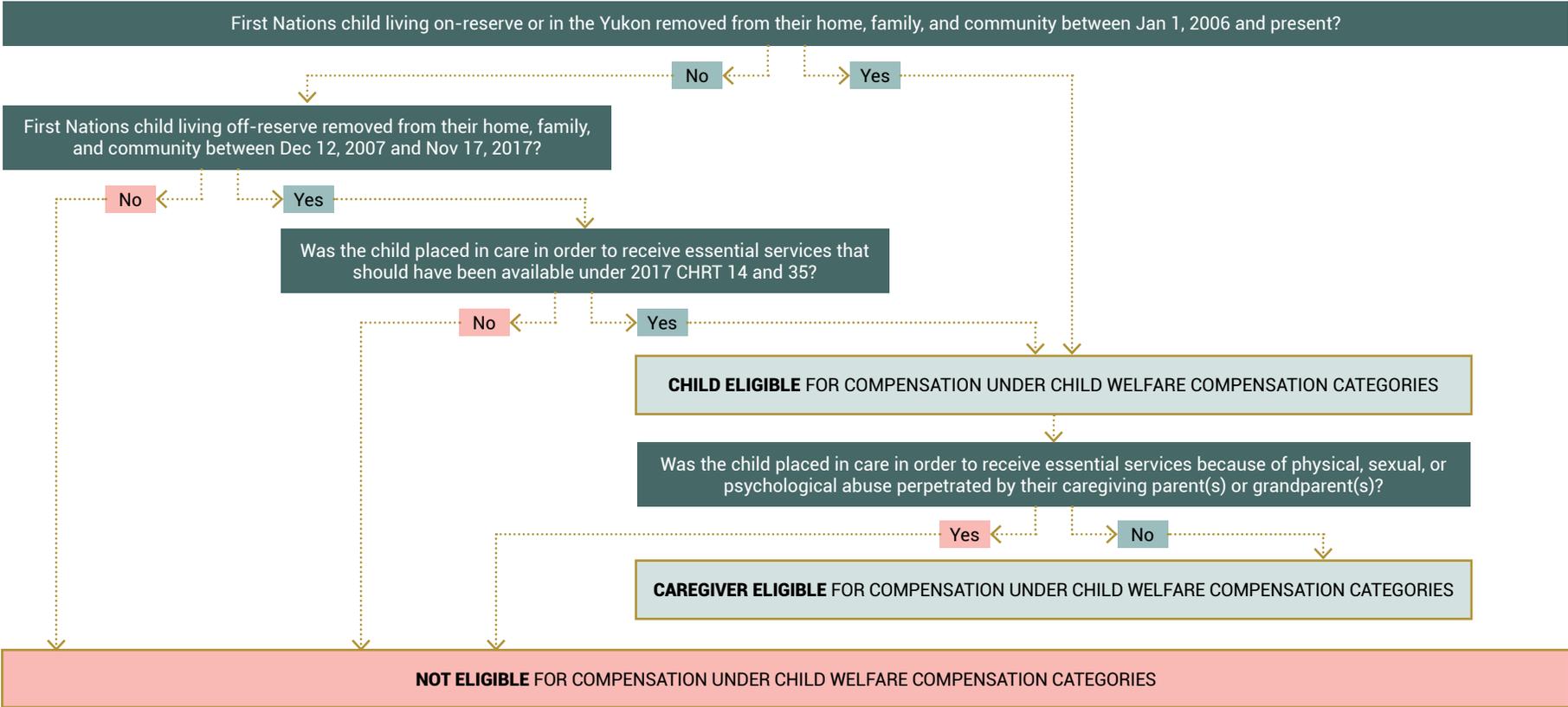
| Term | Definition provided in the <i>Final Compensation Framework</i> |
|--------------------------------------|--|
| Necessary/ unnecessary removal | <p>“includes:</p> <ul style="list-style-type: none"> a) children removed from their families and placed in alternative care pursuant to provincial/territorial child and family services legislation, including, but not limited to, kinship and various custody agreements entered into between authorized child and family services officials and the parent(s) or caregiving grandparent(s); b) children removed due to substantiated maltreatment and substantiated risks for maltreatment; and c) children removed prior to January 1, 2006, but who were in care as of that date.” (<i>Final Compensation Framework</i>, s. 4.2.1) |
| Essential service | <p>“a support, product and/or service recommended by a professional that was reasonably necessary to ensure:</p> <ul style="list-style-type: none"> a) substantive equality in the provision of services, products and/or supports to the child (accounting for historical disadvantage, geographic circumstances, and the need for culturally appropriate services, products and/or supports); and b) the best interests and safety of the child” (<i>Final Compensation Framework</i>, s. 4.2.2) <p>Recommended by a professional: “must be interpreted in a manner such that a claimant's inability to provide proof of assessment, referral or recommendation contemporaneous with the necessity of support, product and/or service will not automatically disentitle the individual from eligibility for compensation. For example, particularly in remote communities there may not have been timely access to specialists, but there may have been access to community health nurses, social support workers, mental health workers. However, these individuals may not have designations in a specific profession related to the service being recommended. In these situations, flexibility is necessary to ensure that First Nations children who were unable to access an assessment, referral or recommendation in a timely manner due to systemic barriers (e.g. lack of approval to travel, long wait time prior to physician, therapist or specialist visits in community) are not unfairly excluded from compensation eligibility. Further guidance on this matter will be included in the Guide referenced at s. 2.5.” (<i>Final Compensation Framework</i>, s. 4.2.2.2)</p> <p>Reasonably necessary: “the failure to provide the support, product or service could have: a) caused the child to experience mental or physical pain or suffering; or b) widened the gap in health outcomes between the First Nations child and children in the rest of Canadian society.” (<i>Final Compensation Framework</i>, s. 4.2.2.1)</p> |
| Service gap | <p>“a situation where there was a service, and/or product and/or support based on the child's confirmed need that:</p> <ul style="list-style-type: none"> a) was necessary to ensure substantive equality in the provision of services, products and/or supports to the child; b) 1. was recommended by a professional with expertise directly related to the child's need(s). Documentation provided by a medical professional or other registered professional is conclusive, unless Canada can demonstrate to the satisfaction of the Central Administrator that, based on clinical evidence available at the time, the potential risk to the child of the service, product and/or support outweighed the potential benefit; or 2. an Elder or Knowledge Keeper, who is recognized by the child's specific First Nations community, recommends a linguistic or cultural product, support and/or service; and c) the child's needs were not met.” (<i>Final Compensation Framework</i>, s. 4.2.3) |
| Unreasonable delay | <p>“where a request was not determined within 12 hours for an urgent case, or 48 hours for other cases. In exceptional cases and subject to a high threshold, Canada may rebut the presumption of unreasonable delay in any given case with reference to the following list of contextual factors, none of which is exclusively determinative:</p> <ul style="list-style-type: none"> a) the nature of the product, support and/or service sought; b) the reason for the delay; c) the potential for the delay to adversely impact the child's needs, as informed by the principle of substantive equality; d) whether the child's need was addressed by a different service, product and/or support of equal or greater quality, duration and quantity, otherwise provided in a reasonable time; e) the normative standards for providing the support, product and/or services in force in the province or territory in which the child resided, or received the service, at the time of the child's need.” (<i>Final Compensation Framework</i>, s. 4.2.4) |

Operationalization of the 2019 CHRT 39 compensation categories

The following decision trees reflect our understanding of how eligibility under 2019 CHRT 39 could be operationalized.⁹ They are based on paragraphs 245–257 of the Compensation order and the definitions provided in the *Final Compensation Framework*, which were listed above.

Child welfare compensation categories

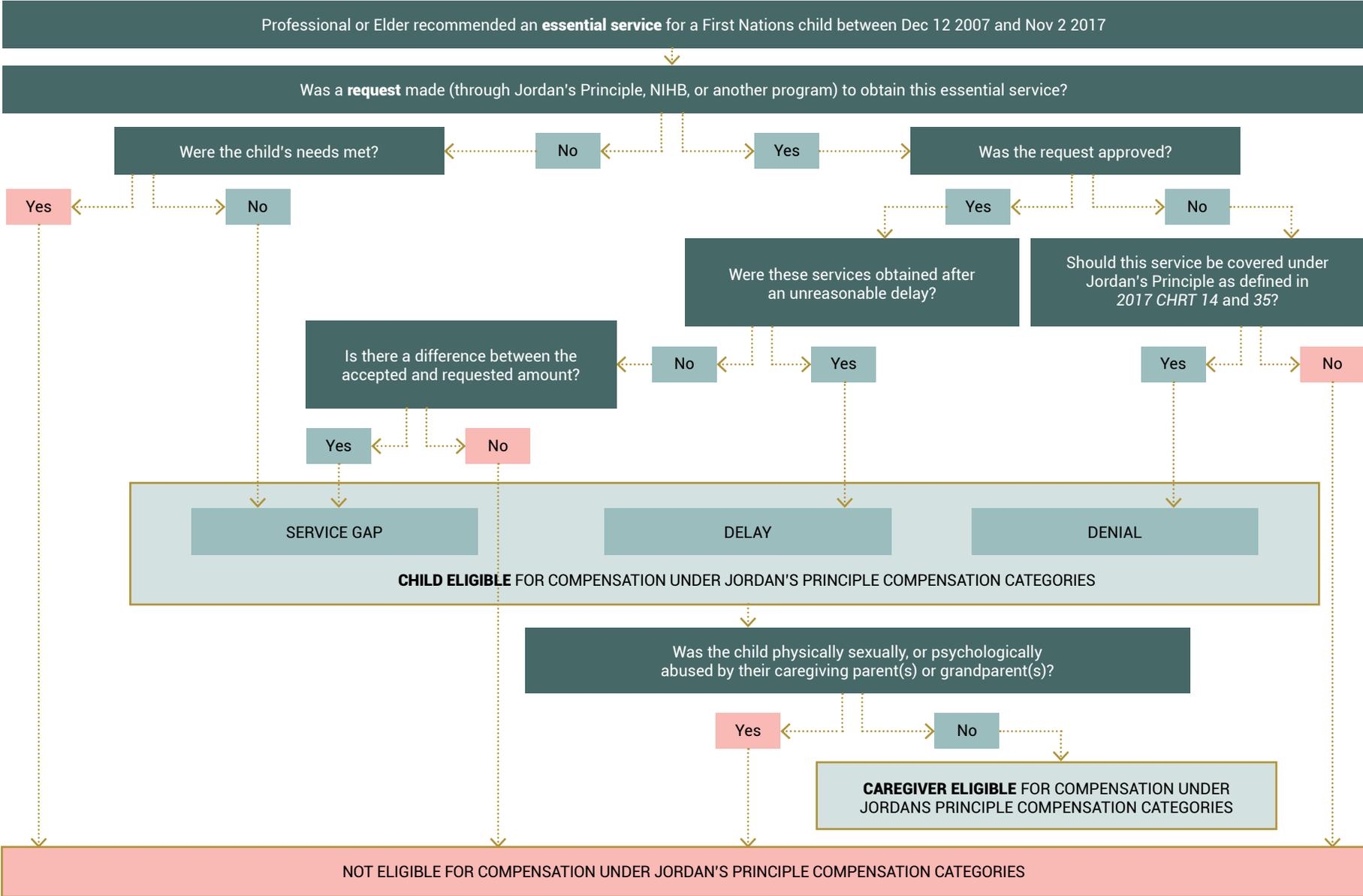
Figure 1. Decision tree presenting project team understanding of the 2019 CHRT 39 child welfare compensation categories



⁹ Given the expected shift in the timeframe of eligibility to extend to 1991, dates herein would need to be adjusted, but we opted to include this diagram as the structure of a similar decision tree may still be useful for the settlement agreement.

Jordan's Principle compensation categories

Figure 2. Decision tree presenting project team understanding of the 2019 CHRT 39 Jordan's Principle compensation categories



Potential differences between the negotiated settlement and the CHRT order

The section below highlights potential differences between the December 31, 2021, AIP and the CHRT order, as well as remaining ambiguities.

Timeframe of eligibility. The information currently available on the AIP reached by the parties suggests that the timeframe for eligibility for the Removed Child class goes from April 1, 1991, to March 31, 2022, whilst the timeframe of eligibility for the Jordan's Principle class goes from April 1, 1991, to November 2, 2017.¹⁰ This extends the timeframe of eligibility originally granted under *2019 CHRT 39*. Given that the project mandate was tied to the CHRT order, the outreach conducted by the team focused on data available from January 2006 to present for the child welfare compensation categories and from December 2007 to November 2017 for the Jordan's Principle compensation categories.

Eligibility under the Removed Child class. The current information available on the negotiated settlement suggests that the Removed Child class includes children who "were taken in out-of-home care."¹¹ At the date of writing the report (January 2022), it is unclear whether out-of-home care only includes formal out-of-home care arrangements (i.e., excludes informal kinship services) and whether out-of-home care includes placement with extended family and placement within the community. The Sotos website also suggests that "length of time in care; number of out-of-home placements, and [placement] in care on or off reserve" could be used to determine the final compensation amount. These factors were not included in the *2019 CHRT 39* order. As a result, the project team did not specifically ask about these concepts when reaching out to respondents. We have information on certain proxies, however, which could be helpful in understanding the availability of this information.

Eligibility under the Jordan's Principle class. The current information available on the negotiated settlement states that the Jordan's Principle class includes children who "experienced delays or denials of a public service or product contrary to Jordan's Principle."¹² This does not specify whether this class would

also include denied or delayed group requests for public services or products and would suggest that the Jordan's Principle class does not include children who experienced service gaps, but made no requests for services. As a result of this, the review of Jordan's Principle data availability below focuses primarily on denials and delays.

Primary caregivers. As of yet, publicly available information does not specify which primary caregivers would be compensated. As such, it is not yet possible to confirm whether primary caregivers who physically, sexually, or emotionally abused their children are excluded.

Structure of the Report

This report comprises detailed descriptive findings regarding the availability of data related to the *2019 CHRT 39* order and considerations for the notice plan. The report is structured in three sections: **(I)** an overview of the structure of health and social services and child welfare services for First Nations children in Canada, and a review of the opportunities and limitations of relying on administrative data to inform decisions; **(II)** an overview of our approach and findings related to the availability of data following our review; and **(III)** documentation of process-related concerns from respondents, a review of lessons learned from past Canadian and international settlement processes, and literature on retraumatization

¹⁰ Sotos Class Actions. (n.d.). *Overview – First Nations Youth*. <https://www.sotosclassactions.com/cases/first-nations-youth/>

¹¹ Ibid.

¹² Ibid.

I. The Delivery and Documentation of Services to First Nations Children

Growing recognition of the discrimination faced by First Nations children in Canada has elicited numerous calls for action to address the trauma inflicted on generations of First Nations families by a system firmly rooted in colonialism and government policies of assimilation. Recent public processes have highlighted inequities in child welfare and public services for First Nations children. These developments in the public sphere have taken place in numerous realms, the Canadian Human Rights Commission being just one of many. In 2015, the Truth and Reconciliation Commission (TRC) process produced a list of 94 “Calls to Action,” the first of which related to addressing the high level of involvement of First Nations children in child welfare systems (TRC, 2015a). The TRC report also called for full implementation of Jordan’s Principle¹ and increased access to health, educational, and culturally relevant services (TRC, 2015a). Related to these developments, there have been many calls for better documentation and data to monitor these inequitable patterns in service delivery (e.g., Sinha et al., 2021). This section provides an overview of service delivery and challenges related to the use of *administrative data to document access to services*.

The Delivery of Services to First Nations Children in Canada

Marina Sistovaris & CHRT Compensation Project Team

Current structure of First Nations child welfare in Canada

Legal framework for the provision of child welfare services across Canada

Child welfare in Canada is administered at the federal, provincial, territorial, and band level, resulting in a complex web of policies, structures and services that vary across these jurisdictions. First Nations children involved with child welfare are subject to different child welfare mandates and funding based on their place of residence. First Nations children ordinarily resident on-reserve

may interact with a locally run First Nations child welfare agency or one run by the province, while First Nations children living off-reserve who come in contact with child welfare are likely to interact with the provincial designate that serves the area where they live. A small number of urban Indigenous child and family services agencies serve First Nations children off-reserve in urban settings.

Canada’s child welfare system consists of over 400 child welfare agencies, operating both federally and under the jurisdiction of 13 provinces and territories (Trocmé et al., 2010). In 2016, the First Nations Child and Family Caring Society of Canada estimated that there were over 140 First Nations agencies delivering services to First Nations peoples and eight Métis agencies delivering culturally relevant services to Métis families (National Collaborating Centre for Aboriginal Health, 2017; Sinha & Kozłowski, 2013). Indigenous child welfare agencies typically sign agreements with either the federal or provincial governments – or both governments – authorizing them to provide a range of child protection services to Indigenous children (Canadian Child Welfare Research Portal, 2019; Bennett, n.d.; Sinha & Kozłowski, 2013). In addition to the complex web of child welfare policies, structures, and services that vary across jurisdictions, variations in child welfare practice are also found within jurisdictions.

Until recently, both First Nations and mainstream agencies had to apply the **child welfare legislation** of their province or territory when providing services to families. In Canada, most provinces and territories have incorporated provisions within their child welfare legislation for Indigenous children, families and communities, such as: band notification of court or placement; Indigenous involvement in case management; Indigenous involvement in service planning or delivery; prioritization of kinship care; submission of cultural connection plan; and connection to Indigenous culture in the best interest of the child (Sinha & Kozłowski, 2013). On January 1, 2020, *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families* came into force, allowing Indigenous communities to have control over child and family services.² Although the Act is the first to recognize Indigenous jurisdiction over child welfare, the law has been critiqued because of its lack of commitment to core funding and the limits

1 Jordan’s Principle is a “child-first” principle, adopted in 2007, designed to ensure that First Nations children do not experience delays, disruptions, or denials of services typically available to other Canadian children, including, but not limited to services such as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy (Canadian Pediatric Society, 2019; Government of Canada, 2019).

2 For a detailed discussion of the 2020 Act, see Indigenous Services Canada (2020a).

it imposes on Indigenous jurisdiction (e.g., Metallic, Friedland, & Morales, 2019). In July 2020, the first coordination agreement under the Act was signed by the Cowessess First Nation with Government of Canada and the Government of Saskatchewan, focusing on prevention, and ensuring that families are provided with the necessary resources to heal from intergenerational trauma (Indigenous Services Canada, 2022, n.p.).

While the legislative mandate for child welfare has rested with provinces and territories, **funding** for child welfare services for First Nations families living on-reserve lies with the federal government, through the First Nations Child and Family Services (FNCFS) program at Indigenous Services Canada.

Funding for children living off-reserve lies with the province/territory. In fiscal year 2018-2019, there were 153 FNCFS-funded bodies in Canada, including both delegated First Nations agencies (105 agencies) and provincial ministries serving First Nations communities (see Appendix D and Appendix E for a list of agencies funded by the FNCFS program and the First Nations bands associated with them since 2013-2014). Table 1.1 below outlines the administrative responsibility and the number of First Nations delegated child welfare agencies in Canadian provinces and territories.

Table 1.1 Administrative responsibility and child welfare service delivery in Canadian provinces and territories (FY 2018-2019)

| Jurisdiction | Child Welfare Legislation | Ministry responsible for child welfare | No. of delegated agencies receiving FNCFS-funding* |
|-------------------------|--|--|--|
| Alberta | <i>Child, Youth and Family Enhancement Act</i> | Ministry of Children's Services | 17 |
| British Columbia | <i>Child, Family and Community Service Act; The Adoption Act; The Infants Act; Representative for Children and Youth Act</i> | Ministry of Children & Family Development Director of Child Protection | 18 |
| Manitoba | <i>The Child and Family Services Act; The Child and Family Services Authorities Act</i> | Department of Families Child and Family Services | 15 |
| New Brunswick | <i>Family Services Act; Intercountry Adoption Act</i> | Ministry of Social Development | 7 |
| Newfoundland & Labrador | <i>Children, Youth and Families Act; An Act Respecting Adoptions</i> | Department of Health & Community Services Department of Children, Seniors and Social Development | 1 |
| Northwest Territories | <i>Child and Family Services Act</i> | Department of Health & Social Services Child and Family Services | 0 |
| Nova Scotia | <i>Children and Family Services Act</i> | Department of Community Services Division of Child, Youth and Family Supports | 1 |
| Ontario | <i>Child, Youth and Family Services Act</i> | Ministry of Children, Community and Social Services | 13 |
| Prince Edward Island | <i>Child Protection Act; Adoption Act</i> | Ministry of Family and Human Services Department of Child and Family Services | 1 |
| Quebec | <i>Youth Protection Act; An Act Respecting Health and Social Services</i> | Ministry of Health and Social Services Directors of Youth Protection | 15 |
| Saskatchewan | <i>Child and Family Services Act; The Child and Family Services Amendment Act</i> | Ministry of Social Services | 17 |
| Yukon | <i>Child and Family Services Act; Children's Law Act</i> | Department of Health and Social Services Family and Children's Services | 0 |

* Number of FNCFS-funded delegated agencies as of as of March 31, 2019, according to information provided by ISC (Appendix D)

Evidence of ongoing patterns of overrepresentation in the child welfare system

Ongoing patterns of First Nations overrepresentation in child welfare systems are consistently documented in both national and provincial data (Fallon et al., 2021; Sinha et al., 2011). According to the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS-2019), in 2019, investigations involving First Nations children were 17.2 times as likely to result in placement in formal out-of-home care compared to investigations involving non-Indigenous children (Fallon et al., 2021).³ Child welfare involvement is consistently shown to be overwhelmingly related to neglect cases which are often driven by poverty, inadequate housing, and other inequities disproportionately experienced by First Nations families in Canada (First Nations Child and Family Caring Society, 2013; Trocmé, Knoke, & Blackstock, 2004).

Census data estimate that a total of 28,030 children aged 0 to 14 were placed in foster care across Canada on a given day in 2016 (Saint-Girons, Trocmé, Esposito, & Fallon, 2020, p. 1).⁴ Considered to be among Canada's most vulnerable populations, children in care either have no parents or for complex and interrelated reasons – socioeconomic circumstances, behavioural issues, abuse, family conflict, neglect or a lack of parental abilities – are removed from their parents by the child welfare system or courts (Sherlock & Culbert, 2015; Esposito et al., 2013). Once children enter care, they are often confronted with numerous challenges as they navigate child welfare and other systems. According to child welfare advocates, most children in care are “resilient and determined to survive on their own. But while some find varying degrees of success, others fall down” (Sherlock & Culbert, 2015).

A closer examination of child welfare in Canada reveals the systemic disadvantages faced by First Nations, Inuit, and Métis children in care. First, relative to Canada's population, a disproportionate number of Indigenous⁵ children experience removal from their home under child welfare systems

(Fallon et al., 2021; Mosher & Hewitt, 2018; Ontario Human Rights Commission, 2018; Fallon et al., 2016; Residential Services Review Panel, 2016; Turner, 2016; Contenta, Monsebraaten & Rankin, 2015, 2014; Peel Children's Aid Society's Annual Report, 2013; United Nations Committee on the Rights of the Child, 2012; McMurtry & Curling, 2008). The results of the 2016 Census show that Indigenous children under the age of 15 represent only eight percent of Canada's total child population, but account for 52 percent of the total foster child population (Statistics Canada, 2016). The percentage of Indigenous children in out-of-home care in some provinces and territories has been shown to be much higher. In Manitoba, for example, almost 90 percent of children in care were Indigenous in October 2017 (Government of Manitoba, 2018).

The situation is exacerbated by the fact that, in many cases, once in foster care, Indigenous children remain in care longer (often remaining in permanent care) and are less likely to be returned to their families compared to their non-Indigenous counterparts (Office of the Child and Youth Advocate Alberta, 2016; McKenzie et al., 2009). Although there has been some success in placing Indigenous children within their own community with extended family, a family with shared ethno-cultural background or foster care that is connected to the family unit, the majority of Indigenous children continue to be placed in non-Indigenous care settings (McKenzie et al., 2009). Second, the rate of Indigenous overrepresentation in foster care continues to grow each year as First Nations, Métis, and Inuit children are brought into care of the welfare system at an increasing rate (Mosher & Hewitt, 2018; Fallon et al., 2016; Statistics Canada, 2016). Third, the over-representation of Indigenous children occurs at every phase of child welfare intervention from reports, investigation, substantiation, entry into care, and placement in permanent child welfare care (das McMurtry, 2015; Blackstock, 2007; Fallon et al., 2021; Sinha et al., 2011; Trocmé et al., 2005).

3 Please refer to Appendix C for an overview of the FN/CIS-2019 study and an analysis of investigations involving First Nations children living on-reserve.

4 There are several important caveats to keep in mind with Census data: 1) Children living in kinship foster homes could be undercounted, since they could be categorized as a “Grandchild” or as an “Other relationship” (such a niece or nephew), rather than as a “Foster child”; 2) Children and youth living in congregate settings (e.g. group homes or other residential settings) are not included in the Census; 3) The Census count is a cross-sectional (point-in-time) count that does not provide information about the total number of children placed in foster care during the year.

5 Indigenous peoples of Canada include those who identify as First Nations (North American Indian), Métis and/or Inuk (Inuit), and/or those who report being Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who have membership in a First Nation or Indian band (Statistics Canada, 2021a). Although the term Indigenous is used as a collective term for all Indigenous peoples and identities, it is important to note that Indigenous peoples are not a homogeneous group. Indigenous peoples of Canada are a diverse population with distinct histories, languages, cultural practices and spiritual beliefs (Crown-Indigenous Relations and Northern Affairs Canada, 2021; Voyageur & Calliou, 2000; Charron, 2019).

The staggering number of Indigenous children in care has been identified as a growing humanitarian crisis (Hyslop, 2018; Truth and Reconciliation Commission of Canada, 2015a, 2015b, 2015c; Ontario Human Rights Commission, 2018; Johnston, 2016, 1983, 1981). According to child welfare advocates, the overrepresentation of First Nations children in Canada's child welfare system "has increased to the point that the number of First Nations children placed in state care today is three times that at the height of residential school operations" (National Collaborating Centre For Aboriginal Health, 2013, n.p.; Blackstock, 2016, 2007, 2003; Ontario Human Rights Commission, 2018). In recent years, the utilization of data as a decision-making tool in the field of child welfare has taken on greater urgency in Canada considering the alarming number of children that continue to enter child welfare systems (Fallon et al., 2021; Statistics Canada, 2016; Brownell et al., 2015, p. ix; das McMurtry, 2015).

Numerous calls to address inequities in child welfare services

Evidence of the disproportionate rate of Indigenous children in foster care and continued underfunding of services on reserves has fuelled arguments that Canada's child welfare system has become the modern-day residential school system (Somos, 2021; Wright, 2021).

Patterns of forcible removal of children and damaging dynamics between the federal government and First Nations communities have been documented over three centuries. At every point, Canada was called to make changes, but these demands were not implemented in time, leading to growing crisis that is being seen today.

In **1895**, Duncan Campbell Scott – one of Canada's leading bureaucrats responsible for the residential school file and often identified as the architect of Canada's residential school system (Wattam, 2016, p. 3; Blackstock, 2016, n.p.) – began allowing for the forced removal of "Indian" children from their families and communities for "education" or because they were "not properly cared for" (Blackstock, 2016, n.p.).

By **1953**, there was a growing body of evidence proving that Canada's residential schools had become child welfare institutions (Blackstock, 2016, n.p.).⁶

In **1967**, George Caldwell submitted the results of his investigation of children attending residential schools in Saskatchewan to the Department of Indian Affairs (Blackstock, 2016, n.p.) confirming that the majority of children – 80 percent – in these schools were placed there for child welfare reasons (Blackstock, 2016, n.p.; Caldwell, 1967) providing further evidence that residential schools were primarily child welfare institutions. Caldwell's (1967) report and recommendations for the federal government to increase funding of family support services were ignored by the Government of Canada (Blackstock, 2016, n.p.; Caldwell, 1967).

In **1983**, Patrick Johnston released the findings of his research examining why there were so many Indigenous children in care in his report, *Native Children and the Child Welfare System*. Johnston's 1983 report not only provided strong evidence of the involvement of child welfare agencies in the removal of children from their families and communities,⁷ but it also brought attention to the term "Sixties-Scoop" (Hanson, 2009, n.p.; Johnston, 2016, 1983, 1981). Coined by Johnston, the term "Sixties-Scoop" refers to the "mass removal of Aboriginal children from their families into the child welfare system, in most cases without the consent of their families or bands" that prevailed during the 1960s (Hanson, 2009, n.p.; Johnston, 2016, 1983, 1981).

In **1991**, the Government of Canada established the Royal Commission on Aboriginal Peoples (the Commission) to "investigate the evolution of the relationship between Indigenous peoples, the Canadian government, and Canadian society as a whole, propose specific solutions to the problems that have hindered those relationships, and examine all issues it deemed relevant to Indigenous peoples in Canada" (Prime Minister of Canada Justin Trudeau, 2021, n.p.; Royal Commission on Aboriginal Peoples, 1996a, 1996b, 1996c, 1996d, 1996e). Five years later, the Commission released the results of its inquiry

6 This was captured in detail by historian John Milloy (1999) in his book *A National Crime: The Canadian Government and the Residential School System, 1879 to 1986*.

7 In looking at the percentage of Indigenous children in care in the province of British Columbia (B.C.), Johnston (1983) found that "[i]n 1955 there were 3,433 children in the care of B.C.'s child welfare branch. Of that number, it was estimated that 29 children, or less than 1 per cent of the total, were of Indian ancestry. By 1964, however, 1,446 children in care in B.C. were of Indian extraction. That number represented 34.2 per cent of all children in care. Within ten years, in other words, the representation of Native children in B.C.'s child welfare system had jumped from almost nil to a third. It was a pattern being repeated in other parts of Canada as well" (Royal Commission on Aboriginal Peoples, 1996c, p. 22; Johnston, 1983; 23).

calling for “a complete restructuring of the relationship between Indigenous and non-Indigenous peoples in Canada...This new relationship would acknowledge and respect Indigenous cultures and values, the historical origins of Indigenous nationhood and the inherent right to Indigenous self-determination” (Doerr, 2021, n.p.; Government of Canada, 2010, n.p.; Royal Commission on Aboriginal Peoples, 1996a, 1996b, 1996c, 1996d, 1996e). The five-volume document outlined 440 recommendations involving: Indigenous governance, nation rebuilding, lands and resources, treaties, economic development, and social policy, including child welfare (Prime Minister of Canada Justin Trudeau, 2021, n.p.; Royal Commission on Aboriginal Peoples, 1996a, 1996b, 1996c, 1996d, 1996e). Throughout the inquiry, presentations along with evidence submitted to the Commission found Canada's residential schooling was a “persistent and destructive force” on relations between Indigenous peoples, the Canadian government, and Canadian society, as were Canada's child welfare policies:

The effect of these policies, as applied to Aboriginal children, was to tear more holes in the family web and detach more Aboriginal people from their roots. Authorities had only one remedy for children thought to be in need of protection – removal from their families. Authorities were not able to alleviate family poverty, fix crumbling houses, or support young parents who had themselves been raised in institutions, without parents as models. They made little or no attempt to place children at risk with members of their kin network or with other Aboriginal families who could help them hold on to their culture and identity (Government of Canada, 2010, n.p.; Royal Commission on Aboriginal Peoples, 1996a, 1996b, 1996c, 1996d, 1996e).

Evidence submitted to the Commission showed that Canada's child welfare system was based on colonial policies specifically designed to assimilate Indigenous children, and an extension of the country's residential school system (First Nations Child and Family Caring Society of Canada, 2022, n.p.; Royal Commission on Aboriginal Peoples, 1996e, p. 24). The Government of Canada's willingness to fund child-in-care costs yet reject financial responsibility for preventative services was also found to be the basis for decisions that made the apprehension and permanent removal of children the preferred solution in child removal cases (First Nations Child and Family Caring Society of Canada, 2022, n.p.; Royal Commission on Aboriginal Peoples, 1996e, p. 24). Included in the Commission's recommendations were calls for action by the Government of Canada to: reform existing child welfare services;

shift government funding towards family supports as opposed to child-in-care costs; and transfer control of child welfare services to the Indigenous people (First Nations Child and Family Caring Society of Canada, 2022, n.p.; Royal Commission on Aboriginal Peoples, 1996e, pp. 48–49; Government of Canada, 2010, n.p.). According to the Commission, “[c]hild welfare is one of the services that Indigenous people want most to control for themselves” (Government of Canada, 2010, n.p.) and enhanced data collection and information exchange (McBride, n.d., p. 3).

In **2015**, The Truth and Reconciliation Commission (TRC, 2015a) released 94 “Calls to Action” to redress the legacy of Canada's system of residential schools and advance the process of reconciliation, which included changes to Canada's Indigenous system of child welfare. Included in the TRC's (2015a, p. 1) Calls to Action were: the adoption and implementation of initiatives designed to reduce the number of Indigenous children in care; the collection and storage of data regarding the number of Indigenous children in care, the reasons for the displacement of Indigenous children, the costs of preventative care and effectiveness of interventions; the implementation of Jordan's Principle; the enactment of Indigenous focused child-welfare legislation that establishes national standards for Indigenous child apprehension and custody cases; and the development of culturally appropriate programs for Indigenous families.

In **2018**, the Ontario Human Rights Commission (OHRC) released its report, *Interrupted Childhoods: Over-Representation of Indigenous and Black Children in Child Welfare*. The OHRC's (2018, p. 2) inquiry found that the overrepresentation of Indigenous children in Canada's foster care system can be attributed to a number of “complex and multi-faceted” issues stemming largely from the intergenerational effects of colonialism and associated child welfare practices. Services provided under Canada's system of child welfare were found to be racially biased against Indigenous peoples (Choate, 2018, p. 5; McKay, 2018). Racial biases linked to child welfare have a spillover effect by influencing policy, decision making about placement in out-of-home care, and ultimately, contributing to the overrepresentation of Indigenous children in care (Choate, 2018: pp. 5, 32; McKay, 2018; Drake et al., 2011). The OHRC traced chronic family concerns such as poverty, poor and unsafe housing, substance use, mental health issues and social isolation to decades of oppressive and discriminatory policies such as Canada's Indian Residential Schools and Sixties Scoop which led to the removal of children from their family structures (McKay,

2018). Many of the structural biases that contributed to the Indian Residential Schools and Sixties Scoop are still being incorporated, and to some extent enhanced with child welfare decision making (Choate, 2018, p.33). The OHRC (2018) further noted the critical importance of ensuring open dialogue with Indigenous and racialized communities, as well as the utility of data collection and analysis, in providing context to the issue of over-representation.

In **2019**, The National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) (2019a, 2019b) released its report, *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*. The National Inquiry's Final Report revealed "that persistent and deliberate human and Indigenous rights violations and abuses are the root cause behind Canada's staggering rates of violence against Indigenous women, girls and 2SLGBTQIA people" (National Inquiry into Missing and Murdered Indigenous Women and Girls, n.d.). The Final Report provided 231 individual Calls for Justice requiring "for transformative legal and social changes to resolve the crisis that has devastated Indigenous communities across the country" (National Inquiry into Missing and Murdered Indigenous Women and Girls, n.d.; CBC News, 2019). For many child welfare advocates, the Final Report solidified the "causal relationship between the plight of missing and murdered Indigenous women and [Canada's] child welfare system," (Taylor, 2018, n.p.) a sentiment that was echoed in the testimonies of witnesses throughout the inquiry (Morgan, 2008; Taylor, 2018).⁸ The Final Report also highlighted the need for comprehensive data collection by federal and provincial Governments in order to address the crises as well as the involvement of Indigenous peoples in the process (CBC News, 2019).

-
- 8 According to Qajaq Robinson, former Commissioner for the MMIWG "I'd say probably a third to a half of all the testimonies [I heard] in each area [spoke] to child welfare or child and family services – from limitations in terms of the supports that they receive; the eligibility; the lack of services available, particularly in remote locations...where the agencies are either not staffed enough or just don't have the resources available to assist with the needs that families have. In a number of the cases involving disappearances or murders, often we [heard] about it as a factor for women who, for example, have either struggled with addiction or struggled with trauma, and their struggles have resulted in their children being either apprehended or, you know, [placed] under some form of care and supervision. And then the removal of the children having a really, really devastating impact on [their] will to go on – I don't know how else to describe it. It has a real devastating impact of loss and of grief ... that heartbreak of being separated from one's child, whether it was through residential school – because we [heard] a lot about that – or through the child-welfare system" (Morgan, 2018, n.p.).
- 9 The NIHB program "supports the health needs of First Nations and Inuit by: ensuring availability of, and access to, quality health services; supporting greater control of the health system by First Nations and Inuit; and, supporting the improvement of First Nations health programs and services through improved integration, harmonization, and alignment with provincial/territorial health systems. [It] also provides eligible First Nations and Inuit, regardless of where they live, with supplementary health benefits not covered by provincial or territorial health insurance or private programs such as prescription drugs, medical supplies and equipment, dental and vision care, short term mental health crisis counselling and medical transportation" (Behrend, Forsyth, & Mohamed, 2021, p. 4). For a detailed overview of the NIHB program, see Government of Canada (2021c). For information regarding other healthcare services and supports, including: coronavirus; nursing careers; access to community care programs, health services and nursing care; mental health; substance use; family health; diseases that may affect First Nations and Inuit communities; and environmental issues and health, see Government of Canada (2021b).

Current structure of health and social services for First Nations children

Legal framework for the delivery of health and social services across Canada

The organization and structure of Canada's healthcare system is largely determined by Canada's Constitution Act, of 1982, in which jurisdictional roles and responsibilities over healthcare are divided between federal, provincial and territorial governments (Government of Canada, 2021a, n.p.; Behrend, Forsyth, & Mohamed, 2021, p. 4). In general, primary jurisdiction over the administration and delivery of health care services – including setting healthcare priorities, administering healthcare budgets and managing healthcare resources – is delegated to provinces and territories (Government of Canada, 2021b, n.p.; Behrend, Forsyth, & Mohamed, 2021, p. 4). The federal government has spending power over healthcare primarily through the use of transfer payments to support provincial and territorial delivery of health services to residents (Government of Canada, 2021b, n.p.; Behrend, Forsyth, & Mohamed, 2021, p. 4).

The allocation of healthcare responsibility for Indigenous peoples – which includes First Nations, Inuit and Métis – is shaped by an intricate web or what is often referred to as a "jurisdictional patchwork" (Gouldhawke, 2021, n.p.) of policies, legislation and relationships (Government of Canada, 2021a, n.p.; Behrend, Forsyth, & Mohamed, 2021, p. 4). Responsibility is "divided between the provinces, territories, the federally-funded Non-Insured Health Benefits (NIHB)⁹ program for First Nations and Inuit, and finally, limited Métis programs via

Indigenous Services Canada [ISC]¹⁰ (Gouldhawke, 2021, n.p.). The complexity of Canada's healthcare system, according to Mike Gouldhawke (2021), a Métis and Cree writer and community organizer, means that in Canada, there are effectively 15 different healthcare systems (n.p.). Adding to this complexity is the division of healthcare responsibility and funding for First Nations and Inuit communities on reserve:

[p]rovincial/territorial governments provide hospitals, physicians, and public health programs, but rarely operate direct health services on-reserve. The federal government, via the FNIHB of ISC, funds and, in some cases, delivers health programs and services for the First Nations and Inuit populations living on-reserve or traditional territory. These federally funded programs and services are intended to be complementary to health services provided by provincial/territorial governments, First Nations organizations and communities and third-party services providers (Behrend, Forsyth & Mohamed, 2021, p. 3).

For Métis, off-reserve First Nations and non-status First Nations, services and benefits are primarily provided for by provinces and territories (Government of Canada, 2021b, n.p.). According to Indigenous Services Canada, “[a] coordinated approach to address the health needs of First Nations, Inuit and Métis, and health care delivery among all levels of government including Indigenous governments, remains an ongoing challenge. Improved clarity and a shared understanding of the role of various levels of government is needed, including for Métis, off-reserve First Nations and urban Inuit populations” (Government of Canada, 2021b, n.p.).

Jordan's Principle is a “child-first” principle adopted in 2007, that is designed to ensure that in situations where there is a funding dispute between federal and provincial governments, or between federal departments with regard to the provision of essential services¹¹, First Nations children do not experience delays, disruptions or denials of services typically available to other Canadian

children (Government of Canada, 2019). Under provisions of Jordan's principle, the government department of first contact is required to pay for the service(s) provided to a First Nations child, and that funding issues be resolved after services are provided (Government of Canada, 2019). Jordan's Principle is named in honour of Jordan River Anderson, a First Nations child from Norway House, Manitoba, requiring complex care who died in hospital while the federal and provincial governments battled over funding responsibilities for Jordan's at-home care needs (Canadian Pediatric Society, 2019; Government of Canada, 2019; First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada, 2017).

Since Jordan's Principle implementation, which began in earnest in 2017, there has been funding to support Jordan's Principle requests for essential services. An overview of the number and types of service coordination organizations across Canada is included in Table 1.2 on p. 30.

Evidence on disparities in health outcomes between Indigenous and non-Indigenous populations

A review of chronic health conditions of Indigenous Peoples by the Royal College of Physicians and Surgeons of Canada (RCPSC) found that in comparison to non-Indigenous populations, First Nations, Métis and Inuit populations experience “a disproportionately high burden of chronic diseases and associated risk factors” (King, Smith, & Gracey, 2009; Royal College of Physicians and Surgeons of Canada, 2019, p. 66):

- “[In 2016] 59.8 per cent of First Nations adults reported having one or more chronic health conditions. Diabetes, arthritis, high blood pressure, allergies and chronic back pain remain the most commonly reported conditions” (First Nations Information Governance Centre, 2018a; Royal College of Physicians and Surgeons of Canada, 2019, pp. 66–67).

10 Key social programs ISC funds in First Nation communities, as well as other supports for Inuit families include: First Nations Child and Family Services (funds prevention and protection services to support the safety and well-being of First Nation children and families on reserve); Family Violence Prevention Program (supports shelters, as well as funding for community-driven proposals for family violence prevention projects); On-reserve Income Assistance Program (supports greater labour market participation in First Nation communities); Assisted Living Program (provides funds to identified service providers to help provide non-medical, social support services to people living on-reserve with chronic illness or disability); Urban Programming for Indigenous Peoples (funding for organizations and projects that support urban Indigenous peoples); Jordan's Principle (supports for First Nations children); The Child First Initiative (ensures Inuit children have access to the essential products, services and supports they need); and the Community Well-Being and Jurisdiction Initiatives Program (funding to provide prevention and well-being services for First Nations children and families on reserves and in Yukon). For an overview of these, as well as other programs, see Government of Canada (2021d).

11 This includes, but is not limited to, services such as mental health, special education, dental, physical therapy, speech therapy, medical equipment, and physiotherapy.

Table 1.2 Overview of the number and type of Jordan's Principle service coordination organizations by jurisdiction

| Province or Territory | Number and type of Service Coordination organizations FY 2020-2021 |
|-------------------------|--|
| Alberta | 1 (First Nations Health Consortium) |
| British Columbia | 1 (First Nations Health Authority) |
| Manitoba | 7 Tribal Councils, 1 Eagle Urban Transition Centre, and 5 specialized service providers (rehab and mental health services) |
| Newfoundland & Labrador | 3 First Nations communities |
| New Brunswick | 2 Tribal Councils |
| Northwest Territories | 1 (FNIHB) |
| Nova Scotia | 2 Tribal Councils |
| Ontario | 5 Provincial/Territorial organizations |
| Prince Edward Island | 1 Tribal Council (Confederacy of Mainland Mi'kmaq) |
| Quebec | 31, including communities and First Nations organizations |
| Saskatchewan | 10 Early Childhood Intervention Program (ECIP) agencies, 3 Tribal Councils, 1 First Nations community |
| Yukon | 1 Tribal Council (Council of Yukon First Nations) |

- "The prevalence of diabetes among First Nations adults living off-reserve and Métis adults is 1.9 and 1.5 times higher than the rate among non-Indigenous adults (Pan-Canadian Health Inequities Reporting Initiative, 2018 Royal College of Physicians and Surgeons of Canada, 2019, p. 67). Rates of Type 2 diabetes among Indigenous children and youth have also been identified as an area of concern (Earle, 2011; Royal College of Physicians and Surgeons of Canada, 2019, p. 67).
- "The prevalence of obesity among First Nations living off-reserve and Inuit is 1.6 times that of non-Indigenous people (Pan-Canadian Health Inequities Reporting Initiative, 2018; Royal College of Physicians and Surgeons of Canada, 2019, p. 67)
- "According to 2014 national estimates, Indigenous populations had HIV incidence rates 2.7 times higher than people of other ethnicities" (Yang et al., 2016; Royal College of Physicians and Surgeons of Canada, 2019, p. 67).

- "[A]reas where many people identify as First Nations, Inuit and Métis have suicide rates that are 3.7, 6.5 and 2.7 times higher than in areas with a low concentration of people who identify as Indigenous. This translates respectively to 29.2, 61.0, and 18.6 more deaths by suicide per 100,000 people, than among the non-Indigenous population" (Pan-Canadian Health Inequalities Reporting Initiative, 2018; Royal College of Physicians and Surgeons of Canada, 2019, p. 67).

The current COVID-19 pandemic provides further evidence of the disparities in health outcomes between Indigenous and non-Indigenous populations. Data have shown that COVID-19 is impacting Indigenous people at higher rates than the general population (Habib, n.d.; Froese, 2021). For example, in Manitoba in February of 2021, while only 10 percent of the population was First Nations, they accounted for 70 percent of the province's COVID-19 cases (Habib, n.d.; Froese, 2021). The disproportionality was also reflected in the ages of individuals dying as a result of COVID – 83 years old for the general population compared to 66 for First Nations people – and admissions to intensive care units (Habib, n.d.; Froese, 2021). Although there is some variation between provinces and territories, the disproportional impact of COVID-19 on the health and well-being of Indigenous populations has occurred across Canada (Hawthorn, 2021; Patterson, 2021).

Numerous calls to address inequities in health and social services

In **1991**, the Royal Commission on Aboriginal Peoples (the Commission), described in more detail above, acknowledged the troubling health disparities between Indigenous and non-Indigenous populations, what it referred to as "both a tragedy and a crisis" (Government of Canada, 2010, n.p.). The recommendations outlined by the Commission included health and social policy measures focused on "solving urgent health and social problems, promoting human capacity building in Aboriginal nations, and alerting mainstream institutions to their responsibilities to Aboriginal people" (Government of Canada, 2010, n.p.).

In **2002**, Commissioner Roy J. Romanow, Q.C. released his final report, outlining the future of healthcare in Canada. The 2002 Report noted that "the mismanagement of health care funding and a poorly designed system of care had left Indigenous peoples facing serious health inequities" (Palmer, Tepper, &

Nolan, 2017, n.p.; Romanow, 2002, pp. 211–23). Forty-seven recommendations were proposed that included recommendations for “all levels of government to come together to restructure Aboriginal health care” (Palmer, Tepper, & Nolan, 2017, n.p.; Romanow, 2002, pp. 211–23; 247–253).

In **2015**, the Truth and Reconciliation Commission Report (2015b, pp. 6–7, 139–183) acknowledges that the troubling disparities in the health outcomes between Indigenous and non-Indigenous Canadians which are deeply rooted in Canadian society continue to exist (TRC, 2015b, pp. 6–7, 139–183). The Commission found that compared to non-Indigenous populations, Indigenous populations have higher rates of suicide, infant mortality, maternal mortality and morbidity, infectious disease burdens; and dramatically shortened life expectancies (HealthCareCan, 2016, p. 2; TRC, 2015b, pp. 6–7, 139–183). In its 94 Calls to Action, recommendations 18 through 24 and 55 pertain directly to health (2015a, pp. 2–3, 6).

At a global level, recognition of the troubling disparities in the health outcomes between Indigenous and non-Indigenous populations and the dire need to address them has also come from the World Health Organization (Pulver, Haswell, Ring et al., 2010) and the United Nations (2018, 2007).

Barriers to equitable health and social services for Indigenous populations

Barriers to equitable health and social services for Indigenous populations are complex and interconnected and include: jurisdictional disputes; non-Indigenous determinants of health; racism and discrimination; exclusion of Indigenous cultural norms and practices; and the legacy of colonialism and associated government policies.

Jurisdictional disputes

Problems First Nations, Inuit, and Métis populations experience while navigating their health-care systems are “compounded by having to continuously cross jurisdictional boundaries to access the care they need. They are faced with additional challenges because federal and provincial authorities often disagree on which system should pay for which services” (Lavoie, 2017, n.p.). As discussed earlier, the allocation of healthcare responsibility for Indigenous peoples is shaped by an intricate and complex web or what is often referred to as a “jurisdictional patchwork” of policies, legislation and relationships

divided between the provinces, territories, the federal government, First Nations organizations and communities, and third-party services providers. Historically, the lack of clarity resulting from this jurisdictional patchwork has been utilized by governments – both federal and provincial – to narrowly define their respective roles and responsibilities in the delivery and funding of health and social services to Indigenous populations (Palmer, Tepper, & Nolan, 2017, n.p.). Research has shown that this has led to “bureaucratic delays that leave Indigenous peoples waiting for care or medications readily available to non-Indigenous Canadians. And it’s created gaps in care between Indigenous and non-status and First Nations people living off-reserve” (Palmer, Tepper, & Nolan, 2017, n.p.; Lavoie, Kaufert, Browne et al., 2015).

Looking beyond traditional social determinants of health

The World Health Organization identifies seven social determinants of health, these being: social gradient; social exclusion; work; unemployment; social support; and early life (Postl, Cook, & Moffatt, 2010, p. 45). Canadian determinants of health typically include: education; income and social status; social support networks; employment and working conditions; social and physical environments; personal health practices and coping skills; healthy child development; culture; gender; health services; biology; and genetic endowment (Postl, Cook, & Moffatt, 2010, p. 45). Although these traditional determinants are relevant to Indigenous populations, Indigenous specific determinants of health that are critical to the health and well-being of Indigenous populations are often overlooked or ignored (Postl, Cook, & Moffatt, 2010, p. 45). Moreover, because the “burden of health disparities facing all Indigenous populations is great, but not homogeneous [they] must be understood within the diverse and sometimes disparate contexts within which First Nations, Inuit and Métis people live” (Postl, Cook, & Moffatt, 2010, p. 25).

Indigenous-specific determinants of health can be organized according to three broad categories: distal (this includes historic, political, social and economic contexts); intermediate (this includes community infrastructure, resources, systems and capacities); and proximal (this includes health behaviours and physical and social environments) (Postl, Cook, & Moffatt, 2010, p. 46; Reading & Wen, 2009). Research suggests that “distal determinants have the most profound influence on the health of populations because they represent contexts that construct both intermediate and proximal determinants” (Postl, Cook, & Moffatt, 2010, p. 46; Reading & Wen, 2009). “The individual and cumulative

effects of inequitable social determinants of health are evident in diminished physical, mental, and emotional health experience by many [Indigenous] peoples. Unfavourable distal, intermediate and proximal determinants of health are associated with increased stress through lack of control, diminished immunity and resiliency to disease and social problems, as well as decreased capacity to address ill health" (Postl, Cook, & Moffatt, 2010, p. 25).

Racism and discrimination

"Racism and discrimination adversely affect health on multiple individual, interpersonal, societal, and community levels. The lived experience of discrimination is itself a strong risk factor for morbidity and mortality, while hate crimes and violence against racial minorities pose direct harm to people's bodies. These problems are compounded by the inequities of access and quality that still plague [Canada's] health system" (Canadian Nurses Association, 2021, n.p.). For Indigenous populations, the widespread reach of racism and discrimination act as barriers to accessing health and social services, even in circumstances when access to care is possible (Abma, 2018, n.p.). According to Dr. Karline Wilson-Mitchell, Director of midwifery at Canada's Ryerson University, "health equity is a significant problem in Canada, and it is largely attributed to unequal access to care, structure racism and systemic discrimination" (Abma, 2018, n.p.). Racism and discrimination within the healthcare system helps to fuel distrust of both the healthcare system and healthcare providers; and typically have unfavourable impacts on health outcomes that include emotional, physical and social harm (Canadian Nurses Association, 2021, n.p.; Abma, 2018, n.p.; United Nations Inter-Agency Support Group on Indigenous Issues, 2014, p. 9). Ultimately this results in a loss of trust in health systems which in turn results in reduced utilization of healthcare services, and ultimately to poorer health outcomes for Indigenous populations (Canadian Nurses Association, 2021, n.p.). In 2015, the RCPSC developed CanMEDS – a framework for improving patient care by enhancing the training of physicians (Royal College of Physicians and Surgeons of Canada, 2022, n.p.). CanMEDS incorporates a cultural safety approach to the use of power in the delivery of healthcare. It is "based on understanding power differentials in the health care system and serves as a concept for guiding an analysis of power in every relationship of difference" (Royal College of Physicians and Surgeons of Canada, 2019, p. 29; Hart-Wasekeesikaw, 2009; Ramsden, 2002). According to researchers, "[t]he political commitment to equity in health care that is inherent

in cultural safety is required to address health inequities between Indigenous and non-Indigenous people (Royal College of Physicians and Surgeons of Canada, 2019, p. 30; Darroch et al., 2016).

Exclusion of Indigenous cultural norms and practices

The United Nations Inter-Agency Support Group on Indigenous Issues (2014) found that "of all the barriers faced by Indigenous peoples, it is perhaps the cultural barriers that present the most complicated challenge because there is little understanding of the social and cultural factors deriving from the knowledge, attitudes, and practices in health of the [Indigenous peoples]" (p. 9). In many cases, the emphasis or bias towards westernized medicine and practices can be considered highly insensitive or inappropriate for Indigenous practitioners of traditional medicine leading to: poor communication between healthcare providers and clients; and inadequate care (United Nations Inter-Agency Support Group on Indigenous Issues, 2014, p. 9; Li, 2017; Coast, Jones, Lattof et al., 2016; Reibel and Walker, 2010; Heaman, Blanchard, Gupton et al., 2005, p. 188). Stout (1996) found that the insensitivity to Indigenous cultural values in the provision of health care is a contributing factor to Indigenous women's reluctance to seek medical attention and diagnoses for antenatal complications (Heaman et al., 2005, p. 188).

The legacy of colonialism and associated government policies and practices have resulted in intergenerational trauma that has and continues to affect the physical and mental health of Indigenous peoples (Sheppard, Shapiro, Bushnik et al., 2017: 11). The findings of the 2015 TRC (2015a, 2015b, 2015c) illustrate how destructive Canada's colonial history and policies have been to generations of Indigenous peoples (Lindstrom & Choate, 2016, p. 47). The Indian Act, 1985 Canada's Indian Residential Schools, forced sterilization, the Sixties Scoop, the millennium scoop and colonization have victimized generations of First Nations children, as well as the lives of their descendants (Riggs, 2012, p. 60). Pain, rage, and grief of unresolved trauma from these tragic events contribute to toxic stress for Indigenous peoples that can further influence the development of diseases and compromise their immunity (Iwasaki et al., 2004).

Opportunities for ending discriminatory health and social services for First Nations children

Canada's universal healthcare system is internationally celebrated for its relatively equitable access and healthcare outcomes, yet disparities in health outcomes between Indigenous and non-Indigenous populations remain; largely fuelled by jurisdictional disputes, a reliance on non-Indigenous determinants of health, racism, and discrimination, a westernized approach to the provision of health and social services which excludes Indigenous knowledge, culture, and practices, and the legacy of colonialism and the associated government policies. Growing voices within Canada and abroad calling for the transformation of Canada's system of delivering health and social services to marginalized populations provides both policy makers and healthcare providers with a unique opportunity to address longstanding health inequities and disparities faced by Indigenous populations. Through their efforts, policy makers can end discriminatory policies and practices that have fuelled health inequities for generations by formulating policies – in partnership with Indigenous populations – that support innovative and unconventional methods of delivering health and social services that speak to the unique needs of Indigenous peoples of Canada. Policies that provide the necessary resources for the development, implementation and sustainability of new and innovative models of service delivery will help broaden the supply of available services as well as the capacity of healthcare professionals to provide them.

Providers of healthcare share an equally important responsibility to reduce if not eliminate disparities in healthcare through the design, adoption, delivery and monitoring of programs that acknowledge and address barriers to the provision of health and social services to Canada's Indigenous peoples. Healthcare providers need to work with Indigenous populations to reclaim their traditional roles in their health care and ensure their well-being. This requires incorporating cultural considerations throughout all aspects of service delivery including but not limited to: the adoption of appropriate language for purposes of communication; providing safe and culturally appropriate environments free of fear and distrust often attributed to racism and other forms of discrimination that discourage Indigenous populations from seeking healthcare; and accommodating the special needs of those who have suffered generations of trauma attributed to Canada's colonial legacy

and associated policies. These actions are not only critical to the health and well-being of Indigenous populations, but also an integral part of helping to shape a new direction in Canada's relations with Indigenous peoples, one built on equality, respect and dignity.

The Use of Administrative Data to Document the Delivery of Services

Marina Sistovaris, Leyco Wilson, Genevieve Sansone & CHRT Compensation Project team

The decentralized nature of child welfare and health and social services delivery in Canada presents an overarching challenge to the collection, management, storage, and use of administrative data (Laferrière & Deshaies-Moreault, 2018). However, the recent AIP to compensate thousands of individuals who have been involved in child welfare or experienced delays and denials of essential services are prompting a need to understand how administrative data can be used to assist with the identification of eligible individuals. In this section of the report, we discuss the use and governance of administrative data along with advantages and challenges of relying on this kind of information to document service delivery and identify claimants.

What is administrative data?

A search of the literature found multiple definitions of the term *administrative data* across different fields of study. For purposes of the review, the following operational definition was selected because it is effective in identifying key features and functions of administrative data as well as differentiating administrative data from other sources of data:

“Administrative data refers to records that government and social services keep on the people they serve – information collected for operational purposes. Because this data is not collected for research purposes, administrative data is [not] survey data...[Because administrative] data often consists of person-level records that contain private and sensitive information, to protect confidentiality, it cannot be made openly available. [Hence,] administrative data isn’t open data, either...Although administrative data cannot be released openly, these datasets can be “linked” between government ministries. This means that previously discrete personal records can be joined up, resulting in a richer dataset. Data-linking could look like matching an individual’s health records with their education records; and then doing that for a whole set of people. Administrative data can also be shared in an anonymized, aggregated format between government, nonprofits, or academic researchers” (Powered By Data, 2018b, n.p.; 2018a).

It is important to highlight three salient features of administrative data in the definition above that can influence decisions regarding the utility of administrative data for decision making. First, administrative data is information generated from the daily operations of administrative systems, typically public sector agencies responsible for the provision of services to the public (Connelly et al., 2016, p. 3). Administrative data is collected by public sector bodies for specific operational purposes including: daily operations; monitoring and improving organizational performance; and effective service delivery, not for research (Administrative Data Research UK, 2022, n.p.). For this reason, “[u]nlike when dealing with well-designed and well-curated research data sets, no metadata, comparison groups, representative samples, or quality checks can be assumed” (Goroff, 2020, p. xii) with administrative data. Second, because administrative data is generated from the routine tasks of public agencies and the delivery of services to the public, administrative records contain private and sensitive person-level information which prevents it from being openly available to researchers (Powered By Data, 2018b, n.p.; 2018a, pp. 4–5). For this reason, administrative data is not open data (Powered By Data, 2018b, n.p.). Third, “[a]dministrative data from different ministries – or even different services within the same ministry – are often collected, stored, and accessed separately” (Powered By Data, 2018a, pp. 4; 2018b, n.p.).

In the field of child welfare, administrative data systems are maintained by public agencies and typically “populated and accessed by a range of users – including caseworkers, supervisors, managers, program administrators, and evaluators – and typically include demographic data, case records, and sensitive information such as maltreatment reports and entries into out-of-home placement” (James Bell Associates, 2018, p. 22).

Growing demand for better data

Quantitative fields such as financial services and pharmaceutical research have historically relied on the collection and analysis of data to help guide decision making (SAS, 2021, p.1). For many decision makers in these fields, data are considered to be an indispensable tool necessary to: identify and approach problems strategically; make informed decisions; identify what is working and what is not; manage time and resources efficiently; formulate theories and substantiate arguments (SAS, 2021). In contrast, in the field of human and social services there has been considerable hesitancy to embrace the use of data to help guide decision making (SAS, 2021, p. 1, 4). However, growing

evidence of the utility of data in decision making coupled with a shift towards evidence based practice and policy making, knowledge translation activities and building research capacity – particularly in the field of child welfare – have not only increased the acceptance of data as a decision making tool, but have also helped fuel the demand for data by child welfare practitioners, researchers, academics and government institutions (Chikwava et al., 2021; Pearson, 2021; Cole et al., 2020, p. 1; Ji & Marshall, 2020; UNICEF, 2020; Trocmé et al., 2019; Collosi-Bath, 2018; Donnelly et al., 2018; Fallon, Filippelli et al., 2017; Vandivere & DeVooght, 2014; McBride, n.d.). As outlined in the previous section, recognition of the discrimination experienced by First Nations children and families has come with calls for better documentation and data regarding these inequities (e.g., Government of Canada, 2010; McBride, n.d.; Morgan, 2008; OHRC, 2018; Taylor, 2018; TRC, 2015a)

Dr. Jerry Milner (SAS, 2021), child welfare advocate and former Commissioner of the U.S. Administration for Children and Families, acknowledges that acquiring the necessary data to make informed decisions involving children in care is not without its challenges; however, the extra effort can be justified when data can be used to minimize trauma children experience in care.

It's simply a fact that often in our work, we unintentionally add to the trauma that children and their families experience when abuse or neglect occurs within the family context. When we move children, they experience a loss. We have data that helps us understand why children move and under what circumstances they're most likely to move. We can use that data to adapt our practice. [...] Ultimately, broader use of data...should reduce the trauma that children and their families experience (SAS, 2021, p. 7).

At a global level, recognition of the pivotal role data can play in decision making – particularly decisions involving marginalized populations – has come from the United Nations Permanent Forum on Indigenous Issues (UNPFII). According to the UNPFII (n.d.) “[o]fficial data collection and disaggregation on [I]ndigenous peoples tends to be inadequate and sometimes non-existent. This in turn has had significant consequences on how the problems that [I]ndigenous peoples face are addressed” (n.p.). In 2007, the UN General Assembly passed the *United Nations Declaration on the Right of Indigenous People (UNDRIP)*. Considered to be the “most comprehensive international instrument on the rights of Indigenous peoples” (UN, 2007), the UNDRIP establishes a series of human rights standards and fundamental freedoms for the “survival, dignity and

well-being of the indigenous peoples of the world” (UN, 2007). Article 19 of the UNDRIP is notable for its emphasis on the importance and necessity of data to the wellbeing of Indigenous populations “to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them” (United Nations, 2007).

On June 21, 2021, Bill C-15, which seeks to align Canadian law with the UNDRIP, received royal assent. Although Bill C-15 does not incorporate the 2007 UNDRIP's various articles into Canadian law, what it does provide is a framework for the implementation of a plan that will assist the Government of Canada to achieve the objectives of the UNDRIP (Aiello, 2021, n.p.; McBride, n.d., p. 3). Both the UNPFII and framework of the 2007 UNDRIP are effective in bringing attention to the fact that data; and the collection, management and analysis of data is “critical for the empowerment of [Indigenous] communities and for identifying their needs” (McBride, n.d., p. 2).

Improving data quality and the process of data collection for Indigenous peoples provides a host of benefits for both decision makers, service providers, and the populations they serve:

- With better information, governments can focus their response on the best way to fund and assist First Nations Child and Family Services (FNCFS) agencies and help reduce the overrepresentation of Indigenous children in the child welfare system.
- New policies or programs can be piloted; policy makers can build support and capacity in FNCFS agencies.
- The act of improving data collection and analysis helps to fulfill the goals and targets that governments have agreed to, as well as enable governments to demonstrate they have met their obligations.
- [D]isaggregated data is essential for responding to issues of transparency, accessibility, fairness and equity in the child welfare system, and are particularly relevant for Indigenous peoples given their high level of overrepresentation in the child welfare system of Canada.
- The traditional approaches to studying FNCFS agencies (and Indigenous peoples generally) as a single entity tend to hide important intra- and interagency differences among FNCFS agencies and Indigenous populations across Canada. Indigenous peoples and FNCFS agencies as

a whole are not all the same, and there is a need to look at the outcomes for the children and families serviced by these agencies separately as well as comparatively (National Collaborating Centre for Aboriginal Health, 2009, n.p.).

Advantages of utilizing administrative data

Administrative data has specific advantages over competing sources of data for decision makers (Administrative Data Research UK, n.d.; Powered by Data, 2018a, 2018b). British researchers note that “wealth of data, the majority of which was not originally created for research but is a by-product of government services, has the potential to create important knowledge, providing powerful insights into our society and in turn pointing to areas where change is needed” (Administrative Data Research UK, n.d., n.p.). By using administrative data in innovative ways, governments and organizations responsible for the delivery of human and social services can have a much clearer and concise understanding of the communities they serve and their specific needs (Powered by Data, 2018a, p. 8).

The main advantages of administrative data include but are not limited to the following: cost efficiencies; a high level of data detail; flexibility to utilize data for longitudinal research; the ability to minimize the burden on respondents; and the sharing or linking of data. In the short-term, these advantages of administrative data may also be leveraged to support identification of claimants seeking compensation.

Cost efficiencies. Administrative data are typically collected by public sector agencies in the routine tasks associated with the delivery of services. Hence, in comparison to other data sources, (e.g., census and surveys), using administrative data is typically less expensive because there are no additional collection requirements (Statistics Canada, 2021b, n.p.).

Providing a better understanding of specific communities. Administrative data provides a higher degree of detail regarding small sub-groups of the population as long as the correct variables are present in the file (Statistics Canada, 2021b, n.p.).

Better understanding of trajectories. Because administrative data are collected on an ongoing basis, they allow for longitudinal examination of patterns, trends and projections of trajectories of specific population cohorts

(Chikwava et al., 2021; Statistics Canada, 2021b, n.p.; Ji & Marshall, 2020; Collisi-Bath, 2018; Green et al., 2015). Research by Collosi-Bath (2018) found that administrative data are effective in “captur[ing] information about people across their life course while protecting confidentiality. Data collection starts with birth and is gathered through early development, schooling, socialization, transition to adulthood, and adulthood. For some populations of adults, additional information is gathered depending on their characteristics and social supports and systems they may have entered. This can include people who experience homelessness; participate in public benefit programs; people with certain disabilities; and those who have been incarcerated. As people age, additional information is recorded; the final piece of additional information is the death certificate” (p. 34).

Minimizing the burden on respondents. Again, since administrative data are already being collected, there is no additional burden on the respondents from additional data collection efforts (Statistics Canada, 2021b, n.p.; Chikwava et al., 2021, p.2; Laferrière & Deshaies-Moreault, 2018). Chikwava et al. (2021) note that utilizing child welfare administrative data “reduces the burden on individuals to disclose sensitive or traumatic experiences and also reduces the risk of recall bias, social desirability and stigma, which may occur, for instance, in retrospective self-reporting of child maltreatment” (p. 2).

Specific uses of administrative data sharing. As discussed earlier in this review, the collection of administrative data from different ministries or even from entities within the same ministry are typically collected, stored and accessed separately (Powered By Data, 2018a, p. 4). Data sharing involves the “practice of allowing more than one agency or organization to access and use administrative data for new purposes. Sharing could occur between ministries within government, as well as between government agencies and nonprofit partners” (Powered By Data, 2018a, p. 4). One of the key strengths of administrative data is that it lends itself to data sharing. Table 1.3 on p. 37 provides a snapshot of possible applications of administrative data sharing along with associated case studies illustrating its utility.

Table 1.3 Applications of administrative data sharing

| Application | Contribution | Case Study |
|-----------------------|--|---|
| Evidence Based Policy | Administrative data can be leveraged to help inform public policy, guide decisions regarding service delivery, and provide a smarter approach to resource allocation. | The First Nations Child and Family Caring Society of Canada educates on the need for evidence-based policies to support First Nations youth. Their efforts have often been frustrated by the fragmentation of data on Indigenous children in care, and they have expressed a need for coordinated child welfare data sharing. This could provide a more comprehensive picture of Indigenous youth navigating the system, allowing the Caring Society to spend less time on Access to Information requests – and more time sharing evidence with policymakers. |
| Impact Evaluation | In order to understand the impact of their interventions, organizations require outcome data on their users. It can be a challenge for organizations to track the health, financial, or educational outcomes of their program recipients over time. Much of this information is already contained in administrative data held by government agencies. By accessing this data, organizations can better track outcomes and more effectively determine whether users have benefited from services. | Britain's Justice Data Lab provides an analysis of reoffending data with organizations that rehabilitate offenders in the United Kingdom (UK). This approach is generalizable across different areas: the UK government is currently establishing additional "data labs" that assess population outcomes in education, health, and employment. A similar infrastructure for leveraging administrative data in Canada could provide exciting ways for organizations to better understand the outcomes associated with their interventions. |
| Service Delivery | Linking administrative data across agencies would enable a more integrated approach to service delivery, which presents an enormous benefit to individuals who have complex needs. | Survivors of interpersonal violence often require access to housing, mental health, and social assistance services. Navigating these on an individual basis can be a confusing and exhausting process. Data sharing across agencies would allow for greater collaborative care, more streamlined referral processes, and increased consistency across services. |
| Social Research | By linking together client records on service-use, demographic information, and outcomes, researchers can address new and complex questions. | The Child and Youth Data Lab linked data across ministries to better understand the effects of fetal alcohol spectrum disorder on young Albertans. The group also researches questions such as how early childhood experiences affect later childhood, and whether repeat offending for youth in the criminal justice system is linked to mental health outcomes. These research findings can, in turn, drive advocacy efforts for evidence-based policy making. |

Source: *Powered By Data (2018a, pp. 8–9)*.

Limitations of utilizing administrative data

Variations in child welfare and health practices attributed to jurisdictional divisions are central to discussions concerning Canada's welfare system and in many cases, these divisions magnify the problems of using administrative data. There are additional challenges to using administrative data. This includes but is not limited to issues surrounding: data collection methods; data quality; the sharing and linking of data; accessibility issues arising from ethical, privacy and confidentiality concerns; and the impact of funding on the administrative data systems responsible for the collection, management, storage and use of administrative data.

Differences in data collection methods

The possibility of errors arising from data treatment and transmission processes at the source exist not only for administrative paper records that need to be coded and captured, but also for administrative data that is available in electronic form (Statistics Canada, 2019, n.p.; Laferrière & Deshaies-Moreault, 2018). With electronic forms, child welfare workers typically enter data from cases using combinations of drop-down menus, check boxes and text fields (Laferrière & Deshaies-Moreault, 2018, p. n.p.). In some cases, not all relevant variables may be captured by the various fields (Laferrière & Deshaies-Moreault, 2018). Text fields do not allow for the standardization in what is written, why it is written, or the level of detail provided (Broomfield & Higgins, 2004); thus, inconsistencies from worker-to-worker limit comparability of what is written as well as what can be retrieved from free text.

Different data collection methods and analyses make country-wide data comparisons difficult, an issue identified by the 1996 Royal Commission on Aboriginal Peoples in their analysis of admission statistics submitted by child welfare agencies. The Commission comments on several potential challenges in interpretation, “agencies may gather statistics on the basis of admissions. One family with several members admitted to care several times for short periods will inflate the numbers. Similarly, children in long-term care may not be distinguished from short-term placements in counting numbers of children in care at a particular point in time. Days of care provided may be a clearer quantitative measure, but the numbers do not shed light on patterns of care and duration of placements” (Royal Commission on Aboriginal Peoples, 1996c, pp. 89–90).

Variations and inconsistencies in the operationalization and coding of key variables such as type of abuse, perpetrator relationship to child and types of out-of-home placements across agency databases also make comparisons across populations difficult (Green et al., 2015; Royal Commission on Aboriginal Peoples, 1996c, p. 89) and can lead to issues with bias (Statistics Canada, 2019, n.p.). Because the operationalization of these key concepts and definitions are the responsibility of those who not only create the file, but also manage the file for their own purposes, concepts and definitions may not be applicable in other contexts, thus limiting the utility of the data (Statistics Canada, 2021b, n.p.; Green et al., 2015). Furthermore, key variables and definitions are created to serve specific purposes; they often change and evolve over time, limiting their comparability over time (Statistics Canada, 2021b, n.p.; Statistics Canada, 2019, n.p.).

Differences in data quality

To ensure data integrity and quality, it is necessary that each data item in the administrative record is vetted in terms of quality; and concepts, definitions and procedures underlying the collection and processing of the administrative organization are clearly articulated (Statistics Canada, 2019, n.p.). The quality of administrative data can vary significantly across data providers because of differences in how the various dimensions of quality are valued (Statistics Canada, 2021b, n.p.; Statistics Canada, 2019, n.p.; Green et al., 2015). When such processes are not vetted, this can lead to worker inconsistencies. Data can be inaccurate due to worker input error, as well as the value workers place on the purpose of data entered in administrative systems (Drake & Jonson-Reid, 1999; Lurie, 1990).

Because “[administrative data][are] limited to the population on whom administrative records are kept, [in many cases], this population is different from the target population which results in sources of under- and over-coverage (Statistics Canada, 2021b, n.p.; Statistics Canada, 2019, n.p.; Laferrière & Deshaies-Moreault, 2018). For example, data contained in child protection administrative systems do not reflect all children harmed and rather only reflect those that come to the attention of authorities (e.g., Gilbert et al., 2009; Davies & Ward, 2012). Furthermore, administrative files may be incomplete (i.e., missing items or records) due to partial and total non-response; the lack of timeliness in the collection of all administrative data which often results in greater non-response; and/or outdated administrative sources (Statistics Canada, 2019, n.p.; Green et al., 2015).

Access issues attributed to ethical, privacy and confidentiality concerns

Ethical, privacy and confidentiality concerns can impede access to data and in some cases, the legal frameworks governing these issues are used by government officials to “persuade potential users of administrative data from pursuing access” (Green et al., 2015, p. 47; Goerge & Lee, 2013, p. 435). Because administrative data often has detailed information about specific people, it is imperative that individuals and organizations that not only use, but also release administrative data take into consideration ethical issues throughout the process, and ensure that the data are used in ways that will benefit society (Statistics Canada, 2021b, n.p.; Statistics Canada, 2019). For example, respondents to censuses and surveys most often are aware of what data is being collected; and since the majority of surveys are voluntary, give their consent for the collection and use of data (Statistics Canada, 2019, n.p.). By contrast, with administrative data, it is difficult to not only inform, but also ask for consent from all units in the data set without the formulation of, and adherence to ethical, privacy and confidentiality provisions and guidelines (Statistics Canada, 2019, n.p.; Green et al., 2015).

Risks associated with linking or sharing administrative data

It is often valuable to combine (e.g., for tracing respondents, for supplementing data sources, or for data analysis) an administrative source with another source of information; however, linking data presents a number of risks to privacy requiring clear policies outlining protective measures, the record linkage plans

and the identity of parties to any agreements to share information (Statistics Canada, 2019, n.p.; James Bell Associates, 2018, pp. 23–25). Privacy concerns emerge when a single administrative record source is linked to another source. In such cases, the subjects may not be aware that information supplied on two separate occasions is being combined (Statistics Canada, 2019). As with data linking, the sharing of administrative data carries its share of risks, these being:

informed consent; misinterpretation of data; restricting the autonomy of service providers; the amplification of inequities through data-driven decision making; and security, privacy and public trust (Powered By Data, 2018a, pp. 10–11; James Bell Associates, 2018, pp. 23–25). Table 1.4 provides a brief description of each of the risks associated with sharing of administrative data.

Table 1.4 Risks associated with sharing administrative data

| Risk | Description |
|---|--|
| Consent | “Central to administrative data sharing is the idea that data originally collected for operational needs can be used in new ways. What could happen when data is used for purposes beyond what the user originally consented to? In the UK, frontline outreach workers collect nationality, mental health, and gender data of the homeless for the Greater London Authority in order to help policy makers identify the needs of the homeless population. In 2017, it was discovered that Home Office immigration officials were secretly using this nationality data to identify the location of illegal immigrants sleeping on the streets and deport EU nationals” (Powered By Data, 2018a, p. 10). |
| Misinterpretation of Data | “Without appropriate data literacy and expertise, good data can lead to bad conclusions. Policy makers and service providers must be careful to interpret findings properly before using data to inform decisions. For example, despite the strong link between mental health and the prison system, early iterations of [a study seeking to understand recidivism by accessing prison data] excluded offenders with identified mental health issues. Generalizing these findings across a typical range of service users would likely be a very inappropriate comparison, leading to faulty conclusions and potentially harmful decisions” (Powered By Data, 2018a, p. 10). |
| Restricting the Autonomy of Service Providers | “[Service providers] make many decisions based on knowledge they gain through relationships with the communities they serve. Innovative uses of administrative data may provide valuable insights, especially when used to complement the experiences and knowledge of service providers. On the other hand, top-down imposition of evidence-based decision making could prevent service providers from exercising their local discretion. This could result in programs that are less responsive to community context. Increased use of administrative data to drive decisions around resource allocation will need to be explored with [service providers], rather than done to them (Powered By Data, 2018a, p. 10). |
| Amplification of Inequalities Through Data-Driven Decision Making | “Administrative data poses exciting opportunities to make evidence-based decisions on pressing social issues. However, administrative datasets themselves may reflect biases of the systems they are collected in. For example, data on the overrepresentation of Black and Indigenous people in Canadian prisons reflects discrimination in the criminal justice system and the over-policing of racialized groups. Using this data to inform decision-making could pose a danger of amplifying (and providing faulty validation for) further discrimination....Marginalized groups face higher levels of data collection when they access public benefits, walk through highly policed neighbourhoods, enter the healthcare system, or cross-national borders. That data acts to reinforce their marginality when it is used to target them for suspicion and extra scrutiny” (Powered By Data, 2018a, p. 11). |
| Security, Privacy and Public Trust | “Detailed person-level data, when aggregated across sources can be considered an invasion of privacy. Linking data in a centralized way also poses greater consequences in the event of a data breach. Breaches are not unprecedented: in 2007, 25 million child database records went missing in the UK. Public concerns around privacy and surveillance have the potential to shut down large-scale administrative data-sharing projects. The Australia Card, which was intended to be a national card to centralize different government ID systems, was withdrawn in 1987 due to public mistrust” (Powered By Data, 2018a, p. 11). |

Review of jurisdictional directions regarding data expungement and confidentiality

Conversely, policies intended to protect the confidentiality of individuals about whom data is collected can lead to data archiving or expungement. Table 1.5 on p. 40 highlights different data expungement practices under Child and Family Services legislation of each province/territory. There is no clear limit

on the amount of time a record of personal information is to be retained by a Minister, director, or service provider before it is destroyed. There are, however, different factors to be considered for expungement procedures when it comes to retention; a summary of the differences is delineated in the table below. Please refer to Appendix K for a full review of child welfare data expungement policies and practices.

Table 1.5 Description of child welfare information and data expungement policies across Canada

| Jurisdiction | Brief Description of Information Practices Under Provincial Child and Family Services Legislation |
|---------------------------|---|
| Alberta | The Child, Youth and Family Enhancement Act and its accompanying regulations sets out a director must keep records with respect to a child who is the subject of an investigation, agreement, or order under the Act. ¹² Subsection 127(4) establishes that the records shall be kept until 100 years after the year to which the information contained in the records relates. ¹³ However, the Minister may order the destruction or consent to destruction prior to the 100-year ceiling. ¹⁴ |
| British Columbia | All personal information must be retained for at least one year so affected individuals may access it. ¹⁵ Personal information that is related to youth justice, forensic psychiatric, and specialized intervention services must be disposed of in accordance with the Youth Justice, Forensic Psychiatric, and Specialized Intervention Services Operational Records Classification System. ¹⁶ Personal information under the CFCSA that is not related to youth justice, forensic psychiatric, and specialized intervention services must be retained until an information schedule is applied or the chief records officer approves its disposal. ¹⁷ |
| Manitoba | Agencies must close records upon completion of a service. Records are retained for a period of time suitable for the individual to access that information and for assisting the agency in providing services – which the director has the discretion to determine. At that point they are “closed.” ¹⁸ The director also has the discretion to determine the process that dictates when records are destroyed with privacy in mind. ¹⁹ |
| New Brunswick | The Minister may request any civil servant, regional health authority, or person employed by a regional health authority to produce any document or record that relates to a child identified by the Minister or to that child’s parents, siblings, or associates. ²⁰ Subsection 11.1(3) suggests the purpose of the requirement is the provision of social services for the child and/or the child’s family. ²¹ This, and other information gathered in relation to any person or matter under the Family Services Act, is confidential to the extent such information is identifiable. ²² The Family Services Act and the accompanying regulations are silent regarding the duration of retention. |
| Newfoundland and Labrador | The Children, Youth and Families Act sets out that the Access to Information and Protection of Privacy Act does not apply; information practices are solely governed under the Children, Youth and Families Act. ²³ This framework is silent on the permissible duration personal information may be retained. |

12 Alta. Reg. 160/2004, s 7.

13 *Child, Youth, and Family Enhancement Act*, RSA 2000, c. C-12, s 127(4).

14 *Ibid.*, at 127(5).

15 *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c 165, s 31.

16 Please reference subsection V. b) of the attached memo for specific destruction schedules.

17 *Information Management Act*, SBC 2015, c 27, s 11.

18 Man Reg 16/99, s 10.

19 Man Reg 16/99, s 11(1).

20 *Family Services Act*, SNB 1980, c. F-2.2, s 11.1.

21 *Ibid.*, 11.1(3).

22 *Ibid.*, 11(1).

23 *Children, Youth and Families Act*, SN 2018, c. C-12.3, s 90.

Table 1.5 Description of child welfare information and data expungement policies across Canada (*continued*)

| Jurisdiction | Brief Description of Information Practices Under Provincial Child and Family Services Legislation |
|-----------------------|---|
| Northwest Territories | The Access to Information and Protection of Privacy Act mandates that information may only be collected if, among other things, it relates directly and is necessary for an existing program or activity of the public body or a proposed program where collection has been authorized with the approval of the Executive Council. ²⁴ A public body may only disclose personal information for research purposes if it is necessary; not harmful to the affected individual; the head of the public body has approved conditions relating to confidentiality, removal or destruction of identifiers at earliest reasonable time, and prohibitions on subsequent use; and the affected individual has provided consent to the public body's policies and procedures relating to confidentiality. ²⁵ The Child and Family Services Act mandates that information disclosed shall be used only for the purpose for which it was disclosed and shall not be disclosed further. ²⁶ Aside from information that is disclosed as between public bodies, the statutory framework is silent on the duration for which information can be retained by a public body. |
| Nova Scotia | The Children and Family Services Act references the retention of personal information in the context of its Child Abuse Register under section 63. ²⁷ Likewise, section 53A entitles a person over the age of 19 who was subject to an order of permanent care and custody pursuant to clause 42(1)(f) and who was not adopted to apply seeking the disclosure of personal information and information relating to their birth family and the reason they were removed. ²⁸ Clause 53A(1)(b) requires the Minister to disclose all such information except that which, in the Minister's opinion, poses a risk to the health, safety, or well-being of any person to whom the information relates. The framework is silent on the duration for which the Minister may retain personal information. ²⁹ |
| Nunavut | Nunavut's statutory framework is identical to that found in the Northwest Territories, <i>supra</i> . |
| Ontario | The Minister has the discretion to collect personal information. ³⁰ When it comes to research, the minister and service providers must justify the length of time the information is retained. ³¹ Service providers must set out a retention policy, which must contain a period of time during which information is retained. ³² The factors to be considered in determining duration of retention reflect an "as the case may be" justification process. ³³ |
| Prince Edward Island | Section 7 of the Child Protection Act grants the Director discretion to keep records of information gathered during the Act's administration to monitor and evaluate service delivery. ³⁴ The accompanying regulations set out that separate records shall be kept in respect of a person who is a child, youth or parent and those who receive protection services under the Act. ³⁵ The framework is silent on the permissible duration for which information may be retained; it seems this is determined at the discretion of the Director. |
| Quebec | Section 72.9 of the Youth Protection Act grants the Government discretion to establish a register in which personal information is contained from child's record by regulation. ³⁶ The regulation must indicate which personal information will be entered in the register and on what conditions, as well as who will oversee the register. Section 73 of the Act respecting Access to documents held by public bodies and the Protection of personal information mandates that personal information that is retained by a public body must be destroyed once the purposes for which it was collected or used have been achieved. ³⁷ |
| Saskatchewan | The Child and Family Services Act is silent on the duration for which personal information may be retained. Service providers must preserve confidentiality in the course of retention. ³⁸ |

24 *Access to Information and Protection of Privacy Act*, SNWT 1994, c. 20, s 40.

25 *Ibid.*, at s 49.

26 *Child and Family Services Act*, SNWT 1997, c. 13, s 72.

27 *Children and Family Services Act*, SNS 1990, c. 5, s 63.

28 *Ibid.*, s 53A.

29 *Ibid.*, s 53A(1)(b).

30 *Child, Youth and Family Services Act* ["CYFSA"], RSO 2017, c 14, s 283(1). See also s 291(1), which applies to service providers.

31 O Reg 191/18, s 5.

32 O Reg 191/18, s 10(6)(c).

33 O Reg 191/18, s 10(7).

34 *Child Protection Act*, SPEI 2000, c. 3, s 7(1).

35 P.E.I. Reg. EC2003-215, s 8.

36 *Youth Protection Act*, CQLR 1984, c. 4, s 72.9.

37 *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c. A-2.1, s 73.

38 *The Child and Family Services Act*, RSS 1989-90, c C-7.2, s 74.

Table 1.5 Description of child welfare information and data expungement policies across Canada (*continued*)

| Jurisdiction | Brief Description of Information Practices Under Provincial Child and Family Services Legislation |
|--------------|---|
| Yukon | The Child and Family Services Act only overrides the Access to Information and Protection of Privacy Act when it comes to the confidentiality of adoption files, which may not be open to inspection without leave of the court. ³⁹ The Access to Information and Protection of Privacy Act mandates disposal ⁴⁰ of personal information that is collected without request ⁴¹ or authorization, ⁴² used for a research purpose, ⁴³ or no longer necessary to carry out the purpose for which it was collected. ⁴⁴ |

Impact of infrastructure and funding on administrative data systems

Inadequate infrastructure (including computer equipment, updated software and hardware, collaborative computerized database systems, IT expertise and researchers) and funding (Statistics Canada, 2019, n.p.; Laferrière & Deshaies-Moreault, 2018) impede the ability of child welfare service providers, particularly for remote FNCFS agencies to collect, record and produce quality and relevant information for provincial, territorial and federal governments (National Collaborating Centre for Aboriginal Health, 2009, n.p.; Bennett & Shangreux, 2005; Loo, 2005). Reviewing administrative systems on a global stage, UNICEF (2020) found that child welfare and justice systems were underfunded, thus rendering the quality of administrative systems a lower priority, subsequently resulting in limited resources to attribute to statistical analysis. In Canada, administrative systems run by child welfare services on Indigenous reserves are underfunded, only covering one quarter of non-profit industry standards in information technology (IT) spending (IFSD, 2019).

A closer look at Indigenous data governance

Indigenous data is information that reflects and impacts the collective and individual lives of Indigenous peoples, which includes lands, resources, cultural information, traditional knowledge, and information about individuals, families, and communities (Carroll et al., 2020; Rainie et al., 2019). The collection and management of information and data related to Indigenous peoples by non-Indigenous researchers or institutions raises ethical issues and concerns that must be addressed. These concerns largely stem from colonial and assimilationist practices and policies within Canada – such as the *Indian Act* of 1876, the White Paper of 1969, residential schools, and the Sixties Scoop – that have forcefully suppressed and marginalized Indigenous identities and cultures over generations. Research and evaluation efforts related to Indigenous peoples have historically been conducted from a Euro-centric perspective that does not respect or understand Indigenous values and traditions and systematically excludes from decision-making that affects their communities (Ormiston, 2010).

Misuse of data

There is a plethora of examples of the unethical use of research with First Nations, Inuit, and Métis peoples in Canada. For instance, many children in residential schools were subjected to cruel nutritional and vaccine experiments without their consent or knowledge (Mosby, 2013). Certain children who were forcefully removed during the residential school period and Sixties' Scoop were identified for removal using governmental datasets and registries (e.g., Johnston, 1983). Research done without including the communities involved

39 *Child and Family Services Act*, RSY 2008, c. 1, s 132.

40 Yuk. Reg. O.I.C. 2021/25, s 6.

41 *Ibid.*, at s 18(1)(c)(i).

42 *Access to Information and Protection of Privacy Act*, RSY 2018, c. 9, s 14(4)(b).

43 *Ibid.*, at s 26(1)(b)(v).

44 *Ibid.*, at s 12(b).

has often resulted in weaponizing the identities of Indigenous Peoples to push stereotyped narratives (e.g., Chaney, 2018; Cormack et al., 2019; Mosby, 2013; Pool, 2016), ultimately contributing to the harmful Five-D data narrative described as disparity, deprivation, disadvantage, dysfunction, and difference (Walter, 2016). Type 2 diabetes research studies only detailed the presence of the disease as part of a “racial” problem with Indigenous peoples, but when interpreted with an Indigenous worldview, the connection between colonization and diet were made, and the discourse shifted from a deficit-based community to one where cultural disruption had occurred (Jennings et al., 2018).

Furthermore, Western understandings of data and documentation have dismissed Indigenous ways of teaching and knowledge sharing, which have long been centred on oral traditions and storytelling (Ormiston, 2010). The Auditor General of Canada has questioned the relevance of data collected by the federal government on Indigenous peoples receiving services from Indigenous Services Canada, which has been found to prioritize financial outcomes at the detriment of information on results, priorities, and wellbeing of communities (Bruhn, 2014). As always, the paradigm seems to be one where “[c]ollection requirements are dictated to First Nations rather than based on discussion with them” (Bruhn, 2014, p. 9). As a result of these practices, feelings of apprehension and distrust have developed among Indigenous communities towards non-Indigenous researchers (Burnette & Sanders, 2014; Government of Canada, 2018).

The lack of involvement of communities in the development and use of data, and the drive for data collection from outside authorities, has led to a situation where Indigenous communities do not trust the data collection process and are often resistant to sharing their information (McBride, n.d., p. 6).

According to analysts (National Collaborating Centre for Aboriginal Health, 2009, n.p.; Bennett & Shangreux, 2005; McBride, n.d., pp. 9–10), this lack of oversight in the collection and analysis of the data involving Indigenous populations is problematic because in many cases, the wrong data is being collected:

[T]he data that [FNCFs agencies] are required to forward to the [federal government] as required by their respective funding agreements are collected without any analysis by the federal government as to what this data may reveal locally, regionally and/or nationally about current

trends in First Nations child welfare. In many cases, the data that is being collected is flawed or not being processed or analyzed in ways that can inform decision making (National Collaborating Centre for Aboriginal Health, 2009, n.p.; Bennett & Shangreux, 2005). What the collected data doesn't say is how FNCFs agencies differ from one another or about their specific achievements, challenges, needs and/or service trends. In other cases, the complete or the right data is simply not being collected (National Collaborating Centre for Aboriginal Health, 2009).

Current efforts to enhance Indigenous data sovereignty and governance

While tensions regarding data have remained between Indigenous communities and the federal government in Canada (Bruhn, 2014), in recent years Indigenous peoples and organizations have worked to reclaim and restore their own culture and worldviews on the path towards decolonization and self-determination (Ormiston, 2010). Part of this involves reconceptualizing and redefining data governance processes to include and respect Indigenous perspectives, knowledge, and rights. Importantly, Indigenous people have a right to determine how data is collected within their communities, and how it is then interpreted, stored, managed, and shared. The concepts of Indigenous data sovereignty and governance have guided these shifts in reclaiming how information is obtained and used:

Indigenous data sovereignty is a notion defined according to the rights of Indigenous peoples to determine how and why data is collected, how it is stored and managed, and how it is used and interpreted for research or other purposes (Carroll et al., 2019; Kukutai & Taylor, 2016; Walter, 2016; Raines et al., 2017). The sovereignty of Indigenous data is rooted in the sovereignty Indigenous peoples have as Nation states (e.g., Kukutai & Taylor, 2016; Mustimuhw Information Solutions Inc., 2016).

Indigenous data governance accounts for the development of conceptual frameworks that inform the processes of control, standards, and metrics used for research and evaluation with Indigenous Peoples (Carroll et al., 2020; Wende, 2007). In other words, Indigenous data governance refers to the producer, receiver, and governor of Indigenous data, and the relationship amongst these actors (Koooper et al., 2011). Considering the various bodies collecting and holding data related to Indigenous people in Canada, such as child welfare administrative bodies, it is paramount

and a right that Indigenous peoples have meaningful input and decision making in terms of what said data is used for when it impacts legislative and administrative programming for their communities (FNIGC, 2020; Schultz & Rainie, 2014; United Nations, 2008).

The aim of these efforts is to ensure not only that Indigenous communities are meaningfully involved throughout the entire research process, but also that the research will benefit the affected communities and minimize harm. Indigenous data sovereignty and governance are essential for upholding the rights of First Nations governments to achieve self-determination and self-governance and is also a key step in implementing the recommendations of the Truth and Reconciliation Commission of Canada (TRC) Calls to Action (TRC, 2015a) as well as the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2008). The UNPFII (n.d.) notes that overcoming challenges concerning data collection requires a sustained and concerted effort by decision makers, governments and academics that includes Indigenous peoples as equal partners and active participants in the process:

Indigenous peoples should fully participate as equal partners, in all stages of data collection, including planning, implementation, analysis and dissemination, access and return, with appropriate resourcing and capacity-building. Data collection must respond to the priorities and aims of the [I]ndigenous communities themselves. Participation of [I]ndigenous communities in the conceptualization, implementation, reporting, analysis and dissemination of data collected is crucial, at both the country and international levels. Indigenous peoples should be trained and employed by data-collection institutions at the national and international levels. Data collection exercises should be conducted in local [I]ndigenous languages to the extent possible and, where no written language exists, should employ local indigenous persons (as translators/interpreters as well as advisors) to assist in the collection process (UNPFII, n.p.).

In Canada, a series of guiding principles has emerged from these reflections in the form of the **First Nations Ownership, Control, Access and Possession (OCAP®) principles**. The OCAP®⁴⁵ principles provide a framework for promoting appropriate information governance related to data on First Nations communities. The principles were established in 1998 and have evolved under the First Nations Information Governance Centre (FNIGC) of Canada, which was formed in 2010. OCAP® respects the rights of First Nations to own, control, access, and possess information about their own peoples and stipulate that First Nations should be consulted by any researchers who work with or plan to work with First Nations data (FNIGC, n.d.). The FNIGC states that the OCAP® principles were developed in part to fill a gap in Western legal systems that doesn't account for "community rights and interests in their information" (FNIGC, n.d., p. 94).

The OCAP® principles are briefly described here:

Ownership. This principle refers to First Nations' collective ownership of "their cultural knowledge, data, and information" (FNIGC, n.d., p. 93).

Control. This principle asserts that First Nations have a right to control research, information management, data collection, and dissemination activities related to First Nations information.

Access. This principle asserts that First Nations have the right to access information about them, wherever it is held, and that they have the right to have say over how information about them is accessed by others.

Possession. This principle refers specifically to the physical control of data. The principle of possession facilitates First Nations ownership of data.

45 OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC). Please refer to <https://fnigc.ca/ocap-training/> for more information

Examples of First Nations data governance initiatives

Effective data governance plans and processes are essential tools for any data collection initiatives concerning Indigenous people, communities, and organizations. In addition to developing key data attributes such as accessibility, availability, quality, consistency, and security, the benefits of data governance for Indigenous data include:⁴⁶

- Helping to rebuild Indigenous nations and communities, including governing institutions
- Promoting mutually beneficial and respectful Indigenous-government relationships
- Ensuring that any data and analyses that are produced benefit Indigenous communities

While there is no single correct or optimal model of Indigenous data governance, some promising initiatives involving Indigenous communities and governments have already been established in Canada.⁴⁵ As described below, these initiatives highlight the need for balancing Indigenous approaches and considerations (such as concerns about privacy and misuse of data) with the needs of government (such as the need to access and use high-quality, relevant data).

First Nations Data Governance Strategy (FNDGS). In 2020, the FNIGC released the First Nations Data Governance Strategy – Canada’s first national strategy to ensure that First Nations people and communities will achieve data sovereignty. The strategy is First Nations-led and is based on community-driven and Nation-based collaborative approaches. The comprehensive report outlining the data governance framework and vision presents a phased implementation strategy along with eight main guiding principles (Community-driven and Nation-based; OCAP[®]; Relationships; Transparency and Accountability; Quality Community-Driven Standards and Indicators; Nation Building; Equity and Capacity; and Effective Technology and Policy) and nine key pillars for action.⁴⁷

BC First Nations’ Data Governance Initiative (BCFNDGI, BC, Canada). The BC First Nations’ Data Governance Initiative (BCFNDGI) is a comprehensive, community-driven approach to data governance and sovereignty in British

Columbia that seeks to enhance the capacity of First Nations Governments to control and own their data while also realigning provincial and federal systems to better promote and invest in First Nations’ well-being.^{48,49} The initiative is recognized as “leading edge” due to its collaborative approach that unites First Nations governments, organizations, and partners across the province along with dedicated political leadership from provincial and national governments – all working towards a shared goal of improved well-being for First Nations through effective data governance.^{47,50}

Given the broad scope of the initiative and the range of partners involved as well as the long-term vision of transformative change, a phased approach was taken to develop and implement the BCFNDGI through several stages over five years (2012–2017) as set out in the strategic framework;⁴⁸ and work to achieve their goals is still ongoing. For example, the BCFNDGI is currently working to establish a BC First Nations Data Centre to serve BC First Nations Governments. Other recent initiatives include a variety of pilot projects carried out across a selection of First Nations communities to test the various data governance tools and systems; a series of data governance forums in 2016; and a series of information and knowledge-sharing sessions in 2021 to assist BC First Nations in building capacity in data and information governance.^{51,52}

The regional approach being developed in BC will also help to support broader provincial and national data governance goals, such as the national First Nations Data Governance Strategy (FNDGS), which includes the establishment of regional data governance centres across the country.⁴⁹ This work is overseen by the First Nations Information Governance Centre (FNIGC), a federally incorporated non-profit First Nations organization committed to providing data to improve the health and well-being of First Nations people across Canada and ensuring that every First Nation will achieve data sovereignty.⁴⁹

Common Surveillance Plan Initiative: First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC, Quebec, Canada). The FNQLHSSC is a non-profit organization responsible for supporting Quebec First Nations and Inuit communities in developing and implementing culturally appropriate preventive health and social services programs and assisting

46 Bruhn, J. (2014). Identifying useful approaches to the governance of Indigenous data. *The International Indigenous Policy Journal*, 5(2).

47 FNIGC. (2020). *A First Nations Data Governance Strategy*. https://fnigc.ca/wp-content/uploads/2020/09/FNIGC_FNDGS_report_EN_FINAL.pdf.

48 BCFNDGI (n.d.). British Columbia First Nations’ Data Governance Initiative (BCFNDGI): A collaboration of nations asserting data sovereignty. Retrieved from <https://www.bcfndgi.com/>

49 Tripartite Project Coordination Team (2016). BC First Nations’ Data Governance Initiative: Strategic framework. Version 5. Retrieved from https://static1.squarespace.com/static/558c624de4b0574c94d62a61/t/578d385dff7c501707c3a328/1468872798427/-REPORT_-_BC_FN_DATA_GOVERNANCE_INITIATIVE_STRATEGIC_FRAMEWORK_-_EVERGREEN.pdf

50 First Nations Information Governance Centre (2020). *A First Nations data governance strategy: Strengthening First Nations institutions and community capacity*. FNIGC: Akwesasne, ON and Ottawa, ON. Retrieved from https://fnigc.ca/wp-content/uploads/2020/09/FNIGC_FNDGS_report_EN_FINAL.pdf

51 BCFNDGI (n.d.). *Initiative history*. Retrieved from <https://www.bcfndgi.com/initiative-history>

52 First Nations Public Service Secretariat (n.d.). *BC First Nations data governance strategy engagement sessions*. Retrieved from <https://fnps.ca/bcfndgs-engagement-sessions/>

them in gaining greater control over data and information concerning First Nations peoples.^{53,54} In recognition of the unique characteristics and needs of Quebec First Nations and the significant variance in existing health surveillance systems in place across the country, in 2009 the FNQLHSSC began the process of creating a health surveillance plan specific to the First Nations of Quebec, called the Common Surveillance Plan.⁵³ The plan had two primary aims: 1) to allow Quebec First Nations to track the health of their population and obtain a picture of their overall health status, as well as trends and patterns; and 2) to develop health indicators specific to First Nations communities which will allow better surveillance of First Nations health determinants.⁵³ Importantly, these indicators are focused more on holistic quality of life and well-being, such as values, morale, and spirituality, rather than traditional Western approaches to the determinants of health.⁵³ However, selected indicators will also be tied to existing data reporting mechanisms to allow for comparisons with other jurisdictions and for reporting to federal, provincial, and territorial governments.

Data sources for the surveillance plan include the Canadian Census, information from administrative records, as well as regional surveys.⁵⁵ As most of this data is stored in Quebec government-owned and controlled databases, the Common Surveillance Plan identified the need to negotiate data agreements with governments and each community to govern access and the release of data in accordance with the principles of Ownership, Control, Access and Possession (OCAP®).^{53,54} By creating a practical tool that can be utilized in a common way by all intended communities, the plan will ultimately enhance the capacity of individual First Nations to develop their own community health plans and activities by providing resources and access to reliable data.⁵³

When considering data sources for decisions involving Indigenous populations, it is critical to keep in mind that “[d]ata is inherently political and can help identify priorities, set targets, and hold government accountable” (McBride, n.d., p. 2). As history has shown, [m]any First Nations people and communities have experienced data being used for political purposes, but not their own” (McBride, n.d., p. 2). Typically, “[t]he content and purposes of data have historically been determined outside of First Nations communities (Otim, 2015), and the misuse of data has led to situations of misappropriation and broken trust” (McBride, n.d., p.2). The solution to “irrelevant and pathologizing data” according to McBride (n.d.) is “oddly, more data...that is developed by and with and for communities, data that reflect Indigenous worldviews, and data that is both relevant to communities and agreeable to policy makers” (p. 2).

The growing support and shift towards evidence-based policy making is “a welcome change from the status quo, particularly for First Nations policy, as the use of meaningful data allows for decisions that are based on evidence rather than external value judgments (McBride, n.d., p. 2; Otim, 2015). When created, collected and used correctly, data has the power to provide First Nations with “a way to bring evidence to issues that could have otherwise been ignored. When communities become their own data stewards, they can take on a leading role in the direction of their community wellbeing and in the very definition of that well-being” (McBride, n.d., p. 2). Data should never create inequality in society, but rather “highlight inequality and bring an evidence-based lens to policy making. Data provides baselines and benchmarks which allow for measurements of change over time and can be used...to develop solid policies and programs effectively, to demonstrate accountability, and to be transparent to their citizens” (McBride n.d., p. 2; Steffler, 2016, p. 149).

53 Coaching Association of Canada (2022). *First Nations of Quebec and Labrador Health and Social Services Commission*. Retrieved from <https://coach.ca/first-nations-quebec-and-labrador-health-and-social-services-commission>

54 First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC). (2009). *The surveillance of health and its determinants in Quebec non-conventioned First Nations Communities: Framework*. Retrieved from <https://files.cssspnql.com/s/NZjj4hGU3ep8rb7>

55 First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC). (2009). *Surveillance plan for the state of health and its determinants for the non-agreement First Nations of Quebec*: Final report. Retrieved from <https://files.cssspnql.com/index.php/s/TWrbIE4uBuOkR6G>

Summary: Opportunities for overcoming the challenges of using administrative data

Overcoming the challenges of using child welfare administrative data involves “a great deal of communication, relationship building, tolerance for bureaucratic hurdles, persistence and patience” (Green et al., 2015, p. 48). A search of the literature revealed a series of specific strategies when used in concert can help to address issues with respect to data collection; data quality; the sharing and linking of data; access; and administrative data structures and systems.

Consideration of the use of administrative data for decision making requires acknowledging both advantages and limitations of using this particular data source. Administrative data, often referred to as a by-product of government services, is considered to be a largely untapped, but information rich resource for decision makers. It has the power to offer decision makers the necessary insight and information for evidence driven decisions and policies that address the challenges and struggles of vulnerable children and families involved in Canada's child welfare system. Administrative data is a cost-efficient source of data, provides a high level of detail, allows for longitudinal research, minimizes the burden on respondents, and allows for the sharing and linking of data with other data sources. Although promising, overemphasis on the benefits of using administrative data must be tempered with a degree of caution as this source of data is not without its share of challenges concerning data collection methods, data quality, the sharing and linking of data, accessibility due to ethical, privacy, and confidentiality concerns, and administrative data structures and systems, all of which are exacerbated by Canada's decentralized and highly fragmented child welfare system. Overcoming these limitations will require a great deal of communication and relationship building, a thorough and clear understanding of the administrative program and its constituent parts, addressing ethical, privacy and confidentiality issues early in the process to ensure access and minimize any potential risks to participants, and finally, keeping in mind the central reason for the existence of administrative programs and records.

Respect First Nations data sovereignty and governance. Beginning any data-seeking task related to First Nations people ought to prioritize First Nations data governance principles related to this data. Seeking guidance from communities regarding access to and use of data for decisions made about these communities is inherent to respecting principles of First Nations data governance (FNIGC, 2020; UNDRIP, 2008).

Establish and maintain relationships with providers of administrative records.

Establishing and maintaining relationships with providers of administrative records at the beginning and throughout the process ensures: that users of administrative records are aware of any changes that may impact the data being collected (Statistics Canada, 2019, n.p.); constant feedback between the supplier and user of the administrative records regarding any weaknesses found in the data that can help suppliers of the data to improve the quality of the administrative source (Statistics Canada, 2019, n.p.); and an increased level of trust between parties involved (Green et al., 2015, pp. 42–43).

Understand the origins of the administrative program. Having a good understanding of the context under which the administrative organization established the administrative program (e.g., legislative framework, objectives, and needs) is critical because it impacts the coverage of administrative records along with the contents, key concepts and definitions, the frequency and timeliness, the quality of the recorded information, and stability over time (Statistics Canada, 2019, n.p.). In situations when each province manages its own administrative program, it is important for users of administrative records to pay extra attention to the consistency of key concepts and data quality when there are multiple sources of administrative data (Statistics Canada, 2019, n.p.).

Address ethical, privacy, and confidentiality issues. Ensuring access to administrative files requires that ethical, privacy and confidentiality issues are addressed very early in the process. This usually involves a thorough understanding of the legal framework governing the use and sharing of administrative data as well as securing of agreements that allow for the use and sharing of the data while minimizing any potential risks to participants (Green et al., 2015, p. 42).

Acknowledge the purpose of administrative records. It is critical to keep in mind the central reason for the existence of administrative records: they were put into place for administrative purposes, typically for the delivery of services to the public. It is unlikely that applications outside their original scope were taken under consideration (Statistics Canada, 2019, n.p.). For this reason, it is suggested that decisions to utilize administrative records must always be preceded by “an assessment of such records in terms of their coverage, content, concepts and definitions, the quality assurance and control procedures put in place by the administrative program to ensure their quality, the frequency of the data, the timeliness in receiving the data and the stability of the program over time” (Statistics Canada, 2019, n.p.).

II. Data Availability

Child Welfare Compensation Categories: Data Availability

Overview of approach

In order to assess the availability and quality of administrative data that could help in identifying eligible claimants under the *2019 CHRT 39* compensation categories, a framework detailing the types of information needed to determine eligibility under the child welfare compensation categories is presented.

The framework includes a list of data fields, that **if available and of high quality**, could assist in the process of assessing claim eligibility under the CHRT child welfare compensation categories (Table 2.1, see following page). It is important to note that the proposed data fields which are matched to the compensation categories in the tables below were based on the project team's understanding of the compensation categories as defined by *2019 CHRT 39*. Given that these compensation categories are currently under negotiation, the eligibility requirements (and related fields of interest) are expected to change.

Once we established the combination of data fields that was necessary to operationalize the compensation categories, we identified which **administrative data sources** (both at a national and jurisdictional level) collected this information during the relevant time periods. We then identified and contacted respondents who had knowledge about these data sources and asked them questions about the availability, completeness, and accuracy of the proposed data fields.

Data quality was assessed using three considerations:

- **Data availability** is an assessment of whether a data field is available and whether it can be retrieved.
- **Data completeness** is an assessment of the comprehensiveness and wholeness of data. Low completeness means that there is missing, or the "unknown" category is widely endorsed data.
- **Data accuracy** is an assessment of whether the data value is consistently interpreted as intended

In addition to an evaluation of data quality, we also determined the **applicability** of data – the ability of the variable to determine or assist with operationalizing the compensation classes.

The results of our outreach to key informants regarding the availability, completeness, accuracy and applicability of information available on the child welfare compensation categories is detailed on the following pages.

Table 2.1 Information of interest to help identify claimants under the CHRT child welfare compensation categories

| Information of interest | | | CHRT child welfare compensation categories | | |
|--|---|--|--|--|---|
| | | | First Nations children living on reserve or in the Yukon placed between 2006-present | First Nations children living on or off reserve placed between 2007 and 2017 in order to receive essential services* | First Nations parents or grandparents of children eligible for compensation, unless they abused their child** |
| INFORMATION ON CHILD AND CAREGIVER | Can the child in out-of-home placement be identified? | Child Name (Family Name, Given Name) | X | X | |
| | | Child Date of Birth | X | X | |
| | | Child Indian Registration Number | X | X | |
| | Is the child First Nations? | Child's First Nations identity | X | X | |
| | Child lives on-reserve? | Child residence on/off reserve | X | | |
| | Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | | | X |
| | | Caregiver Indian Registration Number | | | X |
| | Is the caregiver First Nations? | Caregiver's First Nations identity | | | X |
| INFORMATION ON PLACEMENT | When was the child placed? | Dates of Start/End placement | X | X | |
| | Child placed outside of their home and community? | Caregiver's address at time of removal | X | X | |
| | | Address of placement | X | X | |
| | Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | X | X | |
| | Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | | | X |
| | | Substantiation or verification level (maltreatment and risk) | | | X |
| | | Alleged perpetrator | | | X |
| | | Reason for placement | | | X |
| Child placed in order to receive essential services? | Child placed to receive essential services | | X | | |

* This compensation category is both a child welfare and Jordan's Principle compensation category

** Identifying parents and caregivers is dependent on identifying the index child

Data available at ISC: FNCFS Program

The FNCFS Program at ISC “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. In areas where these agencies do not exist, ISC funds services provided by the provinces and Yukon but does not deliver child and family services. These services are provided in accordance with the legislation and standards of the province or territory of residence.”¹

The FNCFS program funds child prevention and protection services for First Nations children and families that are on-reserve or ordinarily resident on-reserve. The data holdings pertain to information on child maintenance costs that are provided on a monthly basis to ISC by First Nations Child and Family Services (FNCFS) agencies or Provincial/Territorial governments when First Nations families on reserve are not serviced by an FNCFS agency. The FNCFS program is administered at a regional level in the following regions: Alberta, Atlantic (New Brunswick, Nova Scotia, Newfoundland and Labrador, and PEI), British Columbia, Manitoba, Ontario, Quebec, Saskatchewan, and the Yukon. Please see Appendix D for a list of FNCFS-funded agencies (FY 2013-2014 to present) and Appendix E for a list of FNCFS agency-band associations (FY 2013-2014 to present).

In fiscal year 2013-2014, the FNCFS program implemented a national information system to store child maintenance data funded by ISC. Prior to that date, FNCFS child maintenance data was decentralized and region-specific. This section starts by describing data available through the national information management system (from FY 2013-2014 onwards), before analyzing the data that is held at a regional level at ISC between FY 2005-2006 to 2013-2014.

Data from fiscal year 2013-2014 onwards

Information on child maintenance data from all regions starting in FY 2013-2014 (i.e., April 1st, 2013) is stored in data fields within a centralized database, called the **Information Management System** (IMS) at ISC. It is an in-house system that was developed for the FNCFS.

The data dictionary for the FNCFS IMS is available in Appendix F and the associated drop-down response options can be found in Appendix G. The project team created a template requesting information regarding the availability, completeness, and accuracy of the specified data fields. This template was shared with ISC staff familiar with the administrative data system currently in use (from fiscal year 2013-2014 onwards). Responses to this template are available in Appendix H. Using these documents, the project team has provided an overview of the availability of data held in the IMS as they relate to the CHRT compensation categories in a table available in **Appendix I**.

The utility of the information available from the **ISC FNCFS program in FY 2013-2014 onwards** to help identify claimants eligible for compensation under the child welfare compensation categories is summarized below:

Can the child be identified?

Child name, date of birth and Indian Registration Number are all collected by the IMS, with high levels of completeness. Some minor typos were noted for the child's name and date of birth when the child was not registered for status.

Is the child First Nations and does he or she live on-reserve?

While data regarding child's *First Nations identity or residence on-reserve* is not listed as a data field in the IMS, FNCFS child maintenance data only concerns First Nations children ordinarily resident on-reserve who are placed in out-of-home care.

Issues with applicability to compensation categories: Some small differences in practices for determining residence on or off-reserve were identified across regions. For example, in Manitoba it is where the child is taken into care that determines who funds services. Furthermore, the definition of First Nations children used by the FNCFS program does not include “individuals who have been recognized as citizens by their First Nations” but are not eligible for status.

¹ Indigenous Services Canada. (n.d.). *First Nations Child and Family Services*. <https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805>

Can the caregiver(s) at the time of removal be identified and are they First Nations?

No information on the caregiver (*name, date of birth, Indian Registration Number, First Nations identity*) is included in the national IMS. This information may be available from child maintenance forms accessible through ISC regions.

When was the child placed?

The days during which a child had a child maintenance expense (*Start Pay Date and End Pay Date*), are mandatory fields in the IMS and are considered as having a high level of accuracy.

Issues with applicability to compensation categories: Importantly, these data fields are attached to the *payment of a placement* and do not provide enough specificity to determine if a child moved between different placements during a spell in care. They do, however, provide an estimate of the length of time in care starting in FY 2013-2014. If a child was in care prior to that date, this information would need to be linked across databases.

Was the child placed outside of their community?

The child or parent's address of residence at the time of removal and the address of placement can be compared to determine if a child was placed outside of their community. Information on the address of residence and the address of placement is not available in the IMS.

Was the child placed outside of their family?

If collected, placement type could provide an indication as to whether the child was placed in kinship care (i.e., with extended family) or not. The type of placement information, including whether the child was placed in kinship care, is available for all ISC regions except Manitoba.

Issues with applicability to compensation categories: It is important to note that the types of placement and definition of kinship care vary considerably across provinces. In many cases, kinship care includes placement with close friends or neighbours. Additional details are provided in the section on data available from child welfare agencies later in the report.

Why was the child placed?

Information on reason for placement is unavailable in the IMS.

As such, the information collected by the FNCFS program starting in FY 2013-2014 through the IMS can help identify children eligible for compensation. However, the data fields collected by the IMS do not include certain types of information relevant to the more criteria specific identification of children and caregivers under the current understanding of the compensation categories, such as: **the reason for placement** to determine if a child was placed because of abuse, neglect, or other contextual factors; **caregiver address and placement address** to determine if a child was placed outside of their community; **caregiver name and Indian Registration Number** to identify the caregiver at the time of removal.

The project team has contacted a purposive sample of child welfare agencies across Canada to determine whether reason for placement, caregiver and placement address and caregiver name and IRS number (or related information) are available at an agency-level. The results of this information gathering exercise can be found below in Data available at child welfare agencies on p. 57).

Data prior to fiscal year 2013-2014

Prior to the implementation of the IMS system for use by the FNCFS program, information on FNCFS was collected at the regional level using reporting forms which varied across regions and across fiscal years. Data prior to fiscal year 2013-2014 is not centralized. We requested two types of information regarding historical regional FNCFS data holdings: 1) information on the availability and quality of data fields collected; and 2) information on the format (e.g., paper, electronic, searchable database) in which the data is currently stored. The information provided to us is detailed in the sections below.

Information on the data collected by child welfare maintenance forms across ISC regions

In order to determine the availability of data fields collected prior to FY 2013-2014, **sample child maintenance reporting forms** used by the different ISC regions' FNCFS staff between fiscal year 2005-2006 and fiscal year 2012-2013 were provided to the project team for their assessment and documentation.

We have summarized the data fields available in reporting forms that relate to the CHRT compensation categories in tables available in **Appendix J**. It is important to note that these tables only provide information on the *availability* of certain data fields. They do not provide any information on the *completeness*

(i.e., the percentage of missing child maintenance reports and missing data values), nor the *accuracy* of the information (i.e., the extent to which the information is correctly reports the information). The project team has asked for more details regarding the completeness and accuracy of data prior to fiscal year 2013-2014, which was not provided to us in time for this report. Furthermore, no information was provided to the project team regarding child maintenance forms prior to FY 2005-2006.

The utility of the information collected by **ISC FNCFS regions between FY 2005-2006 and FY 2013-2014** to help identify claimants eligible for compensation under the child welfare compensation categories is summarized below:

Can the child be identified?

Child name and *date of birth* was systematically collected across regions, except for Atlantic Region. Specifically, the child's date of birth was not available in the sample forms provided by the Atlantic region from FY 2005-2006 to 2008-2009 and FY 2010-2011 to 2012-2013. Furthermore, the 2008-2009 and 2010-2011 forms from the Atlantic Region collected information about the client number, rather than the client's name. For these fields to be used to identify children, a link between client number and name would need to be provided.

There was variability across regions in the collection of the child's *Indian Registration Number*. The regions of Quebec, Ontario, Saskatchewan, and BC collected the child's Indian Registration Number for all FYs examined (FY 2005-2006 to 2012-2013). In Alberta and Manitoba regions, only the Treaty or Band number was collected from FY 2007-2008 to 2009-2010 and from FY 2005-2006 to FY 2007-2008 respectively. The child's Indian Registration Number was not collected in the Yukon region until FY 2012-2013 and was unavailable in the forms provided by the Atlantic region for FYs 2006-2007, 2008-2009, 2010-2011, and 2012-2013.

Is the child First Nations and does he or she live on-reserve?

Child maintenance forms are used to document maintenance costs for *First Nations children* ordinarily *resident on-reserve*. Some of the child maintenance forms reviewed specifically asked about the *child (or parent's) residence on or off reserve*. Namely, this information is available in forms from Alberta region from FY 2010-2011 to 2012-2013; and forms from BC, Ontario, and Saskatchewan regions from FY 2005-2006 to 2012-2013.

Can the caregiver(s) at the time of removal be identified and are they First Nations?

The parent or guardian name is available in some child maintenance forms. Specifically, this information was available in child maintenance forms in Atlantic region in FY 2011-2012, in Manitoba region from FY 2006-2007 to 2012-2013, as well as in BC, Ontario, and Saskatchewan for FY 2005-2006 to 2012-2013.

When was the child placed?

Dates of placement were usually available. The regions that did not have this information were the Yukon (all FYs examined), Saskatchewan (FYs 2005-2006 and 2006-2007), and the Atlantic region (although it is available in FY 2009-2010).

Issues with applicability to compensation categories: As with the information from the IMS, the date of start and end of placement do not provide enough information to determine if a child moved between different placements during a spell in care. Placement start and end date could provide an indication of length of time in care, but information would need to be reliably collected and stored across all FYs for it to be usable.

Was the child placed outside of their community?

The child or parent's *address of residence* at the time of removal and the *address of placement* can be compared to determine if a child was placed outside of their community. The parent's address was only collected by BC and Ontario regions. However, no information on address of placement was found.

Issues with applicability to compensation categories: Given that address of residence cannot be compared to address of placement, this information cannot be used to determine placement outside of a community.

Was the child placed outside of their family?

If collected, *placement type* could provide an indication as to whether the child was placed in kinship care (i.e., with extended family) or not. Placement type was available in Alberta (FY 2007-2008 onward), the Atlantic (FYs 2009-2010 and 2011-2012), British Columbia (FY 2006-2007 onward), Manitoba (FY 2005-2006 and FY 2012-2013), and from FY 2005-2006 to 2012-2013 in Ontario, Quebec, and Saskatchewan.

Issues with applicability to compensation categories: As noted previously, differences in the definitions used by various provinces to categorize placement types minimizes the ability to use this data field across regions.

Why was the child placed?

Information on *reason for placement* is unavailable in the forms obtained, except for in one form used by Manitoba ISC region.

As such, according to the sample reporting templates we received, the variables collected within the ISC regions between FY 2005-2006 and 2012-2013 vary considerably across regions and across different years. This complicates the ability to use this data in a systematic way to identify claimants

Format in which historical FNCFS data is currently stored across ISC regions

Details provided on the current format of historical child maintenance data kept by FNCFS ISC regions prior to FY 2013-2014 is detailed in Table 2.2 **below**.

Table 2.2 shows that data prior to FY 2013-2014 is currently stored in many different formats (including paper records, electronic databases, and excel

spreadsheets). It will be important to find a way to centralize this information to facilitate claimant identification.

Additionally, FNCFS staff underlined the following limits on information collected prior to the implementation of a national information management system that need to be taken into consideration when determining the usability of these data sources to identify claimants:

- "Legacy systems have been decommissioned and the data they stored may be difficult to retrieve.
- Precise information may not have been captured in early years, making it difficult to determine items such as the number of placements and time in care. Manual counts may be required.
- Reports have been archived and are now stored off-site.
- Older records or closed files would be subjected to Treasury Board and Departmental policies regarding physical records retention, and therefore may have been disposed of in accordance with those policies."²

Table 2.2 Format of historical child maintenance data kept by FNCFS ISC regions prior to FY 2013-2014

| Region | Overall description | Data Source (e.g., existing data base, case file review, etc.) |
|-----------------|---|--|
| Alberta Region | <ul style="list-style-type: none"> • Historical data is captured in paper records (including fax), MS Excel spreadsheets, TIFs and scanned PDFs. (Some reports are available in more than one format). • Electronic-retention was not available for a number of historical fiscal years. • Not all data was saved due to the sensitivity of the information (names and details of children). | <ul style="list-style-type: none"> • Archived paper records • GCDOCS³ • Grants and Contribution Information Management System (GCIMS) |
| Atlantic Region | <ul style="list-style-type: none"> • Historical child maintenance data is available between 2005 to 2013. • Limited data available between 1991 to 2004. • This includes paper copies for earlier years and electronic files (scanned PDF or MS Excel in GCIMS or GCDOCS). | <ul style="list-style-type: none"> • Archived paper records (Library and Archive Canada) • Archived paper records (Regional Office) • Comprehensive Integrated Document Management (CIDM)⁴ • Electronic files in GCDOCS |

(continued on following page)

² Document provided by FNCFS staff at ISC

³ GCDOCS is the Government of Canada's solution for information management of electronic and paper documents and records.

⁴ Comprehensive Integrated Document Management (CIDM) system is the former document management system used by the Department

Table 2.2 Format of historical child maintenance data kept by FNCFS ISC regions prior to FY 2013-2014 (*continued*)

| Region | Overall description | Data Source (e.g., existing data base, case file review, etc.) |
|--------------------------------|--|---|
| British Columbia Region | <ul style="list-style-type: none"> • BC FNCFS data (from delegated agencies) is available from 2011-2012 in an electronic format. • BC data (from the Province - MCFD) is available from 2012-2013 in an electronic format. • BC FNCFS data (from delegated agencies) from 1996-1997 to 2010-2011 was collected in a regional dBase system. • BC data (from the Province - MCFD) from 2011-2012 was collected in a regional dBase system. • Records prior to 2010-2011 may not be accessible in an electronic format. | <ul style="list-style-type: none"> • BC regional system • BC regional dBase system (decommissioned)⁵ • GCDOCS (as scanned documents) • Archived paper records (TBD by Information Management (IM) team) |
| Manitoba Region | <ul style="list-style-type: none"> • Historical child maintenance data starting approximately in 07/08 may have records on an agency-by-agency basis identifying each child. • Prior to 07/08, would need to be retrieved from archived records (National Archives). • A large volume of paper records, scanned paper records and a limited number of electronic files (MS Excel spreadsheet) may exist. | <ul style="list-style-type: none"> • Archived paper records (National Archives) • Electronic files |
| Ontario Region | <ul style="list-style-type: none"> • Historical data are available from fiscal year 2000-2001 and forward. • Prior to 1998, the Ontario Region did not have a centralized approach to capturing and maintaining data. | <ul style="list-style-type: none"> • ON region database • MS Excel spreadsheets in GCDOCS • ON region database (Older electronic file format) |
| Quebec Region | <ul style="list-style-type: none"> • Historical child maintenance data is available from the early to mid-2000s in the QC regional decommissioned database. • Data from 1991 to 1995-1996 are available as hard copy files. | <ul style="list-style-type: none"> • QC region decommissioned database (accessible to NCR in an electronic format – MS Excel spreadsheets). • Regional consultation needed for details of the data • Archived paper records |
| Saskatchewan Region | <ul style="list-style-type: none"> • Historical child maintenance data is available from the decommissioned SK regional system. • Approximate start date of data is 1995. • Data is based on FNCFS agencies that were operational and delegated at that time. • The Province of Saskatchewan has access to data through their own database for FN children in care not serviced by a delegated agency. | <ul style="list-style-type: none"> • SK region decommissioned database (accessible to NCR in an electronic format – MS Excel spreadsheets). • Regional consultation needed for details of the data • Province of SK database • Archived reports offsite |
| Yukon Region | <ul style="list-style-type: none"> • Historical data are available in spreadsheets, scanned documents, hard copies and in various template formats. • A limited number of reports are available in an electronic format. | <ul style="list-style-type: none"> • Comprehensive Integrated Document Management (CIDM) • Offsite archived reports (hard copies) |

Source: Information provided directly by FNCFS staff at ISC

⁵ DBase is a database management system (DBMS) that runs on a Windows platform.

Conclusion

The FNCFS program at ISC collects some data that could be used to help identify eligible claimants under the child welfare compensation categories. Specifically, identifying information (name, date of birth) of First Nations children ordinarily resident on-reserve who were placed in care is collected across regions for the years examined (FY 2005-2006 to present).⁶ This could provide an efficient way to identify the group of children living on-reserve or in the Yukon who are eligible for compensation under the child welfare compensation categories. Identifying information regarding the caregiver at the time of removal is not available following FY 2013-2014 but may be available through child maintenance and/or eligibility forms collected by regions. More detailed information on the reason for placement, the number of moves in care, and placement outside of the community is not available at the FNCFS program across all years. If this information is deemed to be necessary to identify claimants, child welfare agencies will need to be contacted to provide this level of detail.

⁶ The completeness of this information cannot be ascertained for FYs prior to 2013-2014

Data available at sampled child welfare agencies and authorities

Methodology

In order to ensure that all potential data sources were documented we reviewed information systems from child welfare authorities in provinces and territories across Canada. Given the number of child welfare authorities in which child welfare information is documented, our goal was to *sample* agencies across Canadian jurisdictions using different information systems.

We captured information about data in:

- 1 Mainstream or child welfare authorities not specifically delegated to serve First Nations communities by surveying the information system(s) used in each province and territory, and
- 2 First Nations agencies, if they used a different information system than the province, where possible.

First, we contacted individuals known to the research team in each jurisdiction. These contacts typically shared information on the data systems used in the jurisdiction and guidance on a sampling approach, including agency contacts. In many cases, they connected us with First Nations child welfare directors' roundtables in the province or territory. In some jurisdictions, an informational presentation on the project was requested and facilitated further discussions with appropriate child welfare authorities. The one-page information sheet we developed to help facilitate our outreach is available in Appendix M.

Cumulatively, we interviewed approximately 150 people representing all provinces, the Yukon, and the Northwest Territories.⁷ Using a template table we developed (see Appendix N), we held one or two meetings to ensure we connected with someone familiar with the data holdings in the jurisdiction to discuss the template. In some cases, respondents preferred to fill in the template themselves, or to finish it and send it back after an initial conversation with us. These meetings took place on Zoom from February through December 2021, with the bulk of information collected during the summer months. We have not included the names of First Nations agencies to protect their confidentiality and ownership of information about their data holdings.

Given that we reached out to *sampled* child welfare agencies, the information provided cannot be considered as being representative of the whole province, unless otherwise specified. Furthermore, the level of detail regarding the availability, completeness, and accuracy of variables collected is contingent upon the information available to respondents to answer our questions. In order to respect the confidentiality of the children and families identified in the data systems, the project team **did not have direct access** to the data sources and could therefore not verify the responses provided by the key respondents. This process allowed us to document important information without overburdening agencies who will likely be involved with supporting claimants to receive compensation upon implementation.

The following sections document the structure of child welfare and types of administrative data systems used by different jurisdictions before providing an overview of the results of discussions with sampled agencies regarding the availability and quality of their data. The full list of tables documenting the availability and quality of data in sampled child welfare authorities and agencies across Canada, as they relate to child welfare compensation categories is available in [Appendix P](#).

⁷ Nunavut is not included in the CHRT compensation order and was therefore not included in our outreach.

Overview of structure of child welfare and data systems used by each jurisdiction

Alberta

Structure of child welfare in Alberta

The Ministry of Children's Services is responsible for child protection and related services (foster care homes, child benefit, supports) in Alberta. Child welfare is legislated by the *Child, Youth and Family Enhancement Act*.

There are 48 First Nations in Alberta. Of these, in fiscal year 2018-2019, 39 bands receive FNCFS services delivered by the 17 Delegated First Nations Agencies (DFNAs). The remaining 9 bands receive services through provincial offices. There are 86 provincial offices in total. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Alberta

Overview

In Alberta, the Performance Analysis and Improvement Unit under the Ministry of Children's Services is responsible for extracting and analyzing child welfare administrative data in the province. All mainstream and First Nations child and family services agencies use the same information system to document involvement with these agencies. The current case management system is called the **Child Intervention Case Information Online system (CICIO)**. Prior to CICIO, the Child and Youth Intervention Module (CYIM) was used between 1996 and 2014. The information from CYIM was gradually migrated as the CICIO was implemented between 2011 and 2014. The Child Welfare Information System (CWIS) was used before CYIM.

Outreach

In Alberta, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to the Ministry of Children's Services to ask about the availability and quality of data as they relate to the CHRT compensation categories.

British Columbia

Structure of child welfare in British Columbia

The Ministry of Child and Family Development (MCFD)'s Director of Child Protection is responsible for child protection and related services (e.g., mental health, services or children with special needs, and adoption in British Columbia). Child protection is legislated by the provincial *Child, Family, and Community Service Act*.

There are 199 First Nation bands in British Columbia. Of these, in fiscal year 2018-2019, 112 bands received FNCFS services through 18 Delegated Aboriginal Agencies (DAAs) funded through the FNCFS program. The other 87 bands and children off reserve received child welfare services through 429 MCFD offices throughout the province. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in British Columbia

Overview

In British Columbia, the Modelling, Analysis, and Information Management (MAIM) department of the MCFD is responsible for extracting and analyzing child welfare data in the province. Child welfare data collected by Ministry agencies as well as many DAAs are stored in the **Integrated Case Management System (ICMS)**. The ICMS was implemented in 2012, prior to which the **Management Information System (MIS)** was used. All archival information from MIS was migrated into ICMS in 2014.

Some DAAs currently use **Best Practices**, another software tool. Some agencies using Best Practices also interface with ICMS. The list below provides information on which DAAs currently use Best Practices

Table 2.3 List of provincial and delegated agencies in BC that receive funding from FNCFS and the name of the administrative data system they use⁸

| CFS agency name | Current information system |
|--|----------------------------|
| Ayas Men Men Child and Family Services | Best Practices |
| Carrier Sekani Family Services | ICMS |
| Denisiqi Services Society | ICMS |
| Fraser Valley Aboriginal Children And Family Services Society (VACFSS) | ICMS |
| Gitxsan Child and Family Services Society | ICMS |
| Heiltsuk Kaxla Society | ICMS |
| Knucwentwecw Society | ICMS |
| Ktunaxa/Kinbasket Child and Family Services Society | Best Practices |
| Kwumut Lelum Child and Family Services Society | ICMS |
| Lalum'utul'Smun'eem Child and Family Services | Best Practices |
| Nezul Be Hunuyeh Child and Family Services Society | ICMS |
| Nil/Tuo Child and Family Services Society | Best Practices |
| Nlha'7 Kapmx Child and Family Services Society | ICMS |
| Northwest Inter-Nation Family and Community Services Society | ICMS |
| Scw'Exmx Child and Family Services Society | ICMS |
| Secwepemc Child and Family Services Agency | Best Practices |
| Spallumcheen Child and Family Services | ICMS |
| Usma Nuu-chah-nulth Child and Family Services | Best Practices |
| Ministry of Child and Family Development ⁹ | ICMS |

Outreach

In British Columbia, the province is responsible for the data collection related to non-First Nations agencies and many First Nations child welfare agencies. We contacted officials at the Ministry of Child & Family Development to ask about the availability and quality of data as it relates to the CHRT compensation categories. We also spoke with a First Nations agency in British Columbia who uses the ICMS.

⁸ Based on information provided following the BC Director's Forum in June 2021

⁹ Non-delegated (provincial) agency

¹⁰ Malone, K. (2016, July 27). "Manitoba seeks to close gaps in how children in care are tracked". *CBC Manitoba*. <https://www.cbc.ca/news/canada/manitoba/cfs-computer-system-overhaul-1.3695800>

Manitoba

Structure of child welfare in Manitoba

The Department of Families is responsible for child and youth services in Manitoba. The *Child and Family Services Act* and the *Child and Family Services Authorities Act* provide the legislative framework and mandate for child welfare services. Child welfare is administered through four Child and Family Services Authorities grouped by service population: First Nations (North and South division), Métis, and a General Authority (non-First Nations, non-Métis).

There are 63 First Nations bands in Manitoba. Of these, in fiscal year 2018-2019, all 63 bands received child protection services through 15 First Nations delegated agencies funded through the FNCFS program. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Manitoba

Overview

The information system used in the province by all four Child and Family Services Authorities is the **Child & Family Services Application system**. It is divided into the **Intake Module (IM)** and the **Child and Family Services Information System (CFSIS)**. The Province of Manitoba maintains these databases and is responsible for housing and protecting the data.

Although IM and CFSIS are used by all child welfare agencies in Manitoba, usage varies across the province. Certain First Nations agencies in Northern Manitoba oppose the use of a provincial system to store information on children who are under federal responsibility and others cannot use the system because of limited access to internet. As a result, it is estimated that some agencies in Northern Manitoba have "between 40 and 85 per cent of the information missing on their caseloads."¹⁰

Outreach

In Manitoba, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to contacts at the Department of Families to ask about the availability and quality of data as they relate to the CHRT compensation categories.

New Brunswick

Structure of child welfare in New Brunswick

Child welfare in New Brunswick falls under the Child and Youth Services Branch of the Ministry of Social Development. The Division of Children, Families and Seniors oversees Child Welfare and Youth Services branch, which is further divided into two units: Child Welfare and Youth Services unit and Clinical Auditing and Child Welfare Training unit. The *Family Services Act* provides the legislative framework and mandate for child welfare services.

There are 15 First Nations bands in New Brunswick, most of which receive child welfare services from delegated First Nations agencies. In fiscal year 2018-2019, 7 First Nations agencies serve 13 First Nations bands. The remaining 2 bands (Tobique and Madawaska Maliseek First Nations) are served by the Ministry. There are 15 provincial child welfare offices in total. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in New Brunswick

Overview

Child welfare data in the province are extracted and analyzed through the Clinical Auditing & Training Unit. The main information system in the province is **New Brunswick Families**, which is a structured decision-making case management tool used by the Ministry of Social Development and many First Nations agencies since 2004. All First Nations agencies have access to NB Families, and some use it in tandem with other information systems. In addition to NB Families, **RedMane** is used by three First Nations agencies. An additional five agencies are either in training or preparation to implement RedMane. One agency uses **4D Case Manager** which has been customized for that agency. We are aware of one agency that does not use an electronic information system and documents information **using written case notes**.

Table 2.4 List of provincial/delegated agencies in New Brunswick and the name of the administrative data system they currently use

| Agency Name | Current information system |
|--|---------------------------------------|
| Eel River Bar Child & Family Services | NB Families |
| Elsipogtog Child & Family Services | 4D Case Manager |
| Esgenoopetitj Child & Family Services | NB Families & exploring RedMane |
| Kingsclear Child & Family Services | NB Families & training for RedMane |
| Mig'maq Child and Family Services of NB | RedMane & NB Families (& Paper files) |
| Oromocto Child & Family Services | RedMane & NB Families |
| St. Mary's Child & Family Services | RedMane & NB Families |
| Woodstock Child & Family Services | Written case notes |
| Province of New Brunswick – Social Development ¹¹ | NB Families |

Outreach

In New Brunswick, as the provincial information system, NB Families, is available to all agencies and First Nations agencies use additional systems, we held conversations with provincial contacts as well as a First Nations agency using RedMane to ask about the availability and quality of data as they relate to the CHRT compensation categories.

¹¹ Non-delegated (provincial) agency

Newfoundland and Labrador

Structure of child welfare in Newfoundland and Labrador

The Department of Children, Seniors and Social Development (CSSD)'s Child Protection Services is responsible for child welfare in Newfoundland and Labrador. Child welfare in Newfoundland and Labrador is legislated by the *Children, Youth and Families Act* (SNL 2018, c.C-12.32).

Two of the three First Nations bands in the province (Mushuau Innu First Nations and Sheshatshiu Innu First Nation) receive child protection services through the province. Miawpukek First Nation has its own child welfare agency. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Newfoundland and Labrador

Overview

In Newfoundland and Labrador, all child protection data is held by the Child Protection and In-care section of the CSSD and stored in the **Integrated Service Management** (ISM) system, which was implemented in 2018. Prior to this, from 2000 to 2018, the **Client Referral Management System** (CRMS) was used.¹² Information from the CRMS was migrated to the ISM. Before 2000, information would be available in paper files.

Outreach

In Newfoundland and Labrador, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to provincial contacts to ask about the availability and quality of data as they relate to the CHRT compensation categories.

Northwest Territories

Structure of child welfare in the Northwest Territories

Child welfare in the Northwest Territories falls under the Department of Health and Social Services, Child and Family Services. The legislative framework for child welfare in the territories is the *Child and Family Services Act* (SNWT 1997, c 13). Child welfare services are delivered under three administrative bodies in the territories. In total, 34 agencies deliver child welfare services across the territory.

There are 26 First Nations bands in the Northwest territories. In contrast to other jurisdictions, funding for child welfare in the Northwest Territories comes through transfer payments from the federal Department of Finance directly to the provincial government, rather than through the FNCFS program directly to agencies.¹³ Accordingly, there is no delegated agency status in the Northwest Territories and all services fall under the Department of Health and Social Services.

Child welfare data in the Northwest Territories

Overview

Responsibility for child welfare data in the Northwest Territories falls under the Department of Health and Social Services. The current information system used throughout the territory is called **Matrix-NT**. Matrix has been in place since October 2017. Prior to this, starting in 2000, the **CFIS** system was used. Information from CFIS has been migrated into the Matrix system and is available.

Outreach

Given the centralization of child welfare information in the Northwest Territories, we reached out to the Department of Health and Social Services, Child and Family Services to ask about the availability and quality of data as they relate to the CHRT compensation categories.

¹² CRMS was implemented in Labrador in 2005.

¹³ Indigenous Services Canada. (2021). First Nations child and family services. Retrieved from <https://www.sac-isc.ca/eng/1100100035204/1533307858805>

Nova Scotia

Structure of child welfare in Nova Scotia

The Department of Community Services is responsible for child and youth services in Nova Scotia. The Department of Community Services oversees Child, Youth and Family Supports which is responsible for adoption, foster care, child maltreatment intervention, prevention, early intervention, and residential care. The *Children and Family Services Act* provides the legislative framework and mandate for child protection services. These services are provided by four regional district offices and seventeen county and municipal Child Welfare Services offices.

There are 13 First Nations bands in Nova Scotia, that all receive child protection services from one delegated First Nations agency, Mi'kmaw Family & Children's Services of Nova Scotia. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Nova Scotia

Overview

Child welfare data in the province is analyzed by the Research & Statistics section, Department of Community Services. The information system used in the province by both the non-First Nations and First Nations agencies is the **Integrated Case Management** (ICM) system, which was put in place in 2009. Prior to 2009, agencies used an Access Database.

Outreach

In Nova Scotia, we contacted the Department of Families, who worked in concert with Mi'kmaw Family & Children's Services of Nova Scotia, to ask about the availability and quality of data as they relate to the CHRT compensation categories.

Ontario

Structure of child welfare in Ontario

The Ministry of Children, Community and Social Services is responsible for child welfare and protection, in Ontario. The *Child, Youth and Family Services Act* provides the legislative framework and mandate for child welfare services. 51 Children's Aid Societies, which are governed by Boards of Directors elected from local communities, provide child protection services throughout the province. Eleven of those agencies are mandated to provide services specifically to Indigenous communities (Indigenous Child and Family Well-Being Agencies).

ISC reimburses Ontario for the delivery of child and family services to First Nations children and families on reserve through the 1965 *Memorandum of Agreement Respecting Welfare Programs for Indians* (1965 Agreement). There are 136 First Nations bands in Ontario. In fiscal year 2018-2019, 13 delegated First Nations agencies served 105 First Nations bands and 38 mainstream Children's Aid Societies served the remaining 31 First Nations bands. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Ontario

Overview

The administrative data system currently used by provincial child welfare agencies in Ontario is the **Child Protection Information Network** (CPIN). Only one delegated First Nations agency currently uses CPIN. Nearly all other First Nations agencies use the legacy system **Penlieu**, except for Akwesasne Child and Family Services, which uses **Matrix**.

Table 2.5 List of provincial/delegated agencies in Ontario and the name of the administrative data system they use¹²

| Agency Name ¹⁵ | Legacy Information System | Current Information System (as of March 2021) | CPIN Implementation Date |
|--|---------------------------|--|--------------------------|
| Akwasasne Child and Family Services | Matrix | Matrix | N/A |
| Anishinaabe Abinoojii Family Services | Penlieu | Penlieu | N/A |
| Dilico Anishinabek Family Care | Penlieu | Penlieu | N/A |
| Dnaagdawenmag Binnoojiiyag Child & Family Services | None | CPIN | 2018 |
| Kina Gbezhgomi Child & Family Services | Penlieu | Penlieu | N/A |
| Kunuwanimano Child & Family Services | Penlieu | Penlieu | N/A |
| Native Child and Family Services of Toronto | Penlieu | Penlieu | N/A |
| Nogdawindamin Family and Community Services | Penlieu | Penlieu | N/A |
| Ogwadeni:deo | Penlieu | Penlieu | N/A |
| Payukotayno James and Hudson Bay Family Services | Penlieu | Penlieu | N/A |
| Tikinagan Child and Family Services | Penlieu | Penlieu | N/A |
| Weechi-it-te-win Family Services | Penlieu | Penlieu | N/A |
| Brant Family and Children's Services* | Coyote | CPIN | 2018 |
| Bruce Grey Child and Family Services* | Coyote | CPIN | 2016 |
| Catholic Children's Aid Society of Hamilton* | Coyote | CPIN | 2018 |
| Catholic Children's Aid Society of Toronto* | AS/400 | CPIN | 2015 |
| Chatham-Kent Children's Services* | Coyote | CPIN | 2016 |
| Children's Aid Society of Algoma* | Coyote | CPIN | 2018 |
| Children's Aid Society of Hamilton* | Coyote | CPIN | 2018 |
| Children's Aid Society of London and Middlesex* | Coyote | CPIN | 2018 |
| Children's Aid Society of Oxford County* | Coyote | CPIN | 2017 |
| Children's Aid Society of the District of Nipissing and Parry Sound* | Penlieu | CPIN | 2019 |
| Children's Aid Society of Toronto* | AS/400 | CPIN | 2015 |
| Dufferin Child and Family Services* | Coyote | CPIN | 2019 |
| Durham Children's Aid Society* | AS/400 | CPIN | 2017 |
| Family and Children's Services Niagara* | Penlieu | CPIN | 2017 |
| Family and Children's Services of Frontenac, Lennox and Addington* | Penlieu | CPIN | 2016 |
| Family and Children's Services of Guelph and Wellington County* | Coyote | CPIN | 2019 |
| Family and Children's Services of Lanark, Leeds and Grenville* | Coyote | CPIN | 2017 |
| Family and Children's Services of Renfrew County* | SIS | CPIN | 2014 |

(continued on following page)

14 Based on information provided by OCANDS.

15 Agencies with an asterisk are non-delegated (provincial) agencies

Table 2.5 List of provincial/delegated agencies in Ontario and the name of the administrative data system they use (*continued*)

| Agency Name ¹⁵ | Legacy Information System | Current Information System (as of March 2021) | CPIN Implementation Date |
|--|---------------------------|--|--------------------------|
| Family and Children's Services of St. Thomas and Elgin County* | Coyote | CPIN | 2016 |
| Family and Children's Services of the Waterloo Region* | Penlieu | CPIN | 2017 |
| Halton Children's Aid Society* | Coyote | CPIN | 2014 |
| Highland Shores Children's Aid* | Coyote | CPIN | 2017 |
| Huron-Perth Children's Aid Society* | Coyote | CPIN | 2018 |
| Jewish Family and Child* | Matrix | CPIN | 2018 |
| Kawartha-Haliburton Children's Aid Society* | Coyote | CPIN | 2016 |
| Kenora-Rainy River Districts Child and Family Services* | Penlieu | CPIN | 2016 |
| North Eastern Ontario Family and Children's Services * | Penlieu | CPIN | 2018 |
| Peel Children's Aid Society* | Coyote | CPIN | 2018 |
| Sarnia-Lambton Children's Aid Society* | Coyote | CPIN | 2016 |
| Simcoe Muskoka Family Connexions* | SIS | CPIN | 2014 |
| The Children's Aid Society of Haldimand and Norfolk* | Coyote | CPIN | 2016 |
| The Children's Aid Society of Ottawa* | AS/400 | CPIN | 2016 |
| The Children's Aid Society of the District of Thunder Bay* | Penlieu | CPIN | 2017 |
| The Children's Aid Society of the Districts of Sudbury and Manitoulin* | Penlieu | CPIN | 2018 |
| The Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry* | Matrix | CPIN | 2016 |
| Valoris for Children and Adults of Prescott-Russell* | Matrix | CPIN | 2018 |
| Windsor-Essex Children's Aid Society* | Matrix | CPIN | 2018 |
| York Region Children's Aid Society* | Coyote | CPIN | 2019 |

Outreach

We sampled two First Nations agencies to identify the availability of data in the information systems they use. We were provided with additional information regarding missing and unknown responses for Penlieu, CPIN, and Coyote through the Ontario Child Abuse and Neglect Data System (OCANDS) at the University of Toronto. OCANDS obtained data sharing agreements from three agencies to contribute non-identifying information about the availability of data through these information systems for the purpose of this project.

Prince Edward Island

Structure of child welfare in Prince Edward Island

The Ministry of Social Development and Housing is responsible for child protection services in PEI under the Department of Child and Family Services. The *Child Protection Act* provides the legislative framework and mandate for the provision of child protection services. These services are delivered via Child and Family Services offices.

There are two First Nations bands in PEI, Abegweit First Nation and Lennox Island First Nation, that both receive child protection services from one delegated First Nations agency, Mi'kmaq Confederacy of PEI. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Prince Edward Island

Overview

Child welfare data is managed by the Department of Family and Human Services. The **Integrated Services Management** (ISM) system, put in place in 2003, is used to store data collected by both provincial and First Nations agencies in PEI.

Outreach

In PEI, given that the province is responsible for maintaining child welfare data, we reached out to the Department of Family and Human Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories. It is important to note that, in PEI, there is a low number of Indigenous children in care (i.e., average of 5 Indigenous children entering care every fiscal year according to our contacts). Therefore, any manual search would likely be more manageable than in other provinces.

Quebec

Structure of child welfare in Quebec

The Directors of Youth Protection (DYP) under the Ministry of Health and Social Services (*Ministère de la santé et des services sociaux*) are responsible for child protection in Quebec, which is legislated under the *Youth Protection Act* (P-34.1) and *An Act Respecting Health and Social Services* (S-4.2). At present, there are 19 agencies in Quebec receiving funding through the FNCFS program.

In 2018-2019, of the total 28 First Nation bands in the province, 20 receive services from 15 First Nations agencies. The remaining eight bands receive child welfare services through *Centres intégrés de santé et de services sociaux* which operate under the Ministry but receive FNCFS funding. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Quebec

Overview

Child welfare data in Ministry agencies and most First Nations agencies are collected in the **Projet Intégration Jeunesse** (PIJ) system and are held in each of 18 socio-health regional levels within the province. Data specific to placements are held in the *Système d'information sur les ressources intermédiaires et de type familiale* (SIRTF) system which is linked to PIJ by a user ID. PIJ was developed in the early 2000s and was fully implemented in 2004. Select First Nations agencies have opted to use proprietary data systems. Kahnawake Shakotiaa'takehnhas Community Services of the Mohawk Council of Kahnawá:ke has used **Penelope** (2012-present) and **Case Manager** (1998-2012). Akwesasne Child and Family Services (which is on the border with Ontario) uses a **Matrix** software system.

Table 2.6 List of provincial/delegated agencies in Quebec and the name of the administrative data system they use

| Agency Name ¹⁶ | Current Information System |
|---|----------------------------|
| Akwesasne Child and Family Services - Quebec | Matrix |
| Bande des Atikamekw d'Opitciwan | PIJ |
| Centre Jeunesse Abitibi-Témisgamingue* | PIJ |
| Centre Jeunesse de l'Outaouais* | PIJ |
| Centre Jeunesse des Laurentides* | PIJ |
| Conseil de la Nation Atikamekw (CNA) | PIJ (recently implemented) |
| Conseil de la Première Nation des Innus Essipit | PIJ |
| Conseil des Innus de Pessamit | PIJ |
| Conseil des Montagnais de Natashquan | PIJ |
| Conseil des Montagnais du Lac St-Jean | PIJ |
| Grand Conseil Nation Waban-Aki inc. | PIJ |
| Innu Takuaikan Uashat Mak Mani Utenam | PIJ |
| Kitigan Zibi Anishinabeg Nation | PIJ |
| Le Regroupement Mamit-Innuat inc. | PIJ |
| Listuguj Mi'gmaq Government | PIJ |
| Micmacs of Gesgapegiag | PIJ |
| Mino Obigiwasin Services Enfance & Famille | PIJ |
| Mohawk Council of Kahnawake | Penelope |
| Nation Huronne Wendat | PIJ |
| Nation Innue Matimekush-Lac-John | PIJ |

Outreach

In Quebec, given that the province is responsible for maintaining most of the data from both non-First Nations and First Nations child welfare agencies, we reached out to a contact familiar with the mainstream system under the Ministry of Health and Social Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories.

¹⁶ Agencies with an asterisk are non-delegated (provincial) agencies

¹⁷ Ministry of Social Services. (2021). *Child Protection Services Manual*. <https://pubsaskdev.blob.core.windows.net/pubsask-prod/88038/Child%252BProtection%252BServices%252BManual%252BAugust%252B2021.pdf>

Saskatchewan

Structure of child welfare in Saskatchewan

The Ministry of Social Services is responsible for child and youth services, including child protection, in Saskatchewan. The *Child and Family Services Act* provides the legislative framework and mandate for child welfare services. Service area offices (Regina, Saskatoon, Prince Albert) administrate and direct local agency offices. Delegated First Nations (FNCFS) agencies are administered by band-level offices and organized by treaty/region.

There are 70 First Nations bands in Saskatchewan. Of these, in fiscal year 2018-2019, nine received services from the Ministry of Social Services and 61 received services from 17 First Nations delegated agencies. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Saskatchewan

Overview

Child welfare data in the province is managed by the Ministry of Social Services (MSS) and individual First Nations agencies. The Ministry uses a Structured Decision Making tool provided by **Linkin Case Management** to collect data on children in the child welfare system. The Ministry uses the Multi-Informational Database Applications System (MIDAS) to record payments to out-of-home care providers.

Although no specific information was available regarding the administrative systems used by First Nations (FNCFS) agencies in Saskatchewan, most FNCFS agencies use **RedMane**, and others use an independent system that they have created. Many First Nations agencies are transitioning from paper to electronic systems and some continue to use paper files (personal communication, MSS contact). Agencies that do not use Linkin need to follow certain guidelines that are presented in the Ministry of Social Services' Child Protection Services Manual. It specifies the information that must be collected by all agencies. It includes parents' names, children information, reason for involvement (subsection(s) of Section 11 mandates), case contacts, as well as "when children come into care and when they are returned home" (p. 437).¹⁷

Outreach

The project team contacted the Ministry of Social Services to obtain information on the child welfare data collected by provincial agencies in Saskatchewan. We also approached six First Nations agencies that were sampled for the project, but none responded to the request for information.

Yukon

Structure of child welfare in the Yukon

The Department of Health and Social Services is responsible for child and youth services in the Yukon. The Minister of Health and Social Services Child oversees Family and Children's Services, which manages the delivery of child welfare services. The *Child and Family Services Act* provides the legislative framework and mandate for child protection services in the territory.

The Yukon Government is the child welfare service provider for all children and families living in the Territory. ISC funds the provision of child and family services to all First Nation children and families living in the Territory. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013–2014.

Child welfare data in the Yukon

Overview

Child welfare data in the territory is managed by the Department of Health and Social Services. The **Client Index System (CIS)** had been in place since 1999, but is unreliable, inconsistently used, and inaccurate.¹⁸ A 2014 federal government audit recommended that the system be replaced. Since 2020, the territory has been using **Matrix**, which has been implemented as part of the Pan-Northern Project synchronizing child welfare data collection across the Yukon, Northwest Territories, and Nunavut.

Outreach

In the Yukon, we reached out to the Department of Health and Social Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories.

18 Office of the Auditor General of Canada. (2014). *2014 February Report of the Auditor General of Canada. Yukon Family and Children's Services—Department of Health and Social Services*. https://www.oag-bvg.gc.ca/internet/English/yuk_201402_e_39081.html

19 Given the fact that these delegated agencies were sampled, we cannot determine whether this is the case for all delegated agencies.

Availability of data and usability for identifying claimants

The full list of tables documenting the availability and quality of data in sampled child welfare authorities and agencies across Canada, as they relate to child welfare compensation categories is available in **Appendix P**. The usability of information **available from child welfare agencies and authorities** to help identify claimants eligible for compensation under the *2019 CHRT 39* child welfare compensation categories is summarized below:

Can the child be identified?

All sampled child welfare agencies in each jurisdiction collected the following demographic information on the children and youth in their care: Child Name, Date of Birth, and Indian Registration Number. Despite occasional typos noted with the *Child Name* and *Date of Birth*, the completeness of the data for these two data fields was generally high.

By contrast, the child's *Indian Registration Number (IRN)*, is often missing or unknown to workers in child welfare agencies in Alberta, BC, NWT, Ontario, PEI, QC, and Yukon, even for children with status, and there were rarely any validation procedures in place to ensure that the information was accurate. There would be significant data quality issues to address if these data are used to help identify eligible children.

Is the child First Nations?

There is considerable variability in the quality of the information regarding the *First Nations identity* across the country. The provinces of NWT, Nova Scotia, Ontario, PEI, and Quebec all highlighted medium or high issues with missing or unknown data for this variable. It is important to note that in all delegated First Nations agencies sampled, the child needed to be from the First Nations band associated with the agency to receive services from the CFS agency. As such, even though these sampled agencies often did not have a specific data field dedicated to determining the First Nations identity of the child, it is reasonable to assume that the child placed by these agencies is First Nations.¹⁹

Issues with applicability to compensation categories: In Nova Scotia, although information on race is collected, this does not include information on whether a child is First Nations.

Does the child live on-reserve?

Ministries in Alberta, BC, Manitoba, Newfoundland and Labrador, Ontario, and Quebec were the only agencies that specifically collected information on the *child's residence on or off reserve*. Medium levels of missing or unknown information were noted in BC and small completeness issues were noted in Manitoba, Newfoundland and Labrador, and Quebec. Accuracy issues for residence on/off reserve were noted by key respondents in Alberta, Newfoundland and Labrador, Ontario, and Quebec.

In other sampled agencies, specifically, in New Brunswick, Northwest Territories, Nova Scotia, PEI, Saskatchewan, and a First Nations agency in Ontario, it is the *child's address of residence* that is documented. The address of residence can be used to establish residence on or off reserve. Some accuracy issues (including typos in addresses or addresses not being up-to-date) have been noted across jurisdictions.

Can the caregiver at the time of removal be identified?

The *caregiver's name* was collected in all sampled agencies. Completeness issues were identified in Alberta, BC, Newfoundland and Labrador, and Quebec.

Issues with applicability to compensation categories: Respondents from Alberta, BC, Manitoba, and New Brunswick all indicated that – although the *caregiver's name* is nearly always identified when a case is open – it is difficult to determine with certainty if this was the child's caregiver at the time of removal.

The *caregiver's Indian Registration Number* was available in agencies sampled in Alberta, BC, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Ontario, Saskatchewan, and the Yukon. However, issues with missing or unknown information were noted in Alberta, BC, Newfoundland and Labrador, NWT, Nova Scotia, Ontario, Quebec, and the Yukon. There were often no validation procedures in place to ensure that the information was accurate.

Is the caregiver First Nations?

All sampled agencies collected some information on the *caregiver's First Nations identity*, except for the First Nations agency sampled in Quebec. The amount of missing or unknown information for this variable is high in Alberta, BC, NWT, and very high in Nova Scotia, Ontario, PEI, and Quebec. Accuracy issues were noted in Quebec and the Yukon.

When was the child placed?

The quality of the information on the *start and end date of each placement* was high across all child welfare agencies sampled. All provinces collect this data, and the information was usually considered as accurate because it is tied to child maintenance costs that are reimbursed by the provincial or federal government. Some provinces noted that minor errors (i.e., differences of a few days) regarding the start/end date of placement could occur because of delays in inputting information.

Issues with applicability to compensation categories: Usually, this information is available for each placement and, if recorded consistently across different years, it could potentially serve as a proxy for length of time in care and moves in care. However, this would need to be confirmed with agencies because we did not ask about these constructs. Furthermore, if a child was placed by different child welfare agencies, this information would need to be linked across agencies.

Was the child placed outside of their community?

In order to determine if a child is placed outside of their community, the address of residence of the child (or caregiver) at the time of removal can be compared to the address of placement. Issues with missing or unknown data for *residence at the time of removal* were noted in Alberta, Manitoba, Newfoundland and Labrador, and Ontario. The address of residence can also be subject to small accuracy errors (including typos in addresses or addresses not being updated at the time of removal).

Issues with applicability to compensation categories: Key informants in Nova Scotia and PEI indicated that a child (or caregiver's) address is automatically updated once a family changes residence. This means that retrieving information on previous addresses would be difficult and would have to be done manually by looking at individual files.

Address of placement, on the other hand, seems to be more consistently collected, although some accuracy issues have been noted, especially for placements on reserve (e.g., in the Northwest Territories). Small issues with missing or unknown information regarding placement address were noted in Alberta, BC, NWT, and Quebec, with key informants in Ontario and New Brunswick noting more substantive issues with the completeness of this data field.

Was the child placed outside of their family?

In order to determine if a child was placed outside of their family, information on the *type of placement* the child experienced and whether it corresponds to a kinship care arrangement²⁰ is pertinent.

Placement type was documented across all jurisdictions. BC, Manitoba, Ontario, PEI, and Yukon all identified issues with the accuracy of responses provided by workers. For example, in PEI, formal kinship care is a type of foster care. Because of this, key informants in PEI stressed that there could be inter-worker differences, as some might indicate that a kinship placement is a foster placement.

Issues with applicability to compensation categories: Each sampled agency that provided us with information on the response options available for placement type had an equivalent of kinship care, except for Manitoba. In the agencies that provided a definition of kinship care (i.e., Alberta, BC, and Saskatchewan) the definition includes close friends or neighbours (i.e., kith) as possible kinship care arrangements. As such, this term could not be used as a direct estimate of placement outside of the family, if family is defined as not including extended community members.

Why was the child placed?

The *type of maltreatment investigated* was collected by nearly all sampled agencies. Generally, few data issues were identified. However, respondents in Alberta, Yukon, Nova Scotia, and Ontario highlighted issues with missing data.

Issues with applicability to compensation categories: The level of detail in the response options provided to workers varied considerably across provinces. Generally, they include different types of physical abuse, sexual abuse, emotional/psychological abuse, and neglect and are attached to the sections of the child

protection Act of the respective province or territory that describe situations where a child may need protection. In some provinces – like Ontario – it is difficult to map investigation reasons directly unto these 5 categories because there are more than a hundred possible reasons for investigation, which are not always tied to maltreatment (e.g., caregiver mental health concerns). Definitions used to describe different types of abuse and neglect vary between jurisdictions (see Appendix A for more details). For example, inadequate nurturing or affection is recorded as emotional/psychological abuse or neglect, depending on the jurisdiction. Finally, investigated maltreatment at the time of an investigation does not always reflect the exact reason why a child was eventually placed in care.

In some cases, the maltreatment type includes information on who perpetrated the abuse (e.g., caregiver, uncle, etc.). If not, most provinces include information on the name of the *alleged perpetrator of maltreatment*. However, this information is sometimes difficult to retrieve because it is not documented by one field; to retrieve it, multiple sources of data would need to be searched, cross-referenced, and linked to accurately document this information.

The *substantiation* of the investigated maltreatment or risk of maltreatment is generally collected across different jurisdictions. However, some provinces do not measure substantiation directly. For example, in Ontario, a concern is verified – rather than substantiated. Similarly, in BC, substantiation, in of itself is not collected, rather a worker indicates whether a child is “in need of protection”. Furthermore, the evidentiary threshold used to determine level of substantiation varies across provinces.

In some provinces/territories, following the investigation, the worker is asked about the *reason for placement*. In Alberta, information beyond substantiation of an initial investigation is not collected.

Issues with applicability to compensation categories: According to the CHRT order, the reason for placement can determine eligibility for compensation in two cases: 1) if the child was placed because of abuse perpetrated by their caregivers, or 2) if the child was placed in order to receive essential services.

- 1 In Manitoba, the response options for reason for placement do not include information on whether a child was placed because of abuse or neglect, which means that this field could not be used to determine eligibility.

²⁰ Kinship care refers to placements with a child's extended family.

- Nearly all respondents indicated that it would be very difficult to determine whether or not a child was placed in order to receive essential services because this was not formally considered as a reason for placement in their jurisdiction. Some indicated that if there was a review of case notes, the information might be included. However, there would be significant variance between workers regarding the amount of information they would include and if they describe the situation at all. In general, these children might be more likely to be found in voluntary, rather than court-ordered placements.

Other contextual information that may be of interest

In addition to the data fields presented in Table 2.1, we asked if information was collected regarding whether the child had access to prevention services. For provinces/territories that provided information for this question, most indicated that – although *access to prevention services* was a data field that was sometimes collected, the applicability to the order was limited. Child welfare information systems cannot provide any information on whether the child accessed prevention services before an initial investigation. As such, services could have been offered by other departments and this information would not be available.

In our conversations with respondents, we also asked if they systematically documented information related to structural and contextual challenges that may have influenced the decision to remove a child. Specifically, we asked whether the information system documents if the child's family experienced poverty, substance use, or inadequate housing as a potential reason for why the child was placed. Although some jurisdictions had information on *substance use and inadequate housing* - if this was deemed as being relevant to the child's file – collection of this information was not mandatory. Information on *poverty* was rarely documented. Furthermore, these factors could not be directly considered as a *reason for placement* in any of the provincial/territorial legislations guiding child welfare provision. As such, this information was not extractable as a data field in any of the jurisdictions. This information may be in case notes, with low reliability.

Summary: Data availability related to child welfare compensation eligibility

The findings of our review of data availability related to First Nations child welfare involvement show that there are significant gaps in the data available to document eligibility under the child welfare compensation categories. Across systems we reviewed, basic information regarding identity of the child and dates of placement are typically documented, as dates are tied to payments for placements. More detailed information regarding circumstances of placement, such as why a child was placed, if they were placed outside of their community, the primary caregiver at the time of placement, however, are less consistently available. The availability and quality of information is greatly impacted by the decentralized nature of child welfare service provision in Canada. Data collected by agencies with whom we spoke are less available in earlier years because many agencies used paper files before transitioning to a computerized information system.²¹

Our findings regarding information available through the FNCFS program and in sampled child welfare agencies and authorities should not be taken as representative of all First Nations child welfare data in Canada. No data was analyzed by the project team and the findings reflect a summary of the information contained in administrative systems based on key informant reports. Despite the limitations described here, the descriptive findings presented in this report provide an overview of the available child welfare data holdings and can inform the compensation process in several meaningful ways. Importantly, this report documents that relying on certain kinds of data could risk exclusion of many eligible claimants. While using administrative data can help facilitate and expedite proof of eligibility for compensation, documentation almost certainly does not exist for all eligible children, especially those who were involved in child welfare in earlier years.²² Looking for alternatives in cases of missing or untraceable information will therefore be important.

21 Dates electronic systems (rather than paper records) were implemented vary across jurisdictions. In our review of data back to 2006, we found some systems were in place before that year, and others were implemented more recently (please see Appendix P for details).

Summary of child welfare data availability and quality for information of interest in the current AIP

Below, we include a summary of data fields that may be of interest for the settlement being negotiated at the time this report was submitted, January 31, 2022. These are summarized in Table 2.7. Information in this table was not included in our formal data collection process but may be helpful to inform the compensation process.

Table 2.7 Overview of data availability for information of interest in the current settlement process

| Information of interest | General comment on availability |
|---|---|
| Length of time in care | <p>Operationalization: Information on the length of time in care may be calculated for known placements for which there are <i>start and end dates</i>. When there are spells with multiple placements, the dates would need to be documented and accurate for all placements to reliably calculate length of time in care. If a child has experienced multiple periods of involvement with child welfare, the assumption should not be made that they have always been involved with the same child welfare agency, or within the same province or territory. As such, this would sometimes require linking information from different agencies together to complete the child's record of placement spells.</p> <p>Findings: The results of our findings suggest that <i>placement start date</i> and <i>end date</i> are generally available, both through the FNCFS program and child welfare agencies, with a high level of accuracy. As such, if the child was placed by the same agency, length of time in care should be calculable. If the child moved between agencies, this would require an additional calculation.</p> |
| Moves in care | <p>Operationalization: Moves in care may be found when systems reliably document the address of placement for each move to a new placement. Linking each <i>placement address</i> with the <i>dates of placement</i> could be one way of documenting moves. If this is not possible, linking <i>placement type</i> with the <i>dates of placement</i> could also provide an indication of moves in care, although this would likely underestimate the total number of moves in care because a child could be placed with different foster parents during their time in care.</p> <p>Findings: <i>Placement dates</i> and <i>placement address</i> are not available through the FNCFS program at ISC but are usually documented by child welfare agencies. However, the capacity to accurately link this information across time is not known.</p> |
| Placement outside of the community | <p>Operationalization: Placement within or outside of community can be documented by comparing <i>address of child</i> with <i>address of placement</i>, where this information is available.</p> <p>Findings: <i>Address of child</i> and <i>address of placement</i> are not available through the FNCFS program at ISC but are usually documented by child welfare agencies. However, issues have been noted with some agency's capacity to retrieve a child's address at the time of removal, which could impact the ability to identify children.</p> |
| Type of maltreatment perpetrated by the caregiver | <p>Operationalization: The type of maltreatment investigated, the substantiation level, and the reason for placement are all information that could be used to determine the type of maltreatment perpetrated by the caregiver.</p> <p>Findings: Information on the type of maltreatment perpetrated by the caregiver is not available through the FNCFS program at ISC. Child welfare agencies usually collect this information but definitions of different types of maltreatment and practices in place to substantiate claims vary considerably between jurisdictions. Furthermore, the maltreatment type investigated is not always reflective of the reason a child is eventually placed.</p> |

Jordan's Principle Compensation Categories: Data Availability

Overview of approach

As with child welfare compensation categories, the framework on the next page includes a list of data fields, that **if available and of high quality**, could assist in the process of assessing claim eligibility under the CHRT Jordan's Principle compensation categories (Table 2.8 on the following page). It is important to note that the proposed data fields which are matched to the compensation categories in the tables below were based on the project team's understanding of the compensation categories at the time the project took place (January to December 2021). Given that these compensation categories are currently under negotiation, the eligibility requirements (and related fields of interest) are expected to change.

Once we established the combination of data fields that was necessary to operationalize the compensation categories, we identified which **administrative data sources** (both at a national and jurisdictional level) collected this information during the relevant time periods. We then identified and contacted respondents who had knowledge about these data sources and asked them questions about the availability and quality of data fields, when possible.

As defined in the Jordan's Principle compensation category decision tree (Figure 2 in the Introduction), we understood **delays and denials** as capturing situations where a request for a service had been made and there was either a delay or a denial, and **service gaps** as either 1) a request had been made but there was a difference in the requested and accepted amount, or 2) no request had been made, but a child's identified needs were not met. Since the current AIP does not include gaps in services as an eligibility requirement for the Jordan's Principle class, this chapter focuses primarily on situations where a request *has* been made.

The sections that follow are related to the following categories of information:

- 1 Data available at Indigenous Services Canada** (including individual-level and community-level data); and
- 2 Other possible sources of administrative and survey data** related both to service receipt and contextual information that may influence the verification of compensation claims.

Table 2.8 Information of interest to help identify claimants under the CHRT Jordan's Principle compensation categories

| Information of interest | | | CHRT Jordan's Principle compensation categories | |
|---|--|--|---|---|
| | | | First Nations children living on or off reserve who experienced a denial, delay, or gap in receiving essential services between 2007 and 2017 | First Nations parents or grandparents of children eligible for compensation, unless they abused their child** |
| INFORMATION ON CHILD AND CAREGIVER | Can the child be identified? | Child Name (Family Name, Given Name) | X | |
| | | Child Date of Birth | X | |
| | | Child Indian Registration Number | X | |
| | Is the child First Nations? | Child's First Nations identity | X | |
| | Can the caregiver be identified? | Caregiver Name (Family Name, Given Name) | | X |
| | | Caregiver Indian Registration Number | | X |
| | Is the caregiver First Nations? | Caregiver's First Nations identity | | X |
| INFORMATION ON SERVICES | Was the request approved? | Decision (Approved or Denied) | X | |
| | | Product/service delivery | X | |
| | Did the child obtain the service after an unreasonable delay? | Date request received | X | |
| | | Date of decision | X | |
| | | Date of response | X | |
| | | Date service was delivered | X | |
| | Is there a difference between the approved and requested amount? | Approved amount | X | |
| | | Requested amount | X | |
| | Should the services be covered under Jordan's Principle as defined in 2017 CHRT 35 and 14? | Reason for application/needs | X | |
| | | Product/service/ support requested | X | |
| | | Decision details (rationale) | X | |
| Did the child have needs that were unmet? | Need for essential services | X | | |

** Identifying parents and caregivers is dependent on identifying the index child

Data available at ISC

We began by investigating what information was collected centrally at Indigenous Services Canada by the **Jordan's Principle** team. Overall, there is a significant lack of data on Jordan's Principle requests prior to FY 2017-2018. Further, Jordan's Principle requests prior to FY 2017-2018 were typically redirected to existing ISC programs. We therefore included interviews with representatives from with **other ISC programs** that offer services usually covered under Jordan's Principle.

Once the programs of interest were identified, we held meetings with key respondents from each program to obtain information regarding the data held by each program. If representatives were unable to meet with us, we sent a template to obtain the information requested. Table 2.9 provides an overview of

the category of products, services, and supports that are approved under Jordan's Principle and the names of other ISC programs that may have data on access to these services prior to 2017.

Although data from individual ISC programs is stored internally, it is important to note that ISC has recently implemented **Synergy in Action** (SIA), which is a directorate that functions to support the use of digital data within ISC programming. SIA does not collect raw data itself; rather, it accesses data from certain ISC programs (primarily within the First Nations and Inuit Health Branch) to provide analytics regarding the data collected within these programs. Its main goal is to use "innovative approaches to make data available for decision-making."²² Because SIA stores data from different ISC programs, it could eventually be an avenue to explore for the identification of prospective claimants.

Table 2.9 Services approved under Jordan's Principle and names of ISC programs that offer these services

| Jordan's Principle service category name | Examples of products, services and supports approved Jordan's Principle | Other ISC programs that might have information on these services |
|---|---|---|
| Allied Health | <ul style="list-style-type: none"> Assessments and screenings for allied health services Services provided by allied health practitioners, includes occupational and speech therapy | <ul style="list-style-type: none"> Home & Community Care (FNIHB²³) |
| Oral Health (excluding orthodontics) | <ul style="list-style-type: none"> Diagnostic services, includes examinations and x-rays Oral surgery services Restorative services, includes caries and crowns Endodontic services, includes root canals | <ul style="list-style-type: none"> NIHB – Dental (FNIHB) Children's Oral Health Initiative (FNIHB) |
| Education | <ul style="list-style-type: none"> Assistive technologies and electronics Psycho-educational assessments Tutoring services Education assistants | <ul style="list-style-type: none"> High-Cost Special Education Program (Education) Elementary and Secondary Education Program (Education) |
| Vision Care | <ul style="list-style-type: none"> Examinations Corrective eyewear (eyeglasses and contact lenses) | <ul style="list-style-type: none"> NIHB – Vision (FNIHB) |

(continued on following page)

²² Email communication with SIA staff.

²³ The First Nations and Inuit Health Branch (FNIHB) at ISC aims to "provide effective, sustainable, and culturally appropriate health programs and services that contribute to the reduction of gaps in health status between First Nations and Inuit and other Canadians" (p. 4). The programs available through this department of ISC have shifted across the years. They currently include primary care services (e.g., Jordan's Principle, Home and Community Care), health promotion and disease prevention (e.g., the Children's Oral Health Initiative) and supplementary health benefits (i.e., the Non-Insured Health Benefits [NIHB]) (First Nations and Inuit Health Branch, 2011).

Table 2.9 Services approved under Jordan's Principle and names of ISC programs that offer these services (*continued*)

| Jordan's Principle service category name | Examples of products, services and supports approved Jordan's Principle | Other ISC programs that might have information on these services |
|---|--|--|
| Healthy Child Development | <ul style="list-style-type: none"> • Car seats • Clothing, shoes, and accessories • Diapers and toilet training materials • Household items • Early Intervention Coordinators • Training (e.g., Child Development) | <ul style="list-style-type: none"> • Income Assistance and Assisted Living programs (<i>Social Policy & Programs</i>) • The Family Violence Prevention Program (<i>Social Policy & Programs</i>) • Urban Programming for Indigenous Peoples (<i>Social Policy & Programs</i>) |
| Infrastructure | <ul style="list-style-type: none"> • Adaptive furniture and minor modifications/renovations • Enhanced home security and safety equipment/systems • Accessible vehicles • Playground equipment | <ul style="list-style-type: none"> • NIHB – Medical Supplies and Equipment (<i>FNIHB</i>) |
| Medical Equipment and Supplies | <ul style="list-style-type: none"> • Environmental aids, includes lifting and transfer aids and bars • Mobility aids, including standing and positioning aids and wheelchairs • Sensory / therapeutic items | <ul style="list-style-type: none"> • NIHB – Medical Supplies and Equipment (<i>FNIHB</i>) |
| Medical Transportation | <ul style="list-style-type: none"> • Travel (air, ground and water) / Meals and accommodations • Emergency Transportation • Additional escorts | <ul style="list-style-type: none"> • NIHB – Medical Transport (<i>FNIHB</i>) • Mental Wellness (<i>FNIHB</i>) |
| Mental Wellness | <ul style="list-style-type: none"> • Assessments • Individual therapy • Treatment for mental health and substance use, including residential • Group programming • Choose Life Community Funding • Land-based activities | <ul style="list-style-type: none"> • NIHB – Mental Health (<i>FNIHB</i>) • Mental Wellness (<i>FNIHB</i>) |
| Orthodontic | <ul style="list-style-type: none"> • Orthodontic consultations / treatments | <ul style="list-style-type: none"> • NIHB – Dental (<i>FNIHB</i>) • Children's Oral Health Initiative (<i>FNIHB</i>) |
| Medications/ Nutritional Supplements | <ul style="list-style-type: none"> • Prescription / Over-the-counter medications • Infant formula / Nutritional supplements / Vitamins | <ul style="list-style-type: none"> • NIHB – Drugs (<i>FNIHB</i>) |
| Respite | <ul style="list-style-type: none"> • Respite care (individual or group) • Daycare / child care / day program / camp | <ul style="list-style-type: none"> • Home & Community Care (<i>FNIHB</i>) • Income Assistance and Assisted Living programs (<i>Social Policy & Programs</i>) • The Family Violence Prevention Program (<i>Social Policy & Programs</i>) • Urban Programming for Indigenous Peoples (<i>Social Policy & Programs</i>) |
| Social | <ul style="list-style-type: none"> • Recreational / cultural activities | <ul style="list-style-type: none"> • Mental Wellness (<i>FNIHB</i>) • Home & Community Care (<i>FNIHB</i>) |
| Travel | <ul style="list-style-type: none"> • Travel (air, ground and water)* / Meals and accommodations <p>* <i>Non-medical travel to support best interest of child. For example, to maintain family unit if caregiver hospitalized</i></p> | None identified |

Jordan's Principle (FNIHB)

The long road leading to the implementation of Jordan's Principle by ISC is illustrated below:

On **December 12, 2007**, the House of Commons voted with unanimous support to adopt Jordan's Principle. In 2007, the federal government approved a fund of \$11 million over 4 years for the implementation of Jordan's Principle. The implementation focused on "jurisdictional disputes involving First Nation children living on reserve with multiple disabilities requiring services from multiple service providers."²⁴

By **2016**, because the definition of Jordan's Principle used by the federal government was so narrow, no Jordan's Principle cases were identified and all requests were siloed through existing federal programs.²⁵

In **January 2016**, the CHRT found that Canada had failed to implement the full meaning of Jordan's Principle, which resulted in service gaps, delays, and denials for First Nations children.

On **July 6, 2016**, Canada committed to provide \$382 million in funding and to "broaden the scope of Jordan's Principle, and deliver service coordination services for First Nations families" (p. 7).²⁶ Between 2016 and 2018, Health Canada and INAC shared the responsibility for processing requests for health, and social/education services respectively.²⁷

In **May 2017** (2017 CHRT 14) and **November 2017** (2017 CHRT 35), the CHRT ruled that the definition of Jordan's Principle be expanded to include First Nations children living on and off reserve. The rulings also ensured that the government department of first contact would incur the costs of the service requested, with case conferencing happening after the service had been provided.

This led to changes in Jordan's Principle **eligibility** over time, which were highlighted in the *Final Compensation Framework*, as follows:

"Between December 12, 2007, and July 4, 2016

- A child registered as an Indian per the Indian Act or eligible to be registered and resident on reserve;
- Child with multiple disabilities requiring multiple service providers;
- Limited to health and social services;
- A jurisdictional dispute existed involving different levels of government (disputes between federal government departments and agencies were excluded);
- The case must be confirmed to be a Jordan's Principle case by both the federal and provincial Deputy Ministers); and
- The service had to be consistent with normative standards" (*Final Compensation Framework*, p. 6)

"Between July 5, 2016, and November 2, 2017

- A child registered as an Indian per the Indian Act or eligible to be registered and resident on reserve (July 5, 2016 to September 14, 2016);
- The child had a disability or critical short- term illness (July 5, 2016 to May 26, 2017);
- The service was limited to health and social services (July 5, 2016 to May 26, 2017)." (*Final Compensation Framework*, pp. 6-7)

Given the shifts in Jordan's Principle eligibility and implementation, any data on Jordan's Principle requests that may be available at ISC prior to November 2, 2017, must be understood with these caveats in mind. Notably, data on requests prior to November 2017 does not include children living off reserve, it was limited to children with disabilities, and it did not include children who were recognized members of a First Nations community, but who were not eligible to be registered.

24 Indigenous Services Canada. (n.d.). *Timeline: Jordan's Principle and First Nations child and family services*. <https://www.sac-isc.gc.ca/eng/1500661556435/1533316366163>

25 Indigenous Services Canada. (n.d.). *Timeline: Jordan's Principle and First Nations child and family services*. <https://www.sac-isc.gc.ca/eng/1500661556435/1533316366163>

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

27 Audit and Assurance Services Health Branch. (2019). *Audit of the Implementation of Jordan's Principle*. https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-AEV/STAGING/texte-text/au_ajrp_1594378496432_eng.pdf

Availability of data from Fiscal Year 2017-2018

Starting in July 2017, a standardized Excel spreadsheet was developed and implemented to track Jordan's Principle requests. These data were consolidated into a national database for reporting of monthly statistics. With certain exceptions, the data are reported and structured in a manner that enables some data analyses. Due to significant variation across regions, a team from ISC headquarters undertook a retroactive, manual categorization exercise in 2019, to ensure a level of consistency in category reporting across regions and over time.²⁸

The data dictionary for individual and group Jordan's Principle requests in FY 2017-2018 is available in Appendix Q. Appendix R provides information on the completeness and validity of these variables in FY 2017-2018. Using these documents, the project team has summarized the availability and gaps in data held at ISC regarding Jordan's Principle requests in FY 2017-2018 as they relate to the CHRT Jordan's Principle compensation categories in a table, which can be found in [Appendix S](#).

For FY 2017-2018, there is significantly more information available on individual Jordan's Principle requests, compared to group Jordan's Principle requests. A summary of the information available **in FY 2017-2018** and its usability to identify children eligible for compensation under Jordan's Principle compensation categories is included below:

Can the child be identified?

For individual requests, the *Child Unique Identifier* and *Date of Birth* is available with a high level of completeness. The Child's Unique Identifier needs to be linked to a Child Name for it to be usable. No information is collected on the *Child's Indian Registration Number*.

For group requests, there is no information on the name of children who are part of the group request.

Can the caregiver be identified?

No information is available on the caregiver identity for individual and group requests.

Was the request approved or denied?

For individual and group requests, the *decision taken (Approved/ Denied/ Escalated/Referred)* is available with a high level of completeness. Information on whether the *product/service was actually delivered* is only completed 10% of the time for individual requests and the data field is not available for group requests.

Should the service be covered under Jordan's Principle as defined in 2017 CHRT 14 and 35?

The *product/service/support requested* and *decision details (rationale)* are available for both individual and group requests. However, decision details are missing 40% of the time for individual requests and 50% of the time for group requests. *Reason for application/needs* is collected for individual requests, but not group requests.

Did the child obtain the service after an unreasonable delay?

The following information is available for individual and group requests: *date request received*, *date of decision*, and *date of response*. The *date the service/product was delivered* is only complete 10% of the time for individual requests and it is not available as a data field for group requests.

Was there a difference between the approved and requested amount?

The *approved* and *requested amount* is available for both individual and group requests.

Availability of data between December 2007 and March 2017

The narrow and inadequate implementation of Jordan's Principle by the Government of Canada prior to FY 2017-2018 is accompanied by minimal data and poor data quality regarding Jordan's Principle requests in those years. Table 2.10 provides an overview of the availability of data on Jordan's Principle requests prior to FY 2017-2018.

²⁸ Information provided by Jordan's Principle staff.

Table 2.10 Availability of Jordan's Principle data prior to FY 2017-2018

| Time period | Information on availability of Jordan's Principle data |
|------------------------|--|
| Pre-January 2016 | <p>Location/format of data: Information located primarily from materials within the First Nations and Inuit Health Branch at Health Canada. Files were kept in different formats (e.g., paper, spreadsheet, etc.) with the information saved in personal file folders or email directories.</p> <p>Information collected: Available materials reviewed indicate that information was unstructured narrative text with no consistent procedure for describing the child's circumstances at the time of application (i.e., child's age, sex, location, condition/diagnosis, type of service).</p> <p>Quality of data: Data prior to January 2016 is scant, fragmented, and vague.</p> |
| January–July 2016 | <p>The need for collecting structured data was identified and work was initiated to determine whether a new system would be developed, or an existing system could be viably modified to meet the need. During this time, information continued to be kept in personal files at the regional level. Data on products/services provided were manually collated from monthly email submissions.</p> |
| August 2016–March 2017 | <p>Location/format of data: A number of regions independently produced Excel spreadsheets to help track information. Since the regional spreadsheets recorded the data in slightly different ways, national reporting of products/services was undertaken through manual consolidations of the regional spreadsheets. After December 2016, regions started using the <i>case management form</i>.</p> <p>Information collected: These spreadsheets provided data on the number of children and products and/or services requested, initially based on unstructured information held in regional files. In addition to obtaining data from individuals who request products/services directly from the federal government, Jordan's Principle funding was made available to communities and organizations through <i>Contribution Agreements</i>. The agreement holders were instructed to report a minimum set of data elements to the federal government as part of the Contribution Agreements (i.e. the service/support, number of children, and total cost). This information was submitted in a text based document by the recipient up to 120 days following the end of the agreement.</p> <p>Quality of data: Review of these data show that the quality and consistency of reporting varies significantly across agreement holders. Information is frequently difficult to interpret and challenging to extract and structure for data analytic processes because there is no mechanism to extract information from completed case management forms to an electronic database that can be structured for data analysis.</p> |

Source: Information directly provided by Jordan's Principle staff at ISC

In order to better understand the historical data available on Jordan's Principle for individual and group requests (prior to 2017), the project team prepared a template, which was distributed to all ISC regions, branches, and sectors.

Only four Jordan's Principle ISC regions (Alberta, Atlantic, Northern, and Quebec) and two Regional Operations regions (Ontario and Manitoba) indicated that they had information on individual Jordan's Principle requests prior to the implementation of a tracking system in 2017. Table 2.11 on the following page provides information on the type of information available. This table reflects the content of the interviews conducted with *current* ISC staff. High levels of staff turnover could mean that there is an underestimation of the types of data available.

Table 2.11 indicates that the format and type of information collected by different regions and departments for individual requests prior to 2017 vary. Some FNCFS ISC regions such as Alberta may have more complete information available. In contrast, only a few regions indicated they had usable information concerning Jordan's Principle group requests prior to October 2017: Manitoba (through the Jordan's Principle and Regional Operations departments) and Quebec (Jordan's Principle department).

Table 2.11 Data on individual Jordan's Principle requests available prior to July 2017 based on information provided by respondents

| Region | Jordan's Principle | | | | Regional Operations Branch | |
|--|---|-----------------|--|-----------------|----------------------------|---|
| | Alberta | Quebec | Northern Region | Atlantic | Ontario | Manitoba |
| In what format is it currently stored? | SIA Sharepoint | Excel | Excel | Excel | Electronic | Administrative data system (saved in CIDM under protected status) |
| Name of child | Yes | Yes | No | No | No | Yes |
| First Nations status of child (e.g., yes/no/pending) | Yes | Yes | No | No | Yes | Yes |
| Child's date of birth | Yes | Yes | No | No | No | Yes |
| Reason for request | Yes | Yes | No | Yes | Yes | Yes |
| Date of request | Yes | Yes | Yes | Yes | No | Yes |
| Urgency of initial assessment (e.g., urgent/not urgent) | Yes | Yes | No | No | No | No |
| Product/support/service requested | Yes | Yes | Yes | Yes | Yes | Yes |
| Funding requested | Yes | Yes | Yes | No | Yes | No |
| Decision following request (Approved/Denied/Referred) | Yes | Yes | Yes | Yes | No | Yes |
| Date of decision (approval, denial, referred) | Yes | Yes | No | Yes | No | Yes |
| Reason for decision (approval, denial, referred) | Yes | Yes | Yes | Yes | No | Yes |
| Funding approved | Yes | Yes | Yes | No | Yes | No |
| Product/support/service provided | Yes | Yes | Yes | No | No | Yes |
| Date of product/support/service provision | Yes | Yes | Yes | No | No | Yes |
| Are you aware of any missing records? Please elaborate. | Unknown | No | No | No | No | No |
| Any major data accuracy issues within the information that does exist? Please elaborate. | Yes: data input was not yet consistent. | No issues noted | Yes: NIHB records and 'formal' requests only | No issues noted | No issues noted | No issues noted |

NIHB (FNIHB)

Jordan's Principle claims prior to FY 2017-2018 were often redirected to NIHB. As such, the NIHB program at ISC may provide important information on whether First Nations children experienced a denial, delay, or gap in receiving essential health services covered under Jordan's Principle according to 2017 CHRT 14 and 2017 CHRT 35.

The NIHB is a "national program that provides eligible First Nations and Inuit clients with coverage for a range of medically necessary health benefits when these benefits are not otherwise covered through private or provincial or territorial health insurance plans or social programs. NIHB program benefits include prescription drugs and over-the-counter medications, dental and vision care, medical supplies and equipment, mental health counselling, and transportation to access medically required health services that are not available on the reserve or in the community of residence."²⁹

In order to be eligible for the NIHB program, an individual must be:

- a First Nations person who is registered under the *Indian Act* (commonly referred to as a "status Indian")
- an Inuk recognized by an Inuit land claim organization
- a child less than 18 months old whose parent is a registered First Nations person or a recognized Inuk³⁰

The NIHB program provides services to *some* of the individuals eligible for compensation under the 2019 CHRT 39 compensation categories. It does not cover services to unregistered (or non-status) First Nations children, unless the child is eighteen months or younger and has a parent who is registered. It also does not provide benefits to individuals who already have these benefits covered through a private or provincial or territorial health insurance plan or social programs.³¹

Overview of data available between 2007 and 2017

The NIHB team has indicated that there are two types of data collected by the program:

1 **Reference data** (e.g., population data, pricing lists, etc.) and

2 **Transactional data** (requests adjudicated by a claims processing system according to automated or pre-established business rules for the different services offered by the NIHB program).

a. Reference data: Population information

Population data is drawn from the Status Verification System. Population data on First Nations clients are based on information provided by Crown-Indigenous Relations and Northern Affairs Canada (CIRNA).³²

The data dictionary for the Status Verification System is available in Appendix T. The data dictionary indicates that NIHB holds identifying information on the children and adults that make claims for NIHB benefits. This includes information on the first name and last name of the client, Indian Registration Number and Band.

b. Transactional Data

Transactional data are collected for all NIHB benefit categories. The information provided in Table 2.12 on the following page refers to the benefits currently offered. Changes in benefits offered by the NIHB over time from 2007 to 2017 can be found in annual reports from the program. The administrative process for a claim is described in Appendix U.

29 Indigenous Services Canada. (n.d.). *Non-Insured Health Benefits (NIHB) Medical Transportation Policy Framework (Interim)*. <https://www.sac-isc.gc.ca/eng/1579891130443/1579891286837>

30 Indigenous Services Canada. (n.d.). *Who is eligible for the Non-Insured Health Benefits program?* <https://www.sac-isc.gc.ca/eng/1574187596083/1576511384063>

31 Eligibility for NIHB coverage in British Columbia differs from that of other provinces and territories for recent years as administration of NIHB programs is now done at the provincial level. As of FY 2013-2014, the First Nations Health Authority (FNHA) was created in British Columbia. In July-October 2013, FNIHB programs, services, and responsibilities were shifted to the FNHA for First Nations individuals living in BC. As of this transition, most of the FNIHB clients in BC are Inuit or First Nations associated with a band in BC but living in another province who therefore do not fall under the provincial FNHA scope of clientele.

32 Email exchange with NIHB staff.

Table 2.12 Overview of availability of data from the NIHB program based on information provided by respondents

| | NIHB Benefit Category | | | |
|--|---|---|---|---|
| | Dental, Pharmacy and Medical Supplies and Equipment (MS&E) | Medical Transportation (MT) | Vision Care | Mental Health Care |
| Types of benefits provided | MS & E benefits include: Equipment and Supplies for Audiology, Limb and body orthotics, Footwear, Oxygen, Pressure devices, Prosthetics, Respiratory care, Self-care, Low vision, Mobility, Communication, Medical care Pharmacy benefits include: Medications (prescription, non-prescription/over-the-counter, unspecified medication), Nutritional supplements Dental benefits include: Diagnostic services (examinations, radiographs, laboratory tests), Preventative services, Restorative services, Endodontic services, Periodontal and Prosthodontic services, Oral surgery services, Orthodontic services | MT benefits include: Emergency medical transportation, Non-emergency medical transportation, Meals, Accommodations, Escort travel, Medical provider travel | Vision Care benefits include: Vision care consultation/ examination, Corrective eyewear (glasses, contact lenses, other), Eye care treatments/therapy | Mental Health Care benefits include: Mental Health counselling |
| Administrative data systems used between 2007 and 2017 | Claims for dental, pharmacy, and MS&E are stored within the Health Information and Claims Processing Services (HICPS) system. The HICPS system has been governed by three separate contracts: HICPS I (prior to 2009), HICPS II (between 2009 and 2020), and HICPS III (from 2020 onwards). No major differences are noted between the contracts related to data collected. | Data are collected through various electronic systems. Most data is collected through the Medical Transportation Record System (MTRS). No data for travel covered prior to 2009 is available in the MTRS. Historically, some regions tracked MT claims though their own administrative systems (see Appendix X for further details): <ul style="list-style-type: none"> • MB until 2014 via FoxPro • AB until 2019 via Medical Transportation Reporting Database (MTDR) and FoxPro • ON until December 2016 via the Ontario Medical Transportation System (OMTS) • NWT and Nunavut still have their own systems that are used to manage the MT Benefit | Prior to June 2020, data related to Vision Care was managed regionally through a system created by Omnisoft. After June 2020, this data is available through the HICPS III system. | Prior to 2017, regions managed the benefit in various ways: <ul style="list-style-type: none"> • ON and AB regions used a system called the Mental Health Management System (MHMS). • ATL region used the short term crisis intervention mental health counselling (STCIHMC) • MB used Microsoft Access Database • SK used Mental Health Database • Northern region used Lotus 123 Between 2017 and 2020, Mental Health claims were captured in a single system, built by the Indian Residential School Resolution Health Support Program. As of June 2020, Mental Health Care was incorporated into HICPS in the newest version of the system. |

(continued on following page)

Table 2.12 Overview of availability of data from the NIHB program based on information provided by respondents (*continued*)

| | NIHB Benefit Category | | | |
|-----------------------|---|--|--|---|
| | Dental, Pharmacy and Medical Supplies and Equipment (MS&E) | Medical Transportation (MT) | Vision Care | Mental Health Care |
| Data fields collected | <p>The data dictionaries for these benefits are available in Appendix V and the error codes are available in Appendix W.</p> <p>The variables include information on the client (Name, ID, IRS), as well as when a case was opened, when it was filed, when it was reviewed, and when it was settled. The data also describes the benefit type (e.g., Dental, Pharmacy, etc.) and benefit sub-type and case type (e.g., approval, rejection, appeal).</p> <p>The results of annual integrity audits conducted by an independent auditor on the HICPS system have shown an error rate of less than 3 percent for the past years.</p> | <p>The data reporting template for the Medical Transportation data is available in Appendix Y.</p> <p>The document shows that MTRS primarily reports on Travel Authorizations, Vouchers, Invoices, Appointment and Patients, as well as the measures used to quantify it and the attributes that can be used to sort, summarize, or filter information.</p> <p>Many MT benefit management systems are used almost exclusively for tracking approved travel, with no information available for requests that may have been made to a regional office and denied. Other limitations of this data can be found in Appendix Y.</p> | <p>No data dictionaries exist for the legacy systems used by region. The NIHB team has shared the original system architecture for each region. An example of the architecture from Alberta region is available in Appendix Z.</p> <p>The original system architecture for the vision care data systems include information on the client, benefit type, the reason a benefit was discontinued or approved, the date an action was taken, as well as the difference between the requested and paid amount.</p> | <p>Documentation, including data dictionaries, was not created for most of the ad hoc systems built and utilized by the regional offices and most of these legacy systems have since been decommissioned.</p> <p>Data tables exist for the MHMS system used by ONT and AB prior to 2017 and are available in Appendix AA. The variables include information on the client (Name, DOB, address, etc.), the request date, the approval code, the mental health reason, the date an action was taken, the therapist type and therapist name.</p> |

Limitations of NIHB data

The main limitations of NIHB data³³ are detailed below:

- A significant proportion of NIHB benefits are delivered in community under **contribution agreements** or other **transfer arrangements**. Data on services delivered in this manner, which represent approximately 20% of NIHB expenditure, are not collected or maintained by NIHB.
- Some NIHB benefits are provided through **contracts with service providers** (e.g., dentists, mental health councillors, etc.). Service level data are not maintained for most for these arrangements.
- Data is **limited to claims paid by NIHB** only and cannot be used as an absolute value for benefit or treatment access or uptake. Utilization is underrepresented as claim expenditures are covered by P/T plans, provincially funded programs, public or private insurance or cash transactions and data for services provided in Nursing Homes and under contribution or transfer agreements not included.
- NIHB data **does not contain information on residency** (such as client addresses). Individuals are associated with the band to which they are registered or the land claim organization under which they are recognized, rather than where they ordinarily reside.
- Requests go through several stages of adjudication and can be stopped (or “denied”) for various reasons, including incorrect or missing information.³⁴

33 The information provided comes mostly from the presentation we received from the NIHB team, which is available in Appendix U.

34 The NIHB program makes use of the term “rejection” when a claim submitted is not linked to a payment as a result of system adjudication logic. The term “denial” is used when a request for a prior approval is denied, following a review of the client and physician submitted information. In this case, there is a single denial code entered in the system to indicate the reviewer’s decision. The reasons for the denial are stored separately and cannot be queried through our reporting system (i.e., they need to be looked up one at a time in the claims adjudication system).

Other ISC Programs

As highlighted in Table 2.9 on p. 74, we identified other ISC programs that provide certain types of services that can be requested under Jordan's Principle. These include Home and Community Care, the Children's Oral Health Initiative, Mental Wellness, and relevant programs from the Education department and the Social services, policies, and planning department. Responses to our outreach to these programs are included in the tables below. Our results show that no

information existed on the dates of a request for services, the date of a decision, the reason for a decision, or the difference between approved and requested amounts. Only information about the type of service provided and on what date that service was provided was available. This greatly limits the capacity to use any information provided from these programs to identify children eligible for compensation under Jordan's Principle compensation categories.

Home and Community Care (FNIHB)

Table 2.13 Overview of the Home and Community Care program at ISC and the availability and gaps in data it collects

| Home and Community Care Program | | | |
|--|---|---------------------|---|
| Purpose of program | The program provides a continuum of basic home and community care services that enable First Nations and Inuit of all ages, including vulnerable seniors and those living with disabilities, acute or chronic illness, to receive the care they need in their homes and communities. | | |
| Services offered | Client services are delivered based on a needs assessment and follow a case management process. In general, services are delivered by health care professionals (nurses, personal care workers, etc...) are employed by the band or community. The program offers allied services that can include nursing, personal care such as help with bathing, dressing, and feeding, physiotherapy, occupational therapy, speech therapy, social work, dietitian services, homemaking, and respite services. | | |
| Program eligibility requirements | First Nations and Inuit children of all ages are eligible for this program. | | |
| Overview of datasets used between 2007 and 2017 | Dataset name | Years in use | Format in which it is currently stored |
| | e-SDRT | 2007 to present | Electronic |
| | Dataset name | Years in use | Format in which it is currently stored |
| | e-HRTT | 2009 | Electronic |
| Data fields available in dataset | Variables for which data is collected using e-SDRT and e-HRTT are different. e-SDRT: community or tribal council name; staff name; year and month; client identifier; birth date; gender; admission; primary reason for home care service; referral date; admission date; discharge date; client type; reason for discharge; home care services; services not provided; community space; date of service provided; category of service; hours of service provided; numbers of home visit; Services not provided with number of attempted home visits reasons for it and hours; e-HRTT: community or tribal council name; staff name; date of last update; employee name; start date; end date; leave type; position/role; licence/certification; full time equivalent (Full time/Part Time/Casual), education: highest formal level; source of fund | | |
| Applicability to Jordan's Principle compensation categories | No information on dates of request, date of decision, reason for decision, or difference between approved and requested amounts. Only information about the client, the type of service provided and on what date that service was provided, as well as if a service was not provided. | | |
| Data limitations | Some inconsistencies in reporting can be observed due to the large number of communities with different level and type of needs as well as reporting challenges. | | |

Children's Oral Health Initiative (FNIHB)

Table 2.14 Overview of the Children's Oral Health Initiative (COHI) program at ISC and the availability and gaps in data it collects

| Children's Oral Health Initiative (COHI) (an initiative of the Community Oral Health Services) | | | |
|--|---|---------------------|---|
| Purpose of program | <p>The Children's Oral Health Initiative (COHI) was developed to address the disparity between the oral health of First Nations and Inuit and that of the general Canadian population. COHI was launched on a test basis in Fall 2004.</p> <p>COHI focuses on the prevention of dental disease and promotion of good oral health practices. The goal of COHI is to shift the emphasis from a primarily treatment-based approach to a more balanced prevention and treatment focus. Health Canada expects that the COHI, once fully implemented in subsequent years, will result in significant improvement of the oral health in First Nations and Inuit.</p> | | |
| Services offered | <p>COHI is delivered in communities by a COHI provider (a dental professional) and a COHI aide. The COHI aide is a community member who acts as an essential link between the oral health professional and the community. They act as oral knowledge-keepers in the community and work collaboratively with the COHI provider to implement COHI services when the COHI provider is in a community.</p> <p>COHI services provided in communities include an annual dental screening by a COHI provider, fluoride varnish applications, sealants and temporary fillings and one-on-one or group oral-health education sessions.</p> | | |
| Program eligibility requirements | <p>The program is available for children aged 0-7 years old, as well as pregnant women and primary caregivers, who are a member of a First Nations community.</p> <p>Oral health services are available to clients who present themselves at a COHS clinic/site. COHS does not deny any services. Services are unavailable only where COHS clinics do not exist. Clinics may not exist in the communities that are close to urban areas that provide dental services, and areas that have extremely low population.</p> | | |
| Overview of datasets used between 2007 and 2017 | Dataset name | Years in use | Format in which it is currently stored |
| | Oral health services daily record (OHSDR): documents transactions data (screenings, procedures, etc) | 2007-2020 | Electronic |
| | Dataset name | Years in use | Format in which it is currently stored |
| | Oral screening record (OSR): documents outcomes, based on screenings only, allows them to see regions, communities, ages that have different outcomes (e.g. dental decay) | 2007-2020 | Electronic |
| Main data fields available in dataset | <p>See below for list of main variables in each database. The OHSDR captures more information about a range of dental services, while the OSR is specifically looking at screening variables.</p> <p>List from national-level COHS staff:</p> <p>OSR variables: region, community name, community code (numeric), client number, client name (Last, First), gender, birthdate (YYYY-MM-DD), age at screening (1), age group (0-4 or 5-7), screening date (YYYY-MM-DD), Screening provider (Last, First), no teeth present, decal present, decayed, filled, missing tooth, number of sealant planned</p> <p>OHSDR variables: region, community name, community code (numeric), client number, client name (Last, First), gender, birthdate (YYYY-MM-DD), age (1), age group (0-4, 5-7), provider number (numeric), provider first name, provider last name, procedure code (numeric), procedure description (e.g., screening), number of people (unclear)</p> <p>* There is no data dictionary available for these data sources.</p> <p>There is one database holding all of these datasets: the National Dental Database. The National Dental Database feeds its data into Synergy In Action (SIA) which is a data warehousing platform from which other tools or methods of data extraction can be done (e.g., dashboards).</p> | | |

(continued on following page)

Table 2.14 Overview of the Children's Oral Health Initiative (COHI) program at ISC and the availability and gaps in data it collects (*continued*)

| Children's Oral Health Initiative (COHI) (an initiative of the Community Oral Health Services) | |
|--|---|
| Do fields contain information on gaps, denials, or delays of services? | No information on dates of request, date of decision, reason for decision, or difference between approved and requested amounts. Only information about the client, the type of service provided and on what date that service was provided, as well as the severity of dental issues for children who were examined. |
| Data limitations | The data doesn't currently allow for easy linkage of the individual client identifiers with outcomes data. There is an analysis underway aiming to link the transactional and outcomes data in an effort to understand unmet needs. This analysis includes examination of service utilization and accessibility. At the community level, the current analysis is examining which First Nations communities have access to COHS clinics. By process of elimination, a full list of communities could be used to cross-reference and determine the communities that do not have access. Staff has identified data entry issues. Staff notes that the data held at the national level doesn't reflect the data held at the regional level. The national COHS team is undertaking to identify data quality issues related to front end data input and back-end data extraction. It is unclear whether migration of data has happened as the database has changed multiple times. A report will be issued in 2022 showing the results of the national-level analysis. |

Mental Wellness (FNIHB)

There are a number of different Mental Wellness programs at ISC, including Mental Health and Suicide Prevention, Mental Health – Victims of Family Violence Investments, Mental Wellness Teams (MWT) Program, Mental Health Crisis Intervention Teams (MHCIT), Substance Abuse Prevention and Treatment – National Native Alcohol and Drug Abuse Program (NNADAP) and National Youth Solvent Abuse Program (NYSAP) Treatment Centres, and the Indian Residential School (IRS) Resolution Health Support Program (RHSP).

Following our request for information on data collected by Mental Wellness programs, we received a response from the Indian Residential School (IRS) Resolution Health Support Program, summarized in Table 2.15 on the following page.

Table 2.15 Overview of the Indian Residential Schools Resolution Health Support program and the availability of data

| Indian Residential Schools Resolution Health Support Program (IRS RSHP) | | | |
|---|--|---------------------|---|
| Purpose of program | The Indian Residential Schools Resolution Health Support Program (IRS RHSP) was initially established as part of the 2006 Indian Residential Schools Settlement Agreement, and provides support services to former students of Indian Residential Schools and their families. Services are now expanded to students of Federal Indian Day Schools and their families, as well as those affected by the issue of Missing and Murdered Indigenous Women and Girls. These services include access to cultural and emotional support services; professional counselling services (individual and family); and assistance with the cost of transportation services (to access counselling services and/or Elders). | | |
| Services offered | <p>The Indian Residential Schools Resolution Health Support Program (IRS RHSP) provides the following services:</p> <p>Cultural and Emotional Supports</p> <ul style="list-style-type: none"> • Cultural and emotional support workers are hired by community organizations to provide services. Cultural support services are provided by Elders or traditional healers and emotional support services are provided by trained and trauma-informed Indigenous health workers • The services of an RHSW or CSP can be accessed by walking into an organization that provides services, by calling an ISC regional office, or by being referred by the Hope for Wellness Helpline, a mental health counsellor, or a community-based service provider <p>Mental Health Counselling</p> <ul style="list-style-type: none"> • Mental health counselling services are provided by regulated service providers such as psychologists and social workers, registered in their province or territory, and enrolled with Indigenous Services Canada Funding for professional mental health counselling services is primarily provided on a 'fee for service' basis (service providers invoice Indigenous Services Canada) • In cases where professional mental health counselling is not available locally, ISC provides support for medical transportation, based on Non Insured Benefits Program (NIHB) policies and guidelines • Clients who wish to access professional mental health counselling contact their ISC regional office, who then help to coordinate appointments and travel • Clients do not have to be NIHB eligible (i.e. status First Nation or registered Inuit) in order to access professional mental health counselling through the IRS RHSP • Clients may choose to access the services of both professional mental health counsellors and cultural and emotional support providers | | |
| Program eligibility requirements | Services are available to eligible individuals regardless of Indigenous status, place of residence and age. Eligibility is determined by self-identification tied to the connection of IRS, IDS or MMIWG. | | |
| Overview of datasets used between 2007 and 2017 | Dataset name | Years in use | Format in which it is currently stored |
| | Mental Health Services Tracking System (MHSTS)- used to capture Mental Health Counselling statistics only. | 2009-Present | Electronic |
| Main data fields available in dataset | An "Unknown" category is available for Gender, Age and Indigenous identity Field used: Name, Date of Birth, Gender, Type of Client (i.e. former student, family member, IAP, CEP, MMIWG, IDS student) – added in 2020, Address, Status Number, Mental Health Service Provider Name, Mental Health Service provider Addresses, Mental Health Service Provider Professional Rates, Mental Health Service provider Vendor Number, Type of service (individual, family, telehealth), Date service provided | | |
| Applicability to Jordan's Principle categories | No information on dates of request, date of decision, reason for decision, or difference between approved and requested amounts. Only information about the client, the type of service provided and on what date that service was provided. | | |
| Data limitations | Indigenous identity is not a mandatory field. As such, many clients are marked as unknown. In turn, receiving a full picture of First Nation clients would be difficult. To note: Data input is completed at a regional level. The regions determine eligibility prior to entering into MHSTS; Everyone that is in the system is eligible for services. | | |

Education

Table 2.16 Overview of the Education programs at ISC and the availability and gaps in data they collect

| | High-Cost Special Education Program (HCSEP) | | | Elementary & Secondary Education Program | | |
|---|--|-----------------------------------|--|---|---|--|
| Purpose of program | The High-Cost Special Education Program funds additional services for high-cost special education students assessed with moderate to profound learning disabilities. Funding is provided for direct service support in the form of personnel, adaptive materials and resource services. | | | The Elementary and Secondary Education Program funds special education services for First Nations students identified as having mild to profound learning disabilities. Funding is provided for programming, remedial instruction, clinical services and resource teacher staffing. | | |
| Services offered ³⁵ | <p>The High-Cost Special Education Program consists of direct and indirect services.</p> <p><u>Direct services</u> include a number of classroom and school-based services related to the education and support of students with high-cost special education needs, such as acquisition of professional assessments, completion of student assessments, educational psychological, speech and language services, counselling and social services, Elder, mentoring and cultural services, assistive technologies and equipment purchases. Direct services also include salaries and benefits for special education teachers and individual teacher aides and para-professional workers.</p> <p><u>Indirect services</u> represent funding to eligible First Nations recipients for the development of special education programs and services on the understanding that each First Nations student with special education needs is unique.</p> | | | <p>Eligible expenditures directly related to student support services and may include the following: costs associated with guidance, counselling and school liaison services, financial assistance including the cost of purchase or rental of books, supplies, and equipment, etc.</p> <p>Eligible expenditures directly related to salaries and benefits, instructional and student support services, education program and delivery support services, school operating and maintenance costs, transportation and travel costs etc.</p> | | |
| Program eligibility requirements | <p>To qualify as an eligible participant, a student must be:</p> <ul style="list-style-type: none"> aged from 4 to 21 years (or the age range eligible for elementary and secondary education support in the province of residence) on December 31 of the school year in which funding support is required ordinarily resident on reserve enrolled and participating in education programming in a First Nations, federal, provincial or a private or independent school recognized by the province an Individualized Education Plan (IEP) must be in place or being created when a student has been identified by the school administration or a team of experts as having high-cost special education needs. | | | <p>To be eligible for inclusion on the nominal roll, a student must be:</p> <ul style="list-style-type: none"> aged 4 to 21 years (or the age range for elementary and secondary education support in the province of residence) on December 31 of the school year in which funding support is required ordinarily resident on reserve enrolled and participating in education programming in a First Nations, federal, provincial or a private or independent school recognized by the province | | |
| Overview of datasets used between 2007 and 2017 | Dataset name | Years in use | Format in which it is currently stored | Dataset name | Years in use | Format in which it is currently stored |
| | Unknown | FY 2014-2015 through FY 2018-2019 | Electronic | Unknown | 2001 to present; however only data from FY 2012-2013 onward is reliable | Electronic |
| | | | | Dataset name | Years in use | Format in which it is currently stored |
| | | | | Unknown | 2012 and prior | Possibly stored with regions |

(continued on following page)

35 Services offered by HCSEP and Elementary & Secondary Education programs are updated annually. Please refer to program guidelines for different fiscal years to obtain the most accurate information on the services provided at the time.

Table 2.16 Overview of the Education programs at ISC and the availability and gaps in data they collect (*continued*)

| | High-Cost Special Education Program (HCSEP) | Elementary & Secondary Education Program |
|--|--|---|
| Data fields available in dataset | The report data fields for the HCSEP for different fiscal years are available from the team. | The report data fields for the Elementary and Secondary Education Program for different fiscal years are available from the team. |
| Do fields contain information on gaps, denials, or delays of services? | Reporting is annual so specific dates are not available for needs related to individuals (i.e., date or request, date of decision, and date of service provision not available). The dataset does include information on the type of service offered. There also exists a variable to indicate why a drop-down data field for the reason a service was not fully provided. The data fields available are: Not Applicable, funding not available, service contract in progress, other, provider not available, actual costs higher than anticipated, student withdrew before end of school year. However, this field is sometimes used to provide information not related to the reasons services were not fully provided. | Reporting is annual so specific dates are not available for needs related to individuals (i.e., date or request, date of decision, and date of service provision not available). Respondents also indicated that details of request, reason for decision, type of service offered, date a service was offered, and difference between approved and requested amounts were not available in the dataset. Rather, a Yes/No indicator for students who receive services. Not deemed as reliable as the HCSEP report data. |
| Data limitations | The main caveat with these data is that regional interpretation of variables reported to ISC mean that comparison of data across regions is not reliable. Regional data will be helpful for analysis within regions but not across regions. In addition, as the data are reported annually, specific dates regarding individual service provision during the year are not meticulously documented. Block funding to regions is linked to services, but individuals receiving those services are not always clearly documented. Datasets combine local, regional, and historical data. | |

Social services, policies, and planning department

The following programs within the Social services, policies, and planning development department at ISC may have data on certain services that are usually covered under Jordan's Principle: **Income Assistance, Assisted Living, Family Violence Prevention Program, and Urban Programming for Indigenous Peoples.**

Further exploration of the data holdings is warranted as the project team was only recently made aware of these holdings and was therefore not able to contact key respondents to obtain more detailed information.

First Nations Child and Family Services Program

For children involved in child welfare systems, some child welfare agencies sampled indicated that they collected information on certain children's health and social service needs during intake and assessment processes. Furthermore, the FNCFS program collects information on Special Costs (known as Additional Costs after FY 2013-2014), which refer to costs for children in care that are over and above the basic/regular maintenance rate and are not fundable through another source. This may be helpful in determining health and social service needs for some children. Please see Child Welfare Compensation Categories: Data Availability on p. 49 for some additional details on data related to child needs collected in child welfare systems.

Community-level data

Sources of community-level information provided by ISC include service provision, demographic and socioeconomic indicators. These may be helpful sources of data to support documentation related to individual requests for services, such as measures of remoteness or isolation.

The **Community-Based Reporting Template (CBRT)** is a national reporting template used to capture information related to programs in some First Nations communities. It was initially implemented in FY 2008-2009. It is used to support FNIHB program evaluation and planning. Accordingly, it collects information on what programs and services communities deliver, how communities implement certain programs, how community health systems operate, and select health status and health outcome data related to clients accessing FNIHB programs or services. Information regarding the data fields collected by the CBRT from FY 2013-2014 through FY 2017-2018 is found in the CBRT Data Dictionary in Appendix BB. Limitations of CBRT data identified by ISC contacts include the fact that it is not representative of all First Nations, the inconsistent interpretation and use across communities that do use it, and missing information. An expanded list of limitations is found in the CBRT Data Dictionary in Appendix BB. To determine availability and proximity to services, the information collected by the CBRT templates could be cross-referenced against a full list of communities to determine which communities do and do not have access to services.

The **Community Profiles Database** provides information on socioeconomic indicators and remoteness of First Nations Communities. This database is under the purview of Synergy in Action and collates demographic information by community, information regarding organizations within communities and agreements. Specifically, this includes band number and name, language, level of remoteness, and links with census profile from Statistics Canada. The guide to this system is available in Appendix CC.

While the CBRT and Community Profiles datasets do not provide information at the individual level, they do provide community-level information important for contextualizing individual challenges and proximity to services.

Additional data available outside of ISC

In the section below, we are including other sources of administrative and survey data that may be of use to help document denials, delays, and gaps in services for First Nations children. These are briefly listed for consideration.

Jordan's Principle coordination organizations

Early in the project, we met with several representatives of Jordan's Principle service coordination organizations who work with families to navigate Jordan's Principle requests across the country. Jordan's Principle data collection systems are varied not only by region but in some cases (e.g., Quebec) by community. A questionnaire to document the data systems used by Service Coordinators was developed and collected information about the scope and quality of data available. The questionnaire was sent to identified representatives, and/or individual Service Coordinators. Service coordination organizations only opened in 2017 (at the earliest) and therefore the information they held did not cover most of the eligibility period defined by the 2019 CHRT 39 compensation order, and the current AIP.

Census Data

Statistics Canada's Census tables and reports are a rich source of data which may provide information about socio-economic conditions that could help to explain greater needs for services and supports. The Census long-form (completed by a 25% random sample of respondents in 2016)

includes several questions about "Aboriginal Identity", including whether the respondent is "First Nations (North American Indian)", whether they are a "a Status Indian (Registered or Treaty Indian as defined by the Indian Act of Canada)", and whether they are "member of a First Nation/Indian band." Using these categories, it is possible to compare First Nations people to any other population using the demographic and socio-economic data collected in the Census long-form. It should be noted that there are concerns about the completeness and accuracy of "Aboriginal status" in the Census. It also does not include information about use of social services, such as involvement with child welfare services, nor does it allow for the identification of children. Provincial and census tract information are also available, either in published reports or through special requests.³⁶

Provincial and territorial health and social services systems

Not included in the scope of this project is administrative data from **provincial and territorial health and social services**. The data collected through administrative systems used by provincial and territorial health and social services settings may be valuable documenting that First Nations children experienced denials or delays in receiving essential services during the time period of interest. However, there are challenges regarding existing and accurate data related to race and ethnicity in Canadian health and social service settings. Use of these data may require identification of a child's connection to a First Nation through another mechanism.

Data documenting First Nation's children's needs when no request for services had been made

For situations where a First Nations child experienced a service gap *but no request for services was made*, we conducted additional research to explore what other available administrative and survey data sources may support documentation of children's needs. These are available in Appendix DD. This information may be useful if the current Jordan's Principle class is extended to include children who have experienced gaps in services, beyond those that have experienced denials and delays.

³⁶ For example: Living arrangements of Aboriginal children aged 14 and under; Diverse family characteristics of Aboriginal changes aged 0 to 4; Data Tables, 2016 Census

Summary: Data availability related to Jordan's Principle compensation eligibility

Data related to Jordan's Principle compensation eligibility regarding delays, denials, and gaps in essential services will likely come from multiple sources at the federal, provincial, and local levels.

Jordan's Principle. Documentation of Jordan's Principle requests reflects the evolving trajectory of Jordan's Principle implementation since 2007. Prior to 2017, there was no *systematic* data collection although there may be ad hoc systems used in ISC regions that could provide some helpful information through a manual archival search. Due to a high level of turnover in Jordan's Principle staff, there is a loss of institutional memory. Table 2.10 on p. 78 summarizes the gaps and availability in Jordan's Principle data at ISC prior to fiscal year 2017-2018.

The most reliable and accessible data pertaining to Jordan's Principle requests is found in more recent years. Beginning in fiscal year 2017-2018, a more systematic approach to data collection was implemented to collect detailed information regarding requests, approvals, denials, as well as the date of a request and the date of a response, which can be used as a proxy for delay. A summary of information collected since fiscal year 2017-2018 is provided in [Appendix S](#).

NIHB. Claims submitted to the NIHB for medical benefits, including prescriptions, equipment, and supplies are documented in multiple information systems according to the benefit type. These systems, and the availability and limitations of these data holdings, are documented in Table 2.12 on p. 81. NIHB data is limited to claims adjudicated under its purview, and includes information related to claimant name, date of claim, date of approval/denial, and reason for denial. Like Jordan's Principle information, this data is structured according to requests along with information about how the request was processed which may aid in assessing compensation eligibility. However, communication with NIHB staff indicated several important limitations of using this data for the purposes of supporting compensation. These limitations relate to: lack of detail on certain individual services due to NIHB contribution agreements and transfer arrangements with communities and contracts with service providers; underrepresentation of service utilization; lack of information on residency due to data tied to Indian Registration Number rather than residence; and the administrative nature of the system which does not

accurately demonstrate approval rates. Despite these limitations, NIHB may be an important source of data to determine claimant eligibility.

Other ISC programs. We requested detailed information regarding data collected related to Home and Community Care, the Children's Oral Health Initiative, Mental Wellness, and certain programs from the Education department and the Social services, policies, and planning department. For programs that responded, no information exists on the dates of a request for services, the date of a decision, the reason for a decision, or the difference between approved and requested amounts. Only information about the client, the type of service provided and on what date that service was provided was available. This limits the capacity to use the information provided from these programs to identify children eligible for compensation under Jordan's Principle compensation categories.

Community level data. We identified two sources of community-level information that could be of use to the compensation process. First, the Community-Based Reporting Template is used to collect information regarding service delivery at the community level. Service delivery information collected using the CBRT could be cross-referenced with all communities to determine where this service delivery was not reported. Second, the Community Profiles Database, held by the Synergy in Action team at ISC, documents socioeconomic and demographic information about First Nations communities, including multiple indicators of remoteness and isolation. These data could be used to provide important contextual information regarding individual access to needed services.

Additional administrative and survey data. Additional administrative data from provincial and territorial health and social services could be useful to identify First Nations children who experienced a delay or denial of services. Given the focus of the current project, the project team did not meet with key respondents with information about these data holdings. However, this could be an avenue to explore when implementing the compensation process.

Concerns Expressed by Respondents Related to Availability of Data

In discussions with respondents regarding information related to the child welfare and Jordan's Principle compensation categories, there were substantive concerns related to the quality and availability of such information. These concerns related to data gaps, inaccessible data, lack of ability to document placement reasons, and diversity of definitions across jurisdictions. We have listed these concerns as a summary of the data availability section. Respondent concerns both mirror and highlight many of the issues that are documented in the sections above. In combination with the details included above, the issues raised by respondents may be of utility in the settlement agreement and compensation implementation processes.

Data gaps

Respondents were concerned that if the government relies solely on written documentation to support compensation, this could leave a substantial portion of eligible people claimants out of the process. Gaps related to pertinent information not consistently collected by agencies, and data that are not reliably completed in information systems could lead to anger on the part of claimants, which may be directed towards agency personnel impacting community relations.

There were some concerns expressed regarding inequitable receipt of compensation due to *bias* in availability of data. When gaps in data availability or accessibility is unevenly distributed across the eligibility period—with older data generally being less available, the requirement for claimants to provide documentation may create inequities in access to compensation. In many cases, this differential impact of data gaps reflects discriminatory funding that limited the ways in which a child's needs or welfare involvement were documented. Respondents were clear that if inequities in data availability translate to a lack of compensation for children who are eligible based on their experiences, this would itself be a manifestation of the discrimination the CHRT and class actions are aiming to redress.

Inaccessible data

Many respondents shared concerns regarding missing documentation of information related to service referrals or receipt (e.g., from a medical specialist) which could undermine access to compensation under the Jordan's Principle category. Access to documents that do exist may be compromised if professionals have died or retired, or a clinic has closed.

For child welfare data, particularly data documented in previous decades, much of the information is in a format that would need to be manually retrieved which is an onerous process for agencies.³⁷ Data may also have been archived, overwritten, or expunged due to jurisdictional or agency policy, or inadvertently due to IT problems or natural disasters such as fires or floods (as was the case in agencies in New Brunswick).

Placement reason

Several respondents identified challenges in linking the investigated or substantiated maltreatment type to the placement itself. For example, the reason a child came to the attention of a child welfare agency (e.g., substantiated physical abuse) would typically be documented early on in the service continuum, while a placement may happen later and is not always directly due to the initial maltreatment concern. We also heard concerns that many removals could have been avoided if other services had been available, leading to a suggestion that many removals, even those related to abuse, could be assumed to be "unnecessary" (according to the CHRT language) unless otherwise documented.

Concerns were raised regarding information that is not consistently documented but may relate directly to reasons for placement. A common example was information related to poverty and other socioeconomic challenges which are relevant for removals but may not be documented related to specific individuals in a community given that it may be a common occurrence in the community. Some respondents suggested that socioeconomic information known about communities (e.g., at SIA) be considered.

³⁷ Dates electronic systems (rather than paper records) were implemented vary across jurisdictions. In our review of data back to 2006, we found some systems were in place before that year, and others were implemented more recently (please see Appendix P for details).

Diversity of definitions

Concerns related to variation in practices across Canada with respect to different child welfare concepts are defined and operationalized in child welfare practice and information systems. Given Canada's decentralized child welfare system, simple concepts, such as the exact definition of out-of-home placement are not understood in the same way across different provinces (or agencies). For example, kinship placements are defined and identified by workers in different ways (e.g., some may be documented as a foster placement). Further, kinship care often includes extended family and people close to the child such as friends or neighbours.

As a result of these concerns, respondents expressed the need for clear, easily operationalized explanations of constructs used to identify claimants. This included concepts such as removal from "home, family, and community" if this was used to determine individual eligibility.

III. Considerations for the Compensation Process

Description of Approach

Our approach to the second part of our mandate – to provide considerations for the compensation process – involved three main elements. First, in our discussions with respondents regarding availability of data for child welfare and Jordan's Principle compensation categories, we documented concerns that came up regarding the compensation process itself. Second, we conducted an extensive review of Canadian and international settlement processes and summarized lessons learned from these past processes that may be of use in the present context. This involved review of academic and "grey" literature along with publicly available information, and interviews with individuals with experience related to past Canadian settlements. Third, we conducted a review of social science literature regarding retraumatization, a notion which came up repeatedly in our review of past settlements. Finally, we reviewed considerations from respondents, past settlements, and retraumatization literature and compared them to the *Final Compensation Framework* to identify areas that may be useful in finalizing details of the settlement agreement. Considerations that emerged from these activities are provided in detail in the sections that follow.

Compensation Process Concerns and Considerations Expressed by Respondents

In our consultations with stakeholders, several process-related concerns have arisen regarding the eventual implementation of compensation. Broadly, these process concerns relate to data confidentiality and ownership, the burden on agencies participating in the process, and ensuring eligible individuals are able to access the compensation that is due to them and to receive support after they receive compensation.

Data confidentiality/ownership

Some FNCFS agencies have expressed concern about the possibility of sharing their data to help identify children given past misuse of data and current concerns about the confidentiality of the children and families with whom they are working. A key concern for FNCFS agencies is how central administrators will be given the mandate to obtain identifying information about children and families to create a “pool of eligible applicants” as per the Compensation Framework. Questions have arisen regarding who has the authority to disclose or access the information held at the agency level. This relates both to individual privacy concerns and broader questions of how the process will align with OCAP® principles (FNIGC, n.d.). First Nations agencies have expressed that even when they use the provincial administrative data system, the data on children in local communities is still locally owned. These questions relate to a broader lack of clarity: who ultimately says what data on eligible children and families can be used for and who will access it? One distinction that has been raised in our discussions is that agencies could go directly to individuals to let them know they may be eligible, but if an agency were to share confidential information directly with the government, this could pose challenges to both individual confidentiality and local ownership of data. Our discussions have raised the suggestion of ISC utilizing data they have already collected to initiate contact with individuals. This may include, for example, contacting individuals whose registration number is recorded at ISC and meet basic eligibility requirements.

Agency responsibility

While the CHRT decision holds the federal government accountable, child removal decisions are made at the agency level. Especially in small communities, the *ongoing* nature of child welfare eligibility creates a morally uncomfortable situation for these agencies. Specifically, we have heard concerns regarding possible blame on CFS agencies who removed a child, but who are also helping claimants access compensation. The moral stance of agencies, particularly locally governed, delegated FNCFS agencies in small communities, will be challenging because of this dual role that agencies may need to play in implementing the compensation order. The lack of anonymity in small communities could add to these challenges. Many agencies highlighted the fact that using the term “**unnecessary**” removals in the *2019 CHRT 39* order only exacerbates this issue, by suggesting that agencies themselves wrongfully removed children. Ultimately, this puts agencies in a difficult position: while the federal government has been found liable for reckless discrimination against First Nations children, by identifying children, agencies could be wrongfully subject to liability for these removals. Ultimately, it will be necessary to ensure that at each stage of the compensation process, the responsibility lies with the federal government.

Agency capacity

While the CHRT decision aims to alleviate the burden on individual claimants, a standard of proof requiring documentation to be eligible for compensation will inevitably involve agencies. Communities have indicated that they are already overworked and are concerned that they won't have the necessary time and resources to help identify claimants. Recommendations have been made to hire more staff to account for this anticipated increase in workload. Agencies have suggested that their participation would put them in a difficult situation for several reasons, including the logistical burden it could entail. Because of the broad scope of eligibility, agency contacts have proposed that putting the burden on the federal government to prove a child is *not* eligible would relieve this agency burden. Similar suggestions have been made regarding proof of First Nations identity. In addition, if agencies are required to support documentation of eligibility, resources would be required.

Access to compensation process

Concerns regarding individuals accessing the compensation process have been mentioned. Key stakeholders have mentioned that they are worried that eligible individuals who are especially vulnerable or isolated will be excluded from the process. For example, First Nations individuals who live in urban areas and don't have the same connection to an established First Nations community may be harder to reach. Multiple contacts have proposed that eligibility for Jordan's Principle compensation categories could be applied to all children in certain communities, given gaps in services available in those communities. Because this would be burdensome to prove at the individual level, contacts have suggested that discretion should be used in terms of what is considered "proof."

Support to compensation claimants

We have heard concerns regarding the need for support for those receiving compensation payments who may be particularly vulnerable. While this should not in any way deny or defer the right of individuals to receive the payment, there are concerns regarding an influx of cash having negative impacts in some cases. We have heard many suggestions for the compensation process to ensure adequate support is available to mitigate this risk.

Exploring Lessons Learned From Canadian and International Approaches to Compensation Agreements

Graham Rotenberg and CHRT Compensation Project Team

Summary of key lessons learned

The process of compensating marginalized groups for past persecution is complex and requires thoughtful planning. Canada, Australia, New Zealand, Germany, and many others have settled lawsuits and created compensation schemes that aim to repair, to the extent possible, harms they perpetuated. These schemes aim to compensate, mainly Indigenous, victims of child removal and cultural genocide. Although each scheme is procedurally different, they teach consistent lessons about: 1) effectively communicating with the target group, 2) creating claimant-friendly application processes, and 3) leveraging technology to execute these processes efficiently and cost-effectively. High level lessons-learned from past settlements, as they relate to different phases of the compensation process, are as follows:

Notifying claimants

Simplify notice plan. Ensuring applicants are aware of the existence of a compensation scheme is essential to its success. However, notice plans have created confusion in target communities. Calling for applicants should clearly explain the eligibility criteria where possible and describe how to troubleshoot intake issues. All explanations of the eligibility criteria should be explained using plain, widely spoken languages, and be explained in an easily legible, accessible manner for claimants. Consultative design of the notice plan that engages stakeholders who will be directly affected will improve accessibility and clarity of communications regarding the compensation process.

Tailor communication to different audiences. Notice plans have prioritized calling for applications in Canada's official languages, thereby ignoring Indigenous communities' preferred language and modes of communication. Reaching communities where they are located is essential to maximizing the number of applicants and ensuring compensation schemes promote reconciliation and healing. Developing communications plans by age, geography, band, agency, etc. can increase applications, reduce costs by limiting difficulties processing incomplete applications, and promote reconciliation

by curbing application processing times and ensuring claimants receive compensation as quickly as possible.

The application process

Consider participatory, Indigenous-led design of application processes. Centring and being more attentive to Indigenous legal paradigms and community supports can more faithfully advance reparative justice initiatives. Western legal systems should not be all-encompassing. Indigenous legal traditions should be incorporated explicitly, or entirely, in providing legal remedies. Spatial and temporal restrictions on eligibility that comport with exclusively Western legal ideas should be minimized wherever possible.

Simplify forms. Every compensation process requires a claimant to complete an application. Claimants have criticized these processes because applications are lengthy, deploy legalistic language, and overemphasize the burden of producing documentation on claimants to support their claims; this process is intrinsically retraumatizing and costly. Forms must be more user-friendly by becoming shorter, being conveyed in multiple (Indigenous) languages, and including visualizations to simplify instructions. Both paper and online options for application completion should be available to accommodate diverse Indigenous communities.

Accommodate progressive disclosure. Progressive disclosure – the process by which a claimant reveals more about their abuse or trauma as they build trust with others – has largely been absent from determinations about the length of the compensation period. Allowing for application extensions and broadening the window of eligibility for compensation could help application processing procedures become more accommodating of claimants needs and aware of the pressures of retraumatization.

Provision of adequate legal support. Past processes have not had free legal advice or appropriate application supports available for claimants. Many applicants experienced fraud, were retraumatized by overly jargonistic language, and did not feel as though they had the inclusive supports they needed. Providing legal support free-of-charge, understanding literacy rates in the community, conferring with community leaders to determine the types of supports preferred, and having a flexible review process will improve compensation processes.

Provision of sufficient mental health supports. A toll-free helpline is necessary but may not be sufficient to support the mental health needs of many individuals and communities affected by the compensation process – especially if it is

understaffed. Indigenous healing supports, in addition to in-person mental health resources and counselling, are crucial.

Provision of sufficient administrative supports. Hiring an adequate number of trained staff to assist claimants in a community-centric manner is essential to an effective implementation of a compensation regime. A well-staffed, culturally- and trauma-informed team of attendants would improve compensation processes. In addition, having support staff working directly with communities, such as community liaisons, can render compensation schemes more efficient and help tailor implementation to community needs.

Processing of claims

Implement reasonable processing capacity. Multiple compensation processes have been more popular than anticipated; meaning high application volumes and overwhelmed staff, resulting in reduced capacity for claims administrators to process applicants in a timely manner. Claimants feel that this is tantamount to a broken promise, as they wait for months, and sometimes years, to receive a decision. For administrators, it means they begin processing applications at a disadvantage – there are too many applications and too few reviewers. Planning for the worst is important – meaning hiring more staff than needed, especially at the beginning of the notice plan, and leaving time to prepare between the compensation decision or agreement and the beginning of the call for applications.

Clearly communicate to manage internal and external expectations. Given repeated examples of long delays in processing applications, it is essential to set expectations with claimants on the length of time it will take to process applications. Further, government contractors and internal stakeholders must set reasonable timelines and have a clear-cut understanding of how the application process will function to ensure consistency in communication with claimants and administrative staff.

Build and test technological capacity. Inconsistencies in the application of technological processes across and within organizations by claims administrators and users have led to significant issues. Higher-than-anticipated application volumes have slowed the efficacy of largely untested, algorithmic tools. Claims administrators should test application processing tools prior to implementation and train users on ways to consistently adopt the software. Ultimately, technology is a useful tool, and it can lead to more efficacious and efficient processing of compensation. However, it is no panacea for ensuring quick processing of blanket compensation payments, especially in the face of inconsistently available data.

Introduction

In order to identify considerations related to the CHRT compensation process, we reviewed previous Canadian and international compensation and remediation frameworks with similarities in scale, issues, and breadth of implementation. Specifically, we researched what shape they have taken, how they were implemented, and what lessons have been learned that can be of use to the present compensation process. This section provides a summary of this review, with specific, actionable lessons learned from previous compensation and remediation frameworks. Our search strategy included academic papers, grey literature, conversations with individuals involved in select processes, and publicly posted materials related to the settlements identified.

Compensation is a fundamental remediation feature of most of the settlement agreements explored in this report. Justification of compensation in settlement agreements is philosophically undergirded by a variety of principles including recognition of harm, recognition of individual human rights, and deterrence of future violations (Mahoney, 2018). However, the mechanisms that have been used to provide compensation vary considerably, both domestically and internationally. The lessons learned from these settlement agreements provide important cautionary tales. One conclusion is clear: centring claimants' needs is essential to developing a durable framework prioritizing intergenerational and cultural healing.

After providing an overview of the settlements reviewed, this paper is divided into three parts, exploring the lessons learned from three aspects of the life cycle of a reparative scheme: 1) the notification of claimants, 2) the application design and support processes in place, and 3) the processing of claims. **The first part** discusses how claimants have been identified via public notice plans, exploring how those plans can be more inclusive and accessible. **The second part** describes the necessity of support for claimants when navigating the application process and outlines how they can be better integrated into future schemes. **The third part** discusses how technology and claims administration can be harnessed to minimize exclusion from the compensation process.

Given that our review of past settlements has demonstrated that accessing restitution without proper support can re-trigger past trauma, the section following this one reviews in more detail the social science literature on retraumatization and the specific mechanism that can trigger it within justice-seeking processes (see p. 117 for [A Closer Look at Retraumatization](#)).

Brief overview of settlements reviewed

Before exploring lessons learned, we provide a brief overview of past Canadian and International reparative schemes that are referred to throughout the body of the report. A more detailed review of each settlement is provided in Appendix EE.

Canadian compensation schemes

Indian Residential Schools. In 2006, the Government of Canada, the Assembly of First Nations, churches, and other Indigenous organizations reached an agreement to compensate former victims of Canada's residential school system for Indigenous students (Government of Canada, 2021). It was, until now, the largest class action settlement agreement in Canadian history. Total compensation was estimated at \$1.9 billion. However, the total amount awarded was over \$4 billion (Government of Canada, 2019). The settlement agreement had three main vehicles of compensation. First, every former student of a residential school who was separated from their family to attend the residential school received a lump sum – the Common Experience Payment. Second, students who were sexually and/or physically abused were compensated using a point system called the Independent Assessment Process. Finally, and beyond the scope of our research, were ongoing general education programs (e.g., the Truth and Reconciliation Commission) and cultural and mental health supports (Indian Residential School Resolution of Canada, 2007).

Sixties Scoop settlement agreement. Between 1951 and 1991, Indigenous and Inuit children were apprehended from their families and communities by provincial child welfare authorities and placed with non-Indigenous foster parents (*Riddle, White, Charlie v. Her Majesty the Queen*, 2018). These children were not raised according to their cultural traditions and were not taught traditional languages. This tragic chapter in Canadian history is known as the "Sixties Scoop." The purpose of the settlement agreement is to bring a "comprehensive and lasting resolution" to the legacy of the Sixties Scoop by promoting healing, education, reconciliation, and commemoration (*Riddle, White, Charlie v. Her Majesty the Queen*, 2018, p. 40). Any "registered Indian" pursuant to the Federal Indian Act or Inuit individual who was taken away from their parents is eligible for compensation. The implementation of the agreement is ongoing.

Federal Indian Schools settlement agreement (Day Schools). On March 12, 2019, Canada settled in a nationwide class action for harms suffered attending federally operated Indian Day Schools (*McLean, Augustine, Commanda, Sampson, Swan and Buckshot v. The Attorney General of Canada*, 2019). Between 1863 and 2000, the Government of Canada operated nearly 700 schools for Indigenous peoples in Indigenous communities. At these schools, students suffered psychological, physical, and sexual abuse – and were subject to the same curriculum as the one provided in residential schools (Federal Indian Day School Class Action, n.d.). The goal of the settlement agreement was to tell the truth about victims' experiences, promote reconciliation, and healing. The implementation of the settlement is ongoing, and the claims deadline is in July 2022 (Federal Indian Day School Class Action, n.d.). Any former day student who suffered abuse or harm while attending the school is eligible for compensation

Case example: Motherisk

From 1990 to 2005, the Motherisk Laboratory tested 24,000 samples for drugs and alcohol from over 16,000 individuals for child protection purposes. The testing was deemed inadequate and unreliable for use in child protection and criminal proceedings. In response to these findings, the Ontario Government created the Motherisk Commission to review cases and provide resources to assist people who have been affected by testing. The Commission reviewed 1,271 cases to determine whether the lab results had a substantial effect on the outcomes of cases involving parental rights (Ministry of the Attorney General, 2018). In 2017, Green argued that Sick Kids' Motherisk lab was "systemically negligent" by conducting unreliable tests that were relied on to cause a range of harms (e.g., loss of parental rights) to the test takers (*Green v. The Hospital for Sick Children*). Green failed to persuade the Court that a class action was a "preferable procedure" to other modes of litigating the dispute; namely, litigating the cases individually. Although financial compensation was not provided to the class, this case was analyzed because of its extensive use of administrative data to identify individuals affected by Motherisk's flawed testing methodology.

Australian compensation schemes

Australia – unlike Canada – has approached compensating its "Stolen Generation," Indigenous students taken from their families and placed in residential schools and with non-Indigenous parents, regionally and via statute. Rather than have separate compensatory frameworks for forced adoptions and residential schools, Stolen Generation compensation schemes have

aggregated these two harms. The Australian government's child removal policies are very similar to Canada's 20th century policies where Indigenous students were taken from parents and placed in non-Indigenous homes and forced to attend residential, segregated schools.

Compensation schemes for "Stolen Generation" students have been passed on a state-level in Tasmania, South Australia, and New South Wales. The Tasmanian model was generally adopted in the other states with *de minimis* alterations. Although this model suggests an alternative structural path to reconciliation and reparative justice, the narrow eligibility criteria and substantially smaller number of claimants limits the scalability of the approach. In fact, plaintiff-side counsel in Australia have cited Canada's approach as a more robust and inclusive compensation framework, notwithstanding the challenges of implementation here.

Tasmania. In 2006, the state of Tasmania's legislature established a \$5 million fund to compensate members of the Stolen Generation. The Act became operational at the beginning of 2007, and in total there were 151 claims received, and 86 claimants were eligible. (Tasmania Department of Premier and Cabinet, 2008). A total of 84 members received slightly over \$58,000 AUD each, while two deceased members of the Stolen Generation received individual amounts of \$4,000 and \$5,000 AUD respectively (Tasmania Department of Premier and Cabinet, 2008). The fund was the first of its kind in Australia. To be eligible, claimants needed to 1) self-identify as Aboriginal; 2) have Aboriginal ancestry; and 3) be communally recognized as being Aboriginal.¹

New South Wales and South Australia. The New South Wales and South Australian processes began in 2017 and 2015, respectively. They had similar features to the Tasmanian agreement. They required applicants to be Aboriginal and to be removed from their family before 1969 in New South Wales and 1975 in South Australia (Government of South Australia, 2018; Aboriginal Affairs New South Wales, 2021).

New Zealand processes

Throughout 2020, the Waitangi Tribunal heard claims that a disproportionate number of Māori children (tamariki Māori) had been taken into State care. As of 2017, Māori children constituted more than 60 percent of the children in care,

and recently, Māori children were five times more likely to be in state care than their non-Māori counterparts.

New Zealand's unique approach process claims involved the creation of a "permanent commission of inquiry" – or tribunal – designed to make recommendations of claims brought by Māori related to alleged breaches of the Treaty of Waitangi – a major treaty governing Crown-Māori relations in New Zealand (Waitangi Tribunal, 2021b). The Tribunal has three primary powers. First, it makes recommendations on the dispensation of violations of the Waitangi treaty. Although the Tribunal can make recommendations, those recommendations are not binding – a stark difference from compensation decisions in previous regimes. Second, and importantly, the Tribunal is a specialized body that has exclusive jurisdiction over the treaty and its legal effect. Finally, the Tribunal can make determinations on certain legal issues (e.g., land/water rights) between the Crown and Māori (Waitangi Tribunal, 2021c).

After hearing submissions by interested parties, claimants of treaty violations, and the Government of New Zealand, the Tribunal released its report in April 2021. The Tribunal's order broadly recognized the New Zealand Crown's perpetuation of harm on Māori children. The recommendations omit a strict, time-defined compensation process; instead, the Waitangi Tribunal proposed significant legislative and systemic policy changes to create a more equitable framework from safeguarding child welfare. (e.g., Waitangi Tribunal, 2021a).

Israel and Germany compensation schemes

The Holocaust is among the worst tragedies in human history, constituting a genocide of approximately six million Jews (men, women, and children) and millions of others, including political and religious dissidents, ethnic minorities, and LGBTQIA individuals (United States Holocaust Museum, 2020). In the early 1950s, the German government, Jewish organizations, the United States, and Israel, *inter alia*, provided funding for the formation of the Conference on Jewish Material Claims against Germany (the Claims Conference). The Claims Conference is a quasi-private organization responsible for negotiating reparative compensation for Holocaust survivors and memorialization of the Holocaust. The organization's function is two-fold: 1) to obtain funds for the relief, rehabilitation and resettlement of Jewish victims of Nazi persecution, and 2) to aid in rebuilding Jewish communities and institutions that were devastated by the Nazis (Claims Conference, n.d.).

¹ Note: this is exceptionally similar to the criteria adopted by the Supreme Court of Canada for determining Métis heritage in Pajamewon.

Since the formation of the Claims Conference, its role has evolved and expanded – often to obtain compensation for a larger universe of Holocaust survivors. There are three general forms of compensation available to survivors, which include: 1) indemnification (compensation for specific persecution-related losses or damages, including harm to a victim's health or loss of professional opportunity); 2) reparations (payments in money or materials from one nation to another for damages inflicted during a conflict, and in this case, a genocide); and 3) restitution (return or recovery of identifiable assets, including machinery, real estate, business enterprises, and cultural properties that are restored to the original owners – nations, communities, institutions or individuals).

Our review of past settlements identified a number of lessons related to the three stages of the cycle of a compensation scheme: notification of claimants, application process, and claims processing. These are detailed in the sections below.

Notifying claimants

Overview

For effective implementation of a compensation framework, eligible participants must be aware of the agreement and the opportunity to receive payment. Thus, every compensation framework we investigated included a Notice Plan. Reaching prospective claimants can be difficult because different communities have different levels of need. Each framework, therefore, included digital and traditional media campaigns to raise awareness about the process. Unsurprisingly, some strategies were more effective than others. Ineffective strategies often resulted in claimants feeling ignored and retraumatized, because claimants were unaware that they could participate in the process despite being eligible. They felt left behind. Therefore, any successful communications strategy must put claimants first, and conduct outreach to claimants using media that the target community actually uses, rather than blindly adhering to a multi-channel approach. Targeting is necessary for successful implementation of a compensation framework.

Notice plans in the settlements reviewed in this report are summarized in the following table. More detailed information regarding the notice plans can be found in Appendix EE.

Table 3.1 Notice plans in Canadian and International compensation regimes

| Compensation regime | Notice plan summary |
|---|---|
| IRSSA: Common Experience Payment (CEP) and Independent Assessment Process (IAP) | Notice plan implemented by Hilsoft Notifications. Multi-channel campaign targeting Indigenous peoples aged 25 and over using direct mailing to claimants and general advertising (newspaper advertisements, informational news releases, Indigenous publications, etc.). In parallel, IRSAS – the Government of Canada's oversight body of the compensation agreement – also developed its own National Outreach Strategy designed to make claimants aware of the IAP program. |
| Sixties Scoop | Notice plan implemented by Argyle PR. The campaign included: messaging around key milestones, media engagement, and social media, print and television publications to engage the public and raise awareness about the Sixties Scoop process, with advertising and direct communications in French and English. |
| Federal Day School | Gowlings WLG took responsibility for contacting a large group of class members directly, given the size of the registered class. Gowlings had contact information for approximately 80,000 members of the class. Like the Sixties Scoop Settlement agreement, Argyle PR was retained to develop and upload media services and create a communications strategy targeting Indigenous and mainstream earned and paid media, using English, French, and four other Indigenous languages. |
| Motherisk | N/A |
| Australia (Tasmania, New South Wales, South Australia) | Advertising campaign targeting Indigenous media, information sessions, and direct mail to Aboriginal organizations. |
| New Zealand Oranga Tamiriki (Waitangi Tribunal) | Claimant-driven. The tribunal receives complaints from organizations and affected parties to launch an inquiry. |
| Holocaust Reparations | Limited. Eligible claimants suggest they are largely unaware of the scheme. |

Lessons learned

Lack of participatory communications strategy

In past settlements, a participatory communications strategy involving members of the eligible class or group of claimants may have alleviated confusion about the compensation process. For example, in the IRSSA, many claimants wished they had been invited to participate in the design and dissemination of messages about the settlement. Prior to implementation, a group of residential school survivors had convened to flag concerns about the process, including that there should be a “survivor-led, trauma-informed communications strategy” (p. 35, NCTR, 2020). However, these concerns were not implemented and resulted in a communications process that did not reflect the voices of survivors and an outreach to respondents that was often under-inclusive. For example, survivors in remote communities struggled to receive the information they needed and felt that they had little say in the process.

Inaccessibility of information: Language, format, and technology

Consideration of claimants' language, preferred format to receive information, and access and use of technology may have improved the dissemination of key details about compensation. In some past settlements, what information was available was not always available in **languages** spoken by survivors, meaning many survivors did not have the information they needed in languages they spoke in order to apply. Additionally, information was often conveyed in an inaccessible format that did not adopt **Indigenous communication modalities** – namely “building networks of family contacts” and “frontline workers who could share information orally” (p. 35) and in Indigenous languages (NCTR, 2020). Furthermore, some residential school survivors with hearing loss, which was often the result of the abuse they had suffered, were not provided with information in alternative formats (NCTR, 2020).

Accessibility is particularly important as it relates to **technology and internet access**. The lack of reliable internet access for Indigenous communities was a substantive barrier for effective technological use in implementing previous Canadian settlement agreements. For example, in the IRSSA many communities of survivors “were isolated” and “technology was not available for a lot of people,” leaving no “accessibility to the compensation” at all for some eligible individuals (NCTR, 2020, p. 65). Communication cannot be “solely or even predominantly internet-based” (NCTR, 2020, p. 65). Other forms of technology that are available, like radio, newspapers, flyers, or faxes should also be used, and used more heavily, to reach the target community (NCTR, 2020).

If the notice plan includes in-person events, it is essential that they are targeted and well advertised so community members can participate.

Ultimately, a precondition for claimants to use internet or broadband to access information on settlements inherently disadvantages Indigenous communities that do not easily have access to the internet (Samuel Centre for Social Connectedness, n.d.). Indigenous communities in Canada have unequal access to high-speed internet. The digital divide between settler and Indigenous communities is, by some estimates, wide (Internet Society, 2020; Samuel Centre for Social Connectedness, n.d.). The diversity in internet connectivity must therefore inform how technology is used to inform eligible claimants, troubleshoot issues, and accept applications. Varying technological capacities is especially relevant for children and young people who, depending on their age, may use technology in very different ways than adults do.

Lack of clarity and intentionality in communications

The **clarity** of language used in communications is important for effective dissemination of a notice plan. Communications must explain in clear terms what claimants ought to do to succeed on applications. In the past, claimants have complained that the eligibility criterion were unclear. For example, the NCTR (2020) report highlights how both components of the IRSSA did not explain clearly the implications of signing waivers, or what key concepts like “physical abuse” or “loss of income” or “confinement” meant. Although these are legal concepts, at the heart of the settlement agreement, public-facing communications should use culturally appropriate and sensitive language that can easily be understood.

The Federal Day School settlement has had similar difficulties, where key concepts and resources have gone unexplained. For example, in March 2020 the Federal Ombudsman sent a letter stating that implementation of the Day School settlement agreement was “not fully serving the needs of survivors” because there was no plain language explanation of the settlement with links to resources available on the Government’s website (Office of the Federal Ombudsman for Victims of Crime, 2020). The Federal Ombudsman implored the Federal government to advance funds to communities to enhance resources for face-to-face interaction with community members. Misunderstandings can result from poor initial communication about the process: in the IRSSA, some survivors believed that they would be unable to attend church if they applied for compensation. This led fewer claimants to apply and led some to miss the application deadline. This diminished the

efficacy of the compensation regime, fuelling distrust and limiting the number of applications (NCTR, 2020).

Although it is essential to use plain language to help inform applicants about the process, if that language is **inappropriate** to the target audience it can reduce the number of applications from eligible claimants. For example, during the Motherisk Commission's notice plan, a poster was used to reach out to claimants in schools. The contents of the poster "stirred controversy" because it asked if children were "taken" from their parents (Ministry of the Attorney General, 2018). The intention was to use language that was easy for high school students to understand, but instead the poster was inadvertently sent to elementary schools. Children's Aid Societies criticized the poster for its language, while others supported it. Ultimately, the Ministry responded by removing the poster from all schools given its inappropriate use of language (personal communication, member of the Motherisk Commission).

Key lessons learned – Notifying claimants

Challenges. Claimants have been critical about prior communications plans because they are not inclusive, unavailable in their spoken and written languages, and relied on technologies that some claimants did not use.

Opportunities. Harnessing the power of the provincial or federal government to notify claimants – in a privacy-focused way – is an effective tool for conducting outreach. Given the lessons outlined above, claimant notice plans should consider the following:

- **Participatory design of the notice plan.** Consultative design of the notice plan that engages stakeholders who will be directly affected will improve accessibility and clarity of communications regarding the compensation process.
- **Prioritizing accessibility of the notice plan.** A diverse variety of communication methods and events are needed to ensure eligible claimants receive pertinent information regarding the process. It is important to consider language, hearing/sight abilities, and access to technology and the internet.
- **Clear messaging regarding the process.** Ensuring that the content of the notice plan clearly states the scope of eligibility, requirements for applying, and the rights and responsibilities of applicants will help alleviate the burden and potential confusion for individual claimants.

Applying for compensation

Past compensatory regimes have illustrated some cautionary lessons regarding the process of applying for claims, both regarding the application design itself and the support provided for claimants. The design and structure of the application process must consider claimant experiences. At best, a well-designed compensation process can promote reconciliation by ameliorating trauma and recognizing past harms. At worst, implementation can frustrate that purpose by forcing claimants to relive their suffering. Consideration of the procedural complexity of applying, the burden of proof on applicants, and possibilities for supporting claimants in the application process (legally, administratively, and emotionally) should be part of the application process. These are explored in more detail in the subsections below.

Lessons learned: Designing the application process

The application design for compensation in the settlements reviewed in this report are summarized in Table 3.2 on p. 104 More information regarding the application processes can be found in Appendix EE.

Enforced Western legal processes

The formal, legalistic process inherent in many past compensation regimes reflects a Western legal paradigm that can be alienating for claimants. The IRSSA process (and in particular the IAP) is a particularly illustrative example in that it emphasized temporality rather than Indigenous-centric healing processes. Some survivors were unfamiliar with a complex legalistic process. Some even compared the IAP process to residential schools because they were "taken from their communities, brought to buildings that were like compounds, victimized by re-telling their stories in a culturally unsafe manner, and then returned to their communities" (NCTR, 2020, p. 32).

The timeline was dictated by adjudicators and the government, and healing and claimant-readiness was not adequately considered (Petoukhov, 2019). Survivors were compensated based on the "spatial and temporal arrangement imposed on them" (pp. 184–185) by the Canadian legal system (Petoukhov, 2019). For instance, one survivor's claim was denied because she was sexually abused "outside of school property" – even though the abuse was perpetuated by a school employee "mere feet [...] on the wrong side of the property line" (Petoukhov, 2019, p. 115). Finally, many IAP adjudicators and CEP processors had never experienced working with survivors or Indigenous peoples and therefore did "not have the cultural competence" (p. 40) required to build a rapport with survivors (NCTR, 2020).

Table 3.2 Application design in Canadian and International compensation regimes

| Compensation regime | Eligibility criteria | Remedy | Length of application window | Burden of proof |
|---|--|--|---|---|
| Common Experience Payment (IRSSA) | Former attendees of a recognized Indian residential school. | Lump sum payment, \$10,000 initial sum for the first year of attendance, \$3,000 for each subsequent year attended | 5 years | Mixed. Claimants were required to complete an application that asked for basic biographical information, governmental identification, and information about the time, place, and duration of time spent at a residential school. Applications were required to be notarized and needed to be witnessed. Claims were verified via an automated system using governmental records. |
| Independent Assessment Process (IRSSA) | A victim of sexual and/or physical assault perpetrated by a teacher or student, or other wrongful conduct resulting in serious psychological consequences. | Victims received a lump sum payment between \$5,000 and \$430,000, that depended on the "level of abuse" through a point system. | 4 years | Mostly claimants. Claimants were required to attend hearings, answer questions identifying their accuser, and describe the date, type, and frequency of abuse. If an applicant rated their abuse above a certain level, they were required to provide specific types of evidence (e.g., hospital, treatment, psych. records, income tax, etc.) |
| Sixties Scoop | Registered Indians who were removed from their homes between January 1, 1951 and December 31, 1991 and placed in the care of non-Indigenous foster parents. | Lump sum payment, expected to be between \$25,000 and \$50,000 per claimant | 5 years | Claimant had the burden of providing biographical and identification information, records of adoption, and had the option of writing their personal story and experience. |
| Federal Day School | Individuals must have attended a) Federal Day Schools and b) suffered abuse or harm at the school. Harm and abuse included both physical and sexual abuse and was determined based on a sliding scale. | Lump sum payment, between \$10,000 and \$200,000. | 5 years | Burden of proof is on the claimants. The amount of evidence depended on the seriousness of the claim. Claimants had to provide identification, evidence of a school attended, and write a written narrative of events. For more serious claims, claimants were required to produce family/friend narratives, other records, and medical, dental, and therapy records. No oral hearings were required. |
| Motherisk | Individual child protection cases between 1990 and 2015 where testing conducted by the Motherisk Laboratory had a "substantial impact" on the court's decision. | No compensation. Instead, the Commission provided referrals to counselling services (paid for by Government of Ontario), legal advice, and information collection. | 2-year mandate, 5 years for counselling (see Remedy). | The Commission and Children's Aid Societies in Ontario bore the burden of reviewing claims and finding eligible claimants. The Minister of Children and Youth Services issued a policy directive to identify all cases where there was a Motherisk test. |
| Tasmania (Australia) | Legally recognized Aboriginals who were removed from their families before 1975. | \$5 million AUD, dispersed depending on the category of harm. | 1 year | Mixed. Applicants required to complete a form and supply various levels of proof. An independent assessor searched government records to corroborate the applicants claim. |
| New South Wales, South Australia | Legally recognized Aboriginals who were removed from their families before 1975 (South Australia) or 1969 (New South Wales). | New South Wales: \$75,000 AUD and \$7,000 AUD for funeral expenses South Australia: \$20,000 AUD | New South Wales: 5 years South Australia: 1 year | Similar to Tasmania. Applicants provided biographical information and documents to prove their identity and assessor verified claim. However, less of a burden is placed on claimants compared to Tasmania, because claimants merely signed a release enabling the government to search documents to provide proof of the claim. Most also had an interview with an assessor. |
| New Zealand Oranga Tamiriki (Waitangi Tribunal) | Māori whose children were "taken under state care." | Report and recommendation that New Zealand's settler government delegate more responsibility over Māori children to Māori governmental agencies. | Ongoing | Inquisitorial model. After a claim is sent for review, the Tribunal sends a team of historians, lawyers, and ex-judges who constitute the tribunal to hold hearings and find facts. |
| Holocaust Reparations | Different compensation frameworks for people suffering hardship (e.g., escaping a Nazi-regime), incarcerated in a camp, child transportation, or was a spouse of a victim. | Some ongoing payments (580 EUR per month for the Article II Fund), and other lump sum payments. | Ongoing and evolving types of compensation | Mixed. Claimants had to produce "documentary proof of their dispossession." |

Power dynamics between adjudicators and survivors also ran counter to the reparative and reconciliatory goals of the settlement agreement. By design, the IAP process required full disclosure to be eligible for compensation, irrespective of the claimant's preparedness. Compensation was only awarded if there was "sufficient evidence" based on "precise and in-depth disclosure" (NCTR, 2020, p. 29). These evidentiary sources emphasize certain life experiences as deserving of compensation, while discarding others because they do not conform to accepted discourses of victimization. IAP claimants were forced to fit their often non-linear, complicated experiences within Western standards of health, wellness, and body in order to receive compensation (National Centre for Research for Truth and Reconciliation, 2020).

The **definition** of who constitutes a member of an Indigenous community is another example of a legal concept that, when strictly interpreted, results in a harmful and exclusionary experience for claimants. Legal scholars, sociologists, First Nations, Métis, and other Indigenous communities debate about how this can be defined. In Tasmania, the Assessor often did not decide who was and was not Aboriginal but did decide that he was "not satisfied on all the material before him that a particular applicant was Aboriginal" (Tasmania Department of Premier and Cabinet, 2008). The Assessor then chose to rely on Australian jurisprudence and legal definition to determine Aboriginality. This was the most common means of rejecting an applicant.

Complex forms and legalistic language

As is the case with communication about compensation processes (described above), the language within the application itself must be consistent and clear. For example, many Indian Residential School survivors believed that the process was overly **complicated and burdensome** and that information was conveyed in an inaccessible manner. One recurring challenge was the use of legalistic – rather than simple, clear – language to describe concepts and allow claimants to produce evidence. According to NCTR (2020), key technical, legal concepts including – "serious physical abuse," "wrongful acts, and "loss of income" – were not explained well because no examples were provided to illustrate what these concepts meant.

In the Day School Settlement Process, Ken Hudson, former Fort Smith Métis Council local president, stated that "everyone he knows is filling out the form for the lowest amount of compensation" because they do not understand the terms (Desmarais, 2020a). Belt strappings, for example, were a common

method of physical abuse. Yet, the forms do not, in Hudson's opinion, explicitly explain how much compensation individuals are eligible for that form of abuse. Survivors ask, "can't they simplify [the application] to say 'did you get strapped?'" (Desmarais, 2020a). Some claimants therefore felt traumatized because they are short-changed on the amount of compensation they receive. For children, this issue is especially difficult because if they are required to complete forms to submit claims, they might not understand exactly what they are completing.

Interviews with ISC staff highlighted that streamlining applications to be less intensive for claimants (e.g., omitting maiden names/previous names from the application) and shorter in length (a few pages), as well as receiving feedback from multiple stakeholders regarding forms being sent out (e.g., representative class plaintiffs, victims, class counsel, and intervening parties) can lead to superior design and implementation. It is also more cost-effective, because it is less time- and labour-intensive to implement (in-depth interview with ISC staff).

Onerous burden of proof

Providing documentation to prove past harm, and therefore eligibility for compensation, can be onerous and sometimes impossible for claimants who are indeed eligible. This often relates to the **lack of documentation** within institutions related to the reason for compensation, rather than individual oversight or lack of trying. Importantly, residential school survivors found producing supporting documentation difficult and oftentimes onerous. Where survivors were asked to produce documents supporting their attendance using archival or evidentiary proof-of-attendance, they found that sourcing those documents "involved another difficult-to-navigate process with colonial institutions and departments" (Anglican Church of Canada, 2019, p. 6).

One conversation with staff at ISC suggested that onerous verification of documentation may ultimately **cost** more than just paying applicants with imperfect evidence because of the important financial and human resources required. Although it is important to verify applications to ensure that the compensation process is fair, it can often cost more to verify every single document to support a claim (in-depth interview, Indigenous Services Canada staff). As such, trusting claimants is an important and overarching value to implementing a successful compensation process.

Our interview with Donna Cona² staff highlighted that trauma was most often triggered in the Sixties Scoop settlement process in cases where claimants were eligible, but the government had no documentation of their adoption. This re-awoke feelings of abandonment, frustration that they had to go through the process, and – for some – contributed to suicidal ideation (in-depth interview with Donna Cona staff). According to Kathe Legrange, the Director of 60s Scoop Legacy, many survivors believed that Collectiva would be responsible for finding supporting documents on behalf of claimants. She said: “law firms initially told claimants that Montreal-based Collectiva would obtain their records,” but now the **onus is put on survivors** to obtain documents to substantiate their claims (Martens, 2020). Further, because claimants are now required to produce documents to support their claim, lost records are more difficult to find and prove, often in **tight timeframes**. For example, Vanessa Desmeules, an applicant, was told that there was no record of her presence at the school. Records were complicated for Desmeules to obtain because her foster parents changed her last name, and her birth parents did not have a birth certificate. Desmeules was ultimately able to obtain old report cards, and get a birth certificate, all within the 45-day deadline (Forrester, 2019).

Strict timeframes and application process

Application processes with strict timeframes have limited the efficacy of claims processing, reduced access to compensation, and ostracized claimants. In the IAP, which imposed a tight deadline, many survivors felt emotionally ill-equipped to comply with the application timeframe. When they did apply, IAP hearings were often held in one day – which made hearings more about the adjudication process rather than the claimant, because claimants were expected to be expressive “on command” (Petoukhov, 2019, p. 104). If adjudicators were not satisfied or required additional documentation or evidence to reach a compensation decision, they could ask claimants to produce more information, thereby re-igniting and inflaming their trauma again (NCTR, 2020). Timeframes that suited adjudicators rather than claimants reduced participation in the process and increased survivors’ feelings of ostracization. Deadlines were too short – especially because some survivors delayed applying for CEP and/or IAP because they feared retraumatization, leading many survivors to be “unjustly excluded from receiving compensation” (NCTR, 2020, p. 33).

In the Day School settlement process, some claimants, and their families, similarly felt that the process was “unfair and rushed” (Deer, 2020). Like the IRSSA process, there were strict deadlines and a limited 5-year process of eligibility. One claimant’s daughter stated she believes that the process was made to be “as unfair or as hard as possible” with the intention of cutting “as many people out as possible” (Deer, 2020). Individuals suffering from serious emotional or physical trauma often take differing amounts of time to process their trauma and wish to “reveal more as they feel comfortable.” Instead, this process required claimants to complete multiple applications, bear the burden of sourcing many documents, and comply with specific external deadlines (Deer, 2020). The notion of **progressive disclosure** – in which individuals disclose information over time rather than all at once – can support individual agency during the process and reduce the potential for retraumatization. A progressive disclosure approach would allow survivors to “reveal more as they become more comfortable” (Deer, 2020). This is particularly important for children who may also be more capable of sharing information over a period of time. Australian timelines were even shorter than Canada’s processes, thereby leading to retraumatization and running counter to principles of progressive disclosure.

Our interview with ISC staff highlighted that, beyond the need to account for progressive disclosure, the **size of the claimant pool** had to guide the determination of the length of the settlement agreement. If Canada underestimates the time needed to receive claims, this can seriously impede the compensation process and retraumatize claimants.

Deloitte has prohibited claimants from **modifying their claims**, leading some survivors to receive less compensation than they deserve. For example, a classmate of Dorothy Dell, a claimant, was sexually assaulted by a clergy member off school property, but because the assault occurred off-campus, she was only told to file a level one claim (the lowest level). Subsequently, she heard that one of her classmates was able to file a claim at a higher level for similar conduct. She sought to modify her claim but was told that the “check was already mailed” (Deer, 2020). This subverts the goals of recognizing harm and can lead survivors to relive and relitigate their abuse without full and fair compensation for the type of abuse suffered.

2 Donna Cona is an Indigenous-led, private consulting firm that provides mental wellness and support services. Among other services, they ran the Indian Residential Schools Settlement Agreement contact centre, and operate the ongoing IRS Crisis Line and the Hope for Wellness Helpline.

Narrow interpretation of eligibility

Eligibility for some settlements in the past has been seen as unfairly excluding individuals due to **narrow interpretation** of the reason for compensation. Claimants – and ineligible members of communities – believed that excluding day school attendees from the IRSSA was unfair. The settlement agreement also excluded boarding schools, Métis schools, and some residential schools in the far north and Labrador. Participants believed the mandate and implementation of the IRSSA would be flexible, and that the settlement would be expanded to “include many if not all of those excluded in the original mandate.” That flexibility did not occur, leading to an exclusionary “shadow that hung over the process” (NCTR, 2020, p. 21).

According to the United Church of Canada, some focus group participants emphasized that the exclusion of certain groups, namely day scholars at residential schools, “taint[ed] healing” and was a source of “great pain” (Anglican Church of Canada, 2019, p. 6). Dissension in communities grew as recipients of CEP felt **guilt** for receiving compensation when many friends, family, and relatives did not. Imprecision in defining and including all of the relevant schools and groups in the CEP and IAP process ran counter to the purpose of the IRSSA by making many survivors feel excluded from a process intended to repair and heal.

In the Federal Day School settlement process, some survivors have criticized how schools were selected for inclusion in the Day School program: namely, the exclusion of religious and provincial schools, as well as those managed by First Nations. For some, this meant that even though they were forced to attend settler-operated institutions, they could not participate in compensation. While individual legal remedies are still available, they have burdensome costs without a settlement or class action process available (Banning, 2019). In the Sixties Scoop Settlement, the exclusion of Métis claimants from the eligibility requirements has also been criticized (The Canadian Press, 2018).

Inflexible and narrow eligibility criteria in the Australian settlement processes was similarly criticized for being exclusionary. For example, the eligibility criteria in South Australia included children who were pressured to put their children up for adoption but excluded those who were removed by “purely private arrangements” (p. 15) – where a parent placed their child with other family members or institutions voluntarily (Government of South Australia, 2018). According to the Independent Assessor, “in most adoption cases

my recommendations were that offers not be made” (Government of South Australia, 2018, p. 15). This means that – by design – individuals who might have been functionally forced to put their children up for adoption, did not have any recourse or compensation. Originally, children who were removed with a court order because of reasons of abuse or neglect were also excluded from the compensation process in South Australia. This criterion was eventually removed by the Minister for Aboriginal Affairs and Reconciliation after the assessor recognized that this would amount to a “cruel denial of their identity as Stolen Generation and would be tantamount to another ‘removal’ by government” (Government of South Australia, 2018, p. 16).

In Israel, a benefit intended for Holocaust survivors excludes those who moved to Israel after 1953 because the agreement between Germany and Israel was signed in 1952 (Chernick, 2019). As a result, “[t]here have been situations where brothers and sisters moved to Israel, but one came before 1953 and another after 1953, and they were in the same place, the same camp or ghetto – but they cannot [all] receive the monthly stipend because they came at different times” (Chernick, 2019).

Opaque adjudication process

Adjudication of eligibility of submitted claims has been unclear in several compensation regimes. For example, the focus of IAP was to measure physical and sexual abuse to make compensation determinations. Sexual and physical abuse was heavily favoured as a legitimate narrative of victimization, whereas other forms of abuse were diminished (Anglican Church of Canada, 2019). One survivor explained how they were bullied because they no longer spoke their community’s language after returning from the residential school. Yet, despite this trauma and ostracization, the IAP process was not designed to compensate victims of this type of abuse. Therefore, they received none (Anglican Church of Canada, 2019). Similarly, one claimant was limited to speaking only about their sexual abuse and felt that most of their other experiences were “brushed off,” (p. 30) despite being bullied and emotionally abused. Some survivors believed that the loss of language and culture was “equally traumatic” to sexual and physical abuse. By focusing on physical and sexual abuse primarily, IAP’s compensation framework was incomplete and needlessly formulaic (NCTR, 2020).

In all of Australia’s reviewed compensation schemes, the independent assessor had broad **discretion**, and the only oversight mechanism was the Minister

responsible for implementing the agreement. Claimants had no ability to appeal or reconsider claims.³ Through this broad discretion, South Australian assessor John Hill decided, in consultation with individuals and groups advocating for the Stolen Generation, that gauging the level of harm would “in itself be harmful to applicants” (Government of South Australia, 2018, p. 14). Therefore, rather than compensating claimants at variable levels, he decided to provide a singular, lump-sum payment of \$20,000 AUD. Reactions to this decision were mixed. On the one hand, Hill clearly grappled with how to minimize retraumatizing applicants. On the other hand, some claimants felt that the total amount of money allocated was too small already, and this made many claims even smaller (Government of South Australia, 2018). However, the lack of transparency and clarity regarding how this would be decided muddled the process.

Supporting claimants throughout their application

Levels of support provided to claimants in the settlements reviewed in this report are summarized in Table 3.3 on p. 109. More information regarding the application processes can be found in Appendix EE.

Inadequate legal support

While the complexity of some compensation processes requires individuals to seek legal counsel, the prospect of compensation can create the risk for **poor legal advising** and financial exploitation. For example, to navigate the burdensome IAP process, most claimants were encouraged to hire lawyers. This created numerous problems. Many claimants felt that their legal representation was inadequate (NCTR, 2020). Preparation was sparse; many survivors highlighted how they received advice “the morning of a hearing” on how to testify (NCTR, 2020, p. 40). Lawyers lost their files, required clients to do research for them, and some lawyers suggested that the claimants lied. Given that survivors were generally unfamiliar with Western legal systems, felt overwhelmed by the use of legal jargon, and were already nervous to share a traumatic experience in a skeptical environment, lack of preparedness exacerbated their discomfort and likelihood of success. Furthermore, lawyers offered translation services that were not cognizant of dialects, making some survivors feel like their claims were not heard at all (NCTR, 2020).

Legal fees were not fully covered by the settlement agreement and widespread **fraud and misrepresentation** by lawyers occurred. Some examples of misconduct include the following:

- In Saskatchewan, some lawyers required claimants to sign “blank forms with their information, in order to authorize fees being charged unfairly” (NCTR, 2020, p. 40).
- Calgary lawyer David Blott, who represented close to 6,000 survivors through the IAP process, was disbarred after he made “high interest loans” against their settlement payment – a practice explicitly forbidden by the settlement agreement and federal law. Further, many of Blott’s clients were denied compensation because their written statements and oral testimony were inconsistent (Grant, 2019).
- Stephen Bronstein employed Ivan Johnny, a convicted murderer, to sign up IAP clients. Johnny threatened claimants with threats of bodily harm and allegedly stole IAP compensation from survivors. Johnny’s parole was ultimately revoked (Martens, 2013).
- Ken Carroll, a Winnipeg lawyer, allegedly accompanied survivors to the bank and then subsequently demanded excess payment for legal services that he was already compensated for from the settlement agreement (Global News, 2014).
- Kenora-based lawyer, Doug Keshen, was accused of exploiting survivors by failing to pay them their full settlements within a reasonable amount of time and transferring settlement funds for clients from his trust account to his general account. Keshen categorically denied wrongdoing, and a settlement was reached that led to increased oversight of his practice (Robinson, 2017). The Law Society received extensive criticism from Indigenous groups about how they interacted with Indigenous peoples (Prokopchuk, 2019).
- One Survivor discussed how she was “hounded by the same law firm” until she proceeded with her claim (NCTR, 2020, p. 41).

All of these challenges, and the confusing legal compensation structures, led survivors to feel as though nobody was advocating for them. Many felt alone.

³ By contrast, in Canada, all compensation schemes investigated incorporated an Exceptions Committee oversight mechanism and had a multi-step reconsideration process.

Table 3.3 Support provided to claimants in Canadian and International compensation regimes

| Compensation regime | Access to free legal assistance for claimants | Availability of assistance for form completion | Healing supports |
|--|---|---|--|
| Common Experience Payment (IRSSA) | Provided free of charge. | Toll-free telephone number to answer application questions. Provided inconsistently. | Toll-free telephone number also provided mental health and emotional support services. |
| Independent Assessment Process (IRSSA) | Claimants were advised to hire lawyers, at their own cost, to navigate the complexity of the process. | Sometimes provided, but generally inadequate. Claimants regarded “form-fillers” as too young and withheld information about their abuse. | Available, but criticized by claimants for inaccessibility. |
| Sixties Scoop | Available and provided by class counsel. | Provided by claims administrator. | Available. Crisis line and trauma-informed training. |
| Federal Day School | Available and provided by class counsel. | Provided via claims administrator and legal counsel; regarded as inadequate. | Available. Crisis line and trauma-informed training. |
| Motherisk | Available. Included legal counsel case reviews and referrals to legal counsel. | Not relevant. | Available, and extended to include more applicants |
| Tasmania (Australia) | Not provided. | No; however, if the assessor believed that the application would not succeed, they were given the opportunity to informally meet with the assessor. | Yes – counselling was available. |
| New South Wales, South Australia | Applicants in NSW were directed to contact legal aid provider, but assistance was not provided explicitly. South Australian applicants received \$1000 AUD for legal advice if they received an offer for compensation. | Yes. | New South Wales and South Australia compensation scheme included a healing fund. |

Consequently, the recognition promised by compensating survivors through the IAP process was incomplete and fell short of the settlement agreement’s goal of providing closure to claimants. The adequacy of some of the services provided to claimants has been questioned. For example, multiple survivors filed complaints against one class counsel for failing their clients and letting claims “languish for years” (Barrera, 2018).

In another example, in the early 2010s, a scheme was uncovered that embezzled over \$57 million USD from the Holocaust survivors’ Claims Conference. Federal prosecutors prosecuted and secured convictions for 31 individuals who recruited individuals who did not qualify for compensation, processed the claims, and disbursed funds to the recruiters (Federal Bureau of Investigation, 2010; United States Department of Justice, 2013). There

were over 3,000 applications. Consequently, a 2014 internal review of the Claims Conference suggested shifting the emphasis of compensation from recompensating Holocaust survivors to honouring and remembering their losses to prevent future genocide (Heilman, 2014).

Lack of impartiality

The process of disclosure during hearings and appeals processes in past settlements has led to feelings of being **misunderstood and questioned**. Claimants bore the burden of telling and proving their story of physical, sexual, and emotional trauma during the IAP process. However, their retelling often fell on skeptical ears. Adjudicators, lawyers, and judges met disclosure with doubt. Questioning was “particularly intimidating” for survivors. Many felt that

hearings were “very intrusive,” “unfair,” and left feeling like their “integrity was being questioned” (Anglican Church of Canada, 2019, p. 7). The prospect of repeated explanations of stories created additional concerns for survivors. There were approximately 38,000 survivors who participated in IAP, whereas only 7,000 TRC statements were collected. Survivors who wished to participate in both had to tell their stories multiple times. Given the emotional and vicarious trauma suffered by communities, understandably, they did not want to relive their trauma repeatedly (NCTR, 2020).

Many survivors also believed there was an appearance of bias that reduced the impartiality of the process. The IAP process was designed to be independent of the CEP – which Canada was responsible for managing. Instead, the IAP process “functioned as a sector” (p. 33) within Indigenous and Northern Affairs Canada (now ISC), which provided security, procurement resources, and hired adjudicators (NCTR, 2020). This **appearance of bias** reduced survivors’ trust in the process and distorted reconciliation and the recognition of harm.

Inadequate mental health support

Another problem has been the inadequate access and availability of mental health support for claimants. For example, during the IRSSA process, some claimants complained that despite lawyers’ obligation to inform survivors of the availability of mental health supports, they often **did not inform claimants** until immediately before IAP hearings. IAP events were neither “advertised well in advance” nor advertised “in modalities that will reach even remote communities” (NCTR, 2020, p. 63).

After claimants returned from IAP hearings they – understandably – felt trauma, but the mental health supports were neither accessible nor trauma informed (NCTR, 2020). Rather than supplying access to consistent, in-person resources, the Agreement made mostly web-based or telephone-based supports more available (NCTR, 2020). Further, the supports that were available were often **Western-centric** instead of community-driven systems. Other issues with mental health provision during the IRSSA included the fact that Indigenous therapists were excluded from a list of approved therapy options for survivors, and that rotational therapist programs, especially in the North, required survivors to recount their stories repeatedly, and often these therapists were more concerned with payment than adequacy of service (NCTR, 2020).

Our interview with Donna Cona staff, who provide supports with the Sixties Scoop and Day School processes, highlighted that the use of **different modalities** for the provision of mental health and other supports was important when working with claimants of different ages. For instance, they noticed that children or younger adults sometimes preferred using the chat option when talking to staff because it meant that they could reach out from a computer or a phone, without people around them knowing what they were doing, which heightened their sense of privacy.

Inadequate administrative support

Inadequate support for the application itself, including responding to questions and providing updates on application status, has revealed ways in which this could be improved. For example, one conversation with ISC staff highlighted key points regarding support for claimants during the IRSSA process. Claimants care deeply about protecting their very **private information** – especially related to abuse. For example, Canada decided to hire “form fillers,” typically younger individuals from the community hired to assist applicants with completing applications. This made many claimants uncomfortable. Because of their youth, form fillers tended to be younger adults from the same community, and claimants did not wish to share their intimate personal details (namely, their sexual and physical abuse) with these individuals. This impeded the process because it led to surprises at IAP hearings – since the claimants disclosed far more information than initially disclosed in the application. Consequently, more documentary evidence was required, and the categorization of compensation needed to evolve. Some solutions include negotiating clear text in the settlement agreement on how privacy will be protected and providing the implementing parties with greater flexibility to protect privacy (in-depth interview with ISC staff).

Hiring **community liaison officers** led to more successful application processing. Community Liaison Officers worked closely with claimants, and frequently contacted ISC to resolve ambiguities and issues. Although this program required a high upfront investment, applicants who worked with community liaison officers received high first-time approval rates of applications. This process also helped identify other forms of acceptable government-issued identification (namely, hunting licenses) that ensured more eligible claimants could apply and increased the efficiency of application processing (in-depth interview with ISC staff). Ultimately, it was very successful in saving time and money.

Table 3.4 Claims processing mechanisms in Canadian and International compensation regimes

| Compensation regime | Claims Administrator | Algorithmic review | Hearings | Appeals |
|---|---|--|--|---|
| Common Experience Payment (IRSSA) | Office Indian Residential Schools Canada | Yes, Canada deployed an algorithmic search engine to review applications (CARS and SADRE). | Not available. | Yes |
| Independent Assessment Process (IRSSA) | Office of Indian Residential Schools Canada | No | Required. Extensive hearings process with an independent adjudicator, claimant, and counsel (although the claimant had to pay for counsel's legal fees). | Yes |
| Sixties Scoop | Collectiva | No | Not available. | Yes |
| Federal Day School | Deloitte | No | Not available. | Yes |
| Motherisk | N/A | N/A | N/A | N/A |
| Tasmania (Australia) | Single independent assessor | No | Claimants met with the independent assessor informally if he felt the criteria was not met. | Limited reconsideration was available by the Assessor via an interview with the claimant. However, there is no judicial/independent review. The Minister overseeing the Assessor had the discretion to approve of applications. |
| New South Wales and South Australia | Single independent assessor | No | Required, but no formal legal processes. | Same as Tasmania. |
| New Zealand Oranga Tamiriki (Waitangi Tribunal) | Waitangi Tribunal | No | Required. | Not applicable – since the Tribunal mostly provides recommendations, appeals are not required. |
| Holocaust Reparations | Claims Conference | No | Not required. | Available. |

Key lessons learned – Applying for compensation

Challenges. Applications can be confusing for claimants because of their legalistic language and application processes. Tight timelines, lacklustre (sometimes fraudulent) legal assistance, and untrained emotional support personnel can mean the process is cumbersome at best and retraumatizing at worst.

Opportunities. The application design must be inclusive, using culturally appropriate, easy-to-understand language. Some key takeaways regarding the application process include:

- **Consider participatory, Indigenous-led design of application processes.** Centring and being more attentive to Indigenous legal paradigms and community supports can more faithfully advance reparative justice

initiatives. Western legal systems should not be all-encompassing. Indigenous legal traditions should be incorporated explicitly, or entirely, in providing legal remedies. Spatial and temporal restrictions on eligibility that comport with exclusively Western legal ideas should be minimized wherever possible.

- **Less complexity may alleviate the process and cost for both claimants and administrators.** The more arduous, legalistic, and complicated the process the more difficult it is to implement. Easier processes with straightforward forms and minimal burden of proof could reduce potential retraumatization through alleviation of the process and increasing access to compensation for eligible individuals. The application process should optimize flexibility and transparency to simplify and clarify the process for the administrator.

- **Provision of adequate legal support.** Understanding literacy rates in the community, conferring with community leaders to determine the types of supports preferred, and having a flexible review process will improve compensation processes. Legal counsel should be free-of-charge to claimants. If a process similar to IAP or CEP is chosen in which lawyers are recommended, the Court should appoint an overseer and provide a list of preferred vendors.
- **Sufficient mental health supports should be available and informed by the needs of the claimant population.** A toll-free helpline is a start but may not be sufficient to support the mental health needs of many individuals and communities affected by the compensation process. Indigenous community supports should be available, in addition to in-person mental health resources and counselling.
- **Provide sufficient resources to administer processes effectively.** Hiring an adequate number of trained staff to assist claimants in a community-centric manner is essential to an effective implementation of a compensation regime. Resources must be available in languages that claimants speak, not just in English and French. Different communities should receive different targeting and have different resources available to support the application process.

Processing of claims

Overview

The processing of applications in past compensation schemes demonstrate some logistical, managerial, and technical learning that can be applied to the design of future processes. Planning ahead to receive applications can alleviate a number of problems once the application period opens. Transparent communication about the process can help manage expectations of claimants related to the application and processing times. Consideration of resources needed to manage a high volume of applications and inquiries, what sources of information will contribute to claims processing, and which tools will be used are all relevant for application processing.

The process of receiving and managing applications for compensation in the compensatory regimes we reviewed are summarized in Table 3.4 on p. 111. More detailed information regarding processing of applications is found in Appendix EE.

Lessons learned

Insufficient preparation for application process

Past settlement processes clearly demonstrate that planning ahead for receiving applications could reduce potential problems once applications are received. For example, the volume of applications for the CEP and IAP was higher than the Government of Canada anticipated. The deluge of applications meant that Canada did not have the resources needed to process applications. One important lesson was that **providing a buffer between the implementation of the agreement and the court order** is required to ensure implementation is smooth. By creating a “buffer” the implementing party can hire the appropriate number of staff, identify and potentially resolve definitional ambiguities, set appropriate expectations with claimants, and train staff to deal with traumatized communities (in-depth interview with Indigenous Services Canada staff). The importance of putting a lot of effort into planning and structuring before centralizing out was also brought forth in our interviews with Donna Cona staff, who provide support with the Sixties Scoop and Day School settlement processes.

Lack of resources to successfully identify and assist claimants

The absence of **sufficient resources available to agencies** that are supporting the identification of claimants can significantly slow down the processing of applications. For example, our interview with a member of the Motherisk Commission highlighted that the lack of records at the Hospital for Sick Children slowed down the identification of claimants. This led to inconsistent processing as child welfare agencies needed to be involved in identifying claimants: agencies in large geographical areas had more resources and people to process cases, while smaller child welfare agencies had limited human and financial resources, which made it more challenging for them to review dense, often paper-based files, to source applicants and copy the files the Motherisk Commission needed. Often these were Indigenous agencies located in Northern Ontario. Consequently, the Ontario Government, according to a member of the Motherisk Commission, invested \$500,000 CDN to source applications and provide provincial resources to hire more staff to assist in the review process. This enabled the Motherisk Commission to receive significantly higher response rates and review many more applications expeditiously (in-depth interview with a member of the Motherisk Commission). The Ministry of Child Services had also issued a directive asking all Children’s Aid Societies to produce documentation supporting the claim, which

in concert with the resources allocated, led to a high volume of identification and ensured the Commission felt like they had access to many, if not all, of the documentation they needed (in-depth interview with a member of the Motherisk Commission). If appropriate resources are not deployed for staffing and responding to emails or other modes of technological communication, it can frustrate both claimants and the agencies trying to support them.

Delays in processing times

Delays in processing applications have arisen in past compensation schemes and muddled the process for both claimants and the government. The experiences of the Day School settlement are one example where inconsistent processing times caused conflict and confusion among claimants. For example, Norman Yakeleya, the Chief of the Northwest Territories Dene Nation, highlighted how he heard that siblings filed claims on the same day, yet one sibling received their claim and the other did not (Desmarais, 2020b). No explanation was offered by Deloitte for the difference in processing times. This led to tension between families and the community. Delays – according to the government – are born from the partial burden on the Federal Government Crown-Indigenous relations to provide documentation to prove the claim (Desmarais, 2020b). However, First Nations and Indigenous survivors paint a different picture. They argue that the Government and Deloitte were not communicating effectively with one another, leading to claimants who filed claims at approximately the same time to receive decisions at different times (Desmarais, 2020b).

In the Sixties Scoop settlement, survivors also experienced important delays. As of June 2020, not a single claimant had received any compensation, despite the settlement agreement being finalized in December, 2018, and a settlement agreement in principle being reached in October, 2017. The Court intervened in 2020, amid COVID-19, ordering that cheques be paid out to claimants (Collectiva Class Action Services, 2020). According to Argyle PR, the pandemic and the burden of proof led to slower claims processing for some applicants (Hyslop, 2021). For example, one claimant submitted her application in August 2018. By January 2021, she had still not received a decision on her application, despite countless emails and phone calls. No one has been able to tell her whether her application was accepted or rejected (Hyslop, 2021). She is not alone either – as thousands of applicants wait for years after initially filing, with their questions largely unanswered. The harm caused by delays has been compounded by a lack of communication. For example, Shannon Bernard, an applicant who

lives in Toronto, emailed to ask for a status update on her claim. She received three calls back, all of which asked for basic information. At the time of a media interview, Bernard had heard nothing about her application despite providing them with the basic information multiple times (Deer, 2020). This lack of communication makes claimants feel unrecognized. Public outcry about the inability of the claims administrator – Collectiva – to respond to applicants led to judicial intervention in May 2020, appointing Donna Cona, Inc., to operate a call centre, maintain a database of eligible claimants, and provide personnel to perform these duties (*Brown v. The Attorney General of Canada*, 2020).

Unavailable records and data

It is important for claims administrators to be aware of jurisdiction-specific record destruction (or “expungement”) policies and practices. In the interest of data confidentiality, many jurisdictions impose conditions or timeframes that dictate how long or why a record may be saved. (Please see section II of this report for a high-level summary of data expungement practices in Canadian jurisdictions.) While these practices nominally aim to protect information about individuals, historical destruction of records can have significant implications for individual claimants seeking compensation. In Saskatchewan, for example, the Government destroyed some of the records substantiating claims that Sixties Scoop claimants were adopted. Specifically, the Ministry of Social Services received approximately 2,000 claims requesting information proving their adoption and were able to satisfy 84 percent of those claims (James, 2020). However, it has led to asymmetrical outcomes between family members, where some siblings are able to prove their adoption and receive compensation while others are not.

Difficulty in paying individuals

Our interview with ISC staff highlighted unexpected payment issues during the IRSSA compensation process. Many claimants, especially youth, did not **have bank accounts** and electronic payments were not set up immediately. To improve the process, it was recommended to set up bank accounts early.

Another unexpected issue that arose during the IRSSA process was the presence of **“lost claimants,”** i.e., individuals who had applied for CEP or IAP payment, then “disappeared” – meaning the claimant could not be located by the Government to receive their check or proceed with the next phase of the application process. The search for certain lost claimants who filed

applications in early 2010 still continues to this day. Locating lost claimants has been costly, requiring the services of private investigators. Further, communicating with claimants using their preferred mode of communication was important to resolving issues – some communities responded immediately to text messages while others were more comfortable using other modes of communication (e.g., phones, mail, etc.).

Issues with full automation of decision making

The use of technology has great potential to speed up the processing of applications but should be approached with caution. While the capacity to scale application processing is greatly increased with automated decision making, this is only possible, accurate, and fair when robust data are available and accessible. The IRSSA process using application processing software demonstrates tangible lessons regarding automated decision making for compensation. The CEP in IRSSA relied on multiple software programs (SADRE, CARS) to receive and process applications. These programs contributed to about 44 percent of the compensation decisions made – cases for which the data was clearly available and complete. However, these programs were subject to several challenges that caused delays and disruptions to the compensation process.

SADRE and CARS were launched quickly with the implementation of the settlement process, without the time to test for bugs. First, the programs were not designed to respond to the volume of applications that the CEP process generated in the first three months. Almost 80 percent of the 105,000 applications were submitted during the first three months. Consequently, the delivery of cheques was delayed because the IT systems lacked the capacity to “handle the vast amount of information that had to be collected and processed” (Aboriginal Affairs and Northern Development Canada, 2015, p. 38). Second, CARS had structural, design flaws. It could not identify gaps of time in student claims. The dataset also only consisted of a limited number of years, and therefore the algorithm could not accommodate the unanticipatedly high number of applicants early in the process (Aboriginal Affairs and Northern Development Canada, 2015). Third, to add to these volume-related issues, CARS was unintegrated with SADRE and other CEP Information Technology systems. This meant that information across systems and across the departments responsible for validating and assessing claims was un-shareable. Consequently, CARS was “slower, less productive and effective” than suspected (Aboriginal Affairs and Northern Development Canada, 2015, p. 44). The Government of Canada believes these issues were not as costly because

of the dedication of employees in meeting goals – meaning manual follow-up was ultimately needed in the end. Additional information on the CARS and SADRE system are available in Appendix EE. The following text box provides an overview of some of the main lessons learned from this process.

The example of IRSSA application processing software: SADRE and CARS – Key lessons learned

Although many years have passed since the SADRE and CARS systems were deployed, this experience provides multiple lessons for how effective implementation of a claims process can be implemented:

- 1 Test early, and test often:** Test the algorithm early, often, and plan for contingencies.
- 2 Plan for the worst:** Ensure the system can handle an early surge in applications and invest in appropriate IT infrastructure to handle a larger-than-expected number of applications.
- 3 Use consistent systems:** Where possible, use a single IT platform created for and developed by a single governmental entity.
- 4 Develop consistent review policies and share best practices:** Where two offices are deploying technological tools, with differing levels of trust, ensure consistency between offices in implementing the technology. This can diminish the asymmetry of retraumatization if there are delays.
- 5 Set reasonable expectations about the utility of technology for claimants and the government:** Class action implementation in Canada has been imperfect and there have been repeated examples of long delays in processing applications. Technology is fallible. Therefore, it is essential to set expectations with claimants on the length of time it will take to process applications and explain that delays are, unfortunately, inevitable. However, it is also essential for practitioners – namely government contractors and internal stakeholders – to ensure they set reasonable timelines and have a clear-cut understanding of how the technological systems will function.
- 6 Training Matters:** Training service providers to deal with intercultural issues, trauma, and language barriers can improve compensation processes.

Key lessons learned – Processing claims

Challenges. Application processing has suffered from capacity and technological issues. Underestimates of applications has led to governments becoming understaffed and overwhelmed – leading to unanswered calls, slow processing times, and inconsistency. Second, high application numbers have meant that the algorithmic tools designed to expedite processing have fallen short.

Opportunities. Some key takeaways regarding the processing of applications include:

- **Prepare to receive applications.** To optimize the efficacy of application processing, there should be time between the official legal compensation agreement being finalized and the actual launch of the application process.
- **Clearly communicate to manage internal and external expectations.** Given repeated examples of long delays in processing applications, it is essential to set expectations with claimants on the length of time it will take to process applications. Government contractors and internal stakeholders must also set reasonable timelines and have a clear-cut understanding of how the application process will function to ensure consistency in communication with claimants and administrative staff.
- **Be cognizant of availability and accessibility of data.** The extent to which information supportive to claims is available and accessible can be highly variable.
- **Use of technology.** If an algorithm is used to process claims, it should be tested early and often, and contingencies should be made to handle an early surge in applications once the application is live. Online application platforms should be developed consistently across the country, and training on these platforms should be uniform to ensure consistency in decision-making and to support trust and transparency in the process. Technology is a useful tool, and it can lead to more efficacious and efficient processing of compensation. However, it is no panacea for ensuring quick processing of blanket compensation payments, especially in the face of inconsistently available data.

Conclusion

Reflection on past Canadian and international compensation settlements and reparations schemes can provide useful considerations for future compensation processes. While settlement schemes can raise awareness about past harms to Indigenous communities, provide formal recognition of damages, and improve the material condition of claimants, past settlements have often fallen short of their ameliorative goals due to operational oversight. Repeatedly, individuals have been retraumatized by slow and burdensome processes that can have the opposite impact of the intended remediation they are designed to produce. The burden of proof is often too high – and placed mostly on claimants. Technological tools can assist claims but can marginalize and retraumatize those whose cases are more complex and less well documented than others. Inadequate resources and training to claims administrators can further subvert healing and undermine the intended reconciliatory aims of a settler colonial government providing compensation.

Some of the important takeaways related to the lessons we identified are as follows:

- 1 **Communicate with claimants on their terms.** Calls and public affairs campaigns to encourage applicants must be attentive to the target Indigenous population. Broad-based communications – while effective at reaching a large audience – are inadequate at reaching certain populations who live in communities that do not use that mode of communication.
- 2 **Centre inclusion – both in design and implementation.** The process of applying for compensation retraumatizes many victims – even if the system is designed perfectly. Retraumatization is repeated in virtually all compensatory frameworks. Longer timelines, more resources to support application processes, and reducing the burden of proof on claimants is necessary to create an inclusive process.
- 3 **Devote more (or sufficient) resources to claims processing.** Claims administrators – in Canada – have repeatedly disappointed claimants. Phones go unanswered, processes are confusing, and processing timelines take too long. Future payments schemes must deploy adequate resources to process claims, provide information in a manner that is attentive and designed to meet the needs of claimants, and processes claims in a consistent and timely manner.

Working with children in legal contexts

When children interact with the justice system – as witnesses, complainants, or offenders – it is essential that they are met by a system that understands their rights and unique vulnerabilities. (CRIN, n.d.). Unfortunately, Canada's justice system can be “mechanistic, “and is often governed by its own “agenda” – meaning that children's interactions with the justice system are imperfect, at best, or re-traumatizing, at worse. (Office of the Federal Ombudsman, 2017). Although numerous child-friendly legal frameworks exist, and have slightly different emphases, they ultimately share similar core principles. A child-friendly legal system ensures children are treated with dignity, respect, care and fairness. It provides access to justice, efficiently and equitably by empowering children to be heard and ensures that legal system account for their unique needs. (Council of Europe, 2010). Working with children in legal contexts ought to be less system-centric and more “person-centric.” (Office of the Federal Ombudsman, 2017) Below, we outline some considerations for working with children in legal contexts:

Protect access to justice and inform children of their rights to ensure effective participation. Children and their parents must know and understand what their rights are in legal or quasi-legal proceedings. Specifically, children and their parents must be “promptly and adequately” informed about relevant procedures, rights, remedies, support mechanisms, and the time and place of judicial or quasi-judicial proceedings (CRIN, n.d.; Council of Europe, 2010). Legal professionals should provide information to ensure effective participation by children by not underestimating children, building trust, and understanding and advocating for a child's perspective on an issue after ensuring they have the information they need to formulate an opinion on a matter. (UNICEF ECARO, 2018).

Ensure legal agents act in the best interests of the child. All legal advice and services must be provided in a way that is for the best interests of the child. (UNICEF ECARO, 2018; CRIN, 2017). This means that legal professionals must have a robust understanding of children's rights, interacting with key members of the legal system (e.g., judges and police officers), and how to tailor strategies to most effectively meet the child's legal needs. (Council of Europe, 2010; UNICEF ECARO, 2018).

Provide legal information in an age and culturally appropriate manner. Any materials provided to children must be child friendly. Age, gender, language, maturity must be considered when providing materials about legal proceedings to children so that they can have an appropriate understanding of what is occurring and can make decisions, with appropriate adult consultation, regarding the means of reparation, defense, or other elements relevant to making decisions. (UNICEF ECARO, 2018; Council of Europe, 2010).

Protect safety and mitigate harm for children in frightening situations. Children must be protected from harm (CRIN, n.d.). Harm includes physical or non-verbal intimidation, reprisal for participation in the justice system, and any other form of secondary victimization. Consequently, and to prevent stigmatization of the justice system, lawyers and legal actors must take efforts to ensure children's safety by reducing harm. Lawyers can demand that a child have a separate waiting room (especially if they are testifying or involved in proceedings against a parent or guardian) and should be allowed to participate remotely (where acceptable) (Council of Europe, 2010).

Ensure competence of the legal system to adequately protect children. Individuals who work with children must be competent. All professionals who work with children must be trained in how to communicate with children and receive “interdisciplinary” training (Council of Europe, 2018). This means that judges, lawyers, and other legal professionals receive ongoing training on how to interact with children, have a basic understanding of children's cognitive, physical, and emotional development (Council of Europe, 2018). These professionals must know that they can, and how to, receive specialized advice from psychologists, social workers and other trained professionals (UNICEF ECARO, 2018).

Protect Children's Privacy. Children can be victimized and experience extreme emotional and potentially physical harm if their privacy is not protected, and if they are accused of criminal offenses, they can be ostracized or discriminated against if their identity is disclosed (UNICEF ECARO, 2018). Children's proceedings should there be conducted privately (unless there is a compelling justification for it to be conducted in public) (UNICEF ECARO, 2018). Further, criminal records should not be disclosed until the child reaches the age of majority, and judges and the media should omit children's identities from their reasons for judgment and reporting (UNICEF ECARO, 2018). Explaining that different rules and procedures must be followed for cases where children are implicated is also essential to preserving confidentiality and child protection.

A Closer Look at Retraumatization

Eden Haber and the CHRT Compensation Project Research Team

Summary: Key risk and protective factors for retraumatization in settlement, compensation, and justice-seeking processes

Factors that contribute to the risk of retraumatization:

- Requiring disclosure of traumatic experiences on multiple occasions
- Scaling compensation based on the established severity of abuses
- Adversarial approaches
- Procedural formalism and restrictions on the way in which a survivor tells their story
- Lengthy waiting periods
- Existing vulnerability related to racialization, marginalization, and lack of resources

Factors that protect against retraumatization:

- Adopting culturally relevant approaches to compensation and justice that may differ from Western legalistic traditions
- Availability of trauma-informed, culturally-sensitive support services before, during, and after, for participants and their families and communities
- Preparation for participation including explanation of procedures, timeline, requirements of participation, and possible costs/benefits of taking part
- Training all personnel involved in administration and adjudication in trauma- and cultural-sensitivity
- Considering compensation and justice at the individual, family and community levels, and attending to cultural and structural factors that created conditions for abuse

Introduction

Experiencing harm or a violation of an individual's relational or physical safety can lead to a trauma response. Trauma can manifest as a variety of physical, emotional, psychological, and cognitive symptoms. Reminders of events or experiences that caused a traumatic response in the past may become a trigger, causing these or similar symptoms to re-emerge. Justice-seeking processes such as legal settlements and compensation can function as such a trigger, particularly when the source of potential remediation is also the source of the past harm. While individuals have unique past experiences and trauma responses, there are a number of ways in which the potential for retraumatization can be exacerbated or alleviated. This report, based on a review of social science literature, explores the notion of retraumatization through an experiential lens. It is meant to complement the findings of the review of past settlements (see [Exploring lessons learned from Canadian and International approaches to compensation agreements](#) on p. 97) that summarized operational lessons learned in previous compensation processes, by providing a deeper understanding of the psychological processes. It is our intention that this review – in tandem with the previous section – can serve as a reference document in designing compensation procedures that consider the experiences of individual claimants and minimize the potential for retraumatization.

Theoretical understanding of retraumatization

Defining trauma and traumatic stress

Trauma is the enduring physiological and psychological response to a distressing event (van der Kolk, 2018). **A traumatic response**⁴ occurs when an individual's ability to comprehend and process certain events is overwhelmed (Psychotherapy, 2018). This induces a shift in worldview, such that the individual begins to experience the world as being fundamentally unsafe. The individual then enters a state of chronic hyperarousal and hypersensitivity to threats to their safety, and the threshold to enter a "danger response mode" decreases, which creates heightened stress. Although traumatic stress is often discussed in the context of Post-Traumatic Stress Disorder (PTSD), this diagnosis is just one of a variety of "clinically recognizable responses to trauma," which can include emotional, psychological and physical symptoms

4 Similar events may be experienced as traumatizing for some and not for others.

related to fear, anxiety, memory and more (Kirmayer, Lemelson, & Barad, 2007, p. 1). Furthermore, trauma may occur as the result of a **single event**, such as a sexual assault or natural disaster, or of **multiple or ongoing events** or chronic conditions that have a developmentally adverse impact, as is often the case in childhood trauma (van der Kolk, 2007).

Defining retraumatization

Trauma produces enduring changes in the way one interfaces with and experiences the world. Because of these changes, adverse events that follow a traumatic event do not have a simple additive effect. “Rather, each sequential event is understood as...another stone tossed into an already disturbed stream” (Kudler, 2012, p. 51). Once an individual or community has experienced a trauma, they may develop an increased vulnerability to reinjury. Like a physical trauma or “a wound that has not quite healed,” subsequent stressors can exacerbate or reinitiate the pain of the initial injury, even if they do not parallel the initial event in nature or intensity (Substance Abuse and Mental Health Services Administration, 2017, p. 3). This reopening or aggravation of trauma symptoms is known as retraumatization (Dallam, 2010).

As described above, trauma can lead to a state of hyperarousal and hypersensitivity. When individuals encounter reminders of their original trauma or “triggers” (described in additional detail below), they may experience bodily and psychological sensations similar to those experienced at the time of the original trauma (Dallam, 2010). Individuals having a **retraumatization response** may not consciously connect their symptoms with an earlier trauma. Rather, when retraumatization occurs, “a current experience is subconsciously associated with the original trauma, reawakening memories and reactions” (SAMHSA, 2017, p. 1). Survivors who experience a traumatic stress reaction to a trigger that is similar to the reaction experienced in response to the original threat, can come to view the stimulus that caused the reaction as being dangerous, lowering the threshold for future retraumatization (Dallam, 2010). Retraumatization can therefore be **self-reinforcing**, as each instance increases the likelihood that another will occur.

Distinguishing retraumatization from revictimization

Retraumatization is also sometimes defined in the literature as the experience of **multiple successive traumatic events** of the same or different types (for example, an individual who is sexually assaulted and later experiences a natural disaster) (Follette & Duckworth, 2012). This is also referred to as

“**revictimization**.” However, for an event or situation to produce retraumatization, it does not necessarily need to have the potential to be traumatizing in and of itself (Alexander, 2012). Rather, it evokes a trauma response because of the way it interacts with the psychological and physiological state engendered by past injuries (Dallam, 2010). For the purposes of this review the term retraumatization is used to refer to the reaction a trauma survivor experiences to triggers, which includes but is not limited to revictimization.

Retraumatization triggers

Retraumatization occurs when a trauma survivor encounters a trigger. **Triggers** are “external cues that, based on past traumatic experiences, suggest to abuse survivors that their safety is at risk” (Dallam, 2010, p. 164). These cues can be experienced as threats to safety and reminders of potential harm for trauma survivors who exist in a state of hypersensitivity, as discussed above. It is the confluence of these individuals’ hyperalert internal states and an external trigger that causes retraumatization to occur.

Three kinds of triggers can cause retraumatization. **Sensory triggers** directly recalling the original trauma through stimuli such as sounds, smells, physical sensations (Dallam, 2010). **Relational triggers**, can lead to retraumatization “because they replicate common power dynamics between victims and perpetrators” (Dallam, 2010, p. 82). For example, situations in which choice is taken away could be triggering for an individual who experienced control in the context of intimate partner violence. Relational triggers are particularly relevant in cases of interpersonal and developmental trauma. A third type of trigger involves a **combination of sensory and relational stimuli**. Reactions to sensory and relational triggers can include emotional symptoms such as “anxiety, panic, flashbacks, crying, guilt, shame, anger, grief, fear, sadness, despair, and/or hopelessness” (Dallam, 2010, p. 82). Physical reactions may include “dizziness, headaches, shaking, nausea, and/or vomiting” (Dallam, 2010, p. 82). Reactions may persist after exposure to the trigger has ended, and delayed onset reactions can include nightmares and insomnia (Dallam, 2010).

Childhood traumatization and retraumatization

Brain development and trauma exposure

The risk and impact of retraumatization is heightened for individuals for whom the initial trauma took place in childhood (Zayfert, 2012). Children who experience

trauma are at a heightened risk for retraumatization because of the particularly profound impact of traumatic stress on their developing and highly neuroplastic brains. When children are subjected to trauma, the form and functioning of stress-sensitive areas of their brains may be permanently altered (Cross et al., 2017; King & Liberzon, 2012). These **neurodevelopmental changes** can lead to “lifelong patterns of reactivity to stress and traumas” (King & Liberzon, 2012, p. 63). The nervous systems of individuals who experience traumatic stress during childhood may become hypersensitized by their frequent arousal, such that stress responses can be elicited by “decreasingly intense stimuli” (Dallam, 2010, p. 13). Furthermore, childhood trauma survivors may experience difficulty self-regulating, as the repeated activation of their physiological stress response system slows down the system’s “off-switch,” such that they remain in a fear state even in the absence of any real threats to their safety (Cross et al., 2019, p. 113). Their hypersensitivity to and difficulty managing stress predisposes these individuals to retraumatization when encountering even vague reminders of the original trauma.

Trauma and attachment

Even when exposed to extremely stressful events, not all individuals will become traumatized. This is in part because **individuals vary in their capacity to tolerate distress and to self-regulate**. One reason that many survivors of childhood trauma may struggle to self-regulate is because of their troubled attachment histories (van der Kolk, 2007). Attachment describes the connection a child has to their caregiver, whose role during the child’s infancy is to support affective regulation by mirroring the child’s emotions and helping to soothe them (Alexander, 2012). Children whose caregivers fulfill this role effectively and consistently develop organized and secure attachments. They eventually internalize the capacity to regulate their own affective states and manage stress. Conversely, children with disorganized and insecure attachments struggle to self-regulate, placing them at “a heightened risk for both initial trauma and retraumatization (Alexander, 2012). Therefore, **early attachment relationships** can act either as a protective factor, contributing to the individual’s ability to cope with an initial trauma and buffering against retraumatization, or can exacerbate the impact of the initial event and aggravate the risk of being triggered. Additionally, children with disorganized attachments are likely to have experienced trauma at the hands of the very figures who are supposed to provide safety and comfort. This produces a shift in worldview such that “all persons [are viewed] as potential abusers,” further exacerbating the hypersensitivity that contributes to retraumatization (Dallam, 2010, pp. 81-82).

Retraumatization in settlement, compensation, and justice-seeking processes

It is often assumed that legal or extralegal processes to seek justice or compensation are inherently healing or cathartic for survivors of interpersonal trauma (Doak, 2011; Broneus, 2008). However, research indicates that giving testimony following a traumatic experience can be retraumatizing (Lundy, 2020). As described in detail in the previous section on lessons learned in past settlements (**Exploring Lessons Learned From Canadian and International Approaches to Compensation Agreements** on p. 97), settlement and justice-seeking processes, such as compensation schemes, can be riddled with sensory and relational triggers. In the absence of sufficient safeguards, this can produce extreme distress in trauma survivors. The ensuing retraumatization can have adverse effects in the immediate and long term on these individuals, their families, and communities. This section examines common elements of settlement and compensation processes that contribute to the risk of retraumatization, drawing upon examples from past individual and collective settlement and justice-seeking processes in the Canadian and international context, including some reviewed in the previous section.

Sensory triggers in justice-seeking processes

Sensory triggers are conditions which can cause retraumatization because they directly recall stimuli present at the time when a trauma took place. Often, settlement and justice-seeking processes require the presentation of evidence including vivid descriptions and depictions of the traumatic events, which can act as sensory triggers. Survivors can also be triggered when they are required to present their traumatic histories. Furthermore, certain procedural and structural elements common to many of these processes, such as legal formalism and the requirement to disclose repeatedly, can exacerbate the impact of these sensory triggers, as explored below.

Disclosure and reawakening of traumatic memory

The most obvious trigger for retraumatization in settlement and justice-seeking processes is the discussion of an individual’s traumatic history. Retelling past traumas can result in the **“unwilling [awakening]” of memories**, which are re-experienced or re-lived by the survivor as though they are occurring in the present (Colton, Vanstone, & Walby, 2002, p. 544). In a study of survivors of human rights violations who testified before the South African Truth and

Reconciliation Commission (South African TRC), one interviewee reported that when she recounted the traumatic events she experienced to the commission she “felt as if it was on the same day” that they originally occurred (Byrne, 2004, p. 247). Another described how images of the traumatic events kept returning to them involuntarily throughout the South African TRC process. This reawakening of traumatic memories may have a particularly significant impact on survivors who have not yet had the opportunity to process these memories in a supported and safe context (Crenshaw et al., 2019). Often, survivors of trauma suppress traumatic memories consciously or unconsciously in order to cope and function. As one residential school survivor stated “I had blanked out because it was too much to keep uppermost in my head. I repressed it... It's too emotional to bring this stuff up, to recall everything” (Dion Stout & Harp, 2007, p. 25). When describing traumatic history in the course of testifying or requesting compensation, survivors may be re-engaging with this history for the first time, increasing their vulnerability.

Exploring and reprocessing trauma can be an important part of **healing** from it. However, it is important that this reprocessing occurs in a **safe and controlled environment**, and in the context of an established and trusting relationship (Broneus, 2008), conditions rarely satisfied by settlement and justice-seeking processes. As Crenshaw, Stella, and Walsen (2019) state with reference to children testifying in court about experiences of abuse, “when the disclosure is forced by the pressures of the legal process, when there is no time to build a safe and trusting relationship, when sensitivity to timing and pacing is lacking, the risk of retraumatization increases” (p. 780).

Re-exposure to trauma poses a risk to survivors when it occurs in short and intensive bursts, rather than in a **slow and incremental process** directed and paced by the survivor. Exploring trauma in the latter manner **allows for integration, desensitization, and relearning** (Broneus, 2008). Over time, hypersensitivity lessens as the survivor has experiences that disconfirm the belief that triggers pose a real threat to their safety (Dallam, 2010). Their window of tolerance for stress therefore increases, and they safely re-examine trauma with less risk of retraumatization. However, few settlement and justice-seeking processes allocate the necessary time and resources for reprocessing to occur in this way. Often, trauma re-exposure takes place with little preparation or support, as discussed in further detail below. This kind of short and sudden exposure increases the risk for traumatic stress responses (Broneus, 2008).

For a proportion of survivors, the disclosure of traumatic experiences that takes place during settlement and justice-seeking processes represents **an opportunity for healing**. For example, in the aforementioned study of the South African TRC participants, a proportion of interviewees expressed the feeling they had benefited from the opportunity to share their stories publicly and openly (Byrne, 2004). Similarly, some residential school survivors spoke about the Indian Residential Schools Settlement Agreement (IRSSA) and associated compensation and truth telling processes as “having an impact on their ability to break the cycle of silence that has surrounded their experience of abuse” (NCTR, 2020, p. 6), and to “release the pain of dealing with their memories” alone (Reimer et al., 2010, p. 80). For these survivors, disclosure – while still emotionally challenging and intense – represented an important step in their healing journey.

Repetitive disclosures increase risk of retraumatization

In some settlement and justice-seeking processes, trauma survivors are not only required to recount their histories, but to do so multiple times for different audiences. For example, in the Independent Assessment Process (IAP) of the IRSSA (described in more detail in the previous section), survivors seeking compensation had to recount the details of the abuse they experienced as residential school students as many as four separate times: when completing an application form, speaking with an attorney, meeting with a support worker or therapist, and during the formal settlement hearing (Morrisette & Goodwill, 2013). They then had to repeat their stories again if they chose to participate in the Truth and Reconciliation Commission. On each of these occasions, survivors “[faced] the task of recalling, acknowledging, and describing traumatic events” which for some was distressing and triggered “painful memories and flashbacks” (Morrisette & Goodwill, 2013, p. 546). Dion Stout and Harp (2007) state that “requiring Survivors to not only prove their stories, but to tell them over and over again, was to be re-victimized” (p. 19). Child victims of sexual abuse who testify in court may also be required to repeat their stories numerous times throughout the investigation and trial process (Gavin, 2002). These children are most likely to be retraumatized when they are required to repeatedly disclose the details of their experiences (Gavin, 2002; Robinson, 2015). This is true not only when children have to repeat their stories before lawyers and judges, but also for psychologists, physicians, and social workers. In fact, **testifying more than once is “the factor most consistently associated with negative outcomes”** for child witnesses in trials (Robinson, 2015, p. 170).

Proving and measuring harm

Often in settlement processes the burden falls on those testifying to prove that they have been subjected to abuse and to what extent. Survivors are therefore required not only to recount their experiences but to do so in great detail and under the scrutiny of lawyers and adjudicators. Many settlement and justice-seeking processes test survivors' memories of the abuses they suffered, with a goal of proving or disproving their testimony, rather than one of healing (MacDonald, 2020). For example, the IAP processes of the IRSSA focused on establishing "provable abuses." To do so, survivors were **required to provide lengthy and specific descriptions of the abuses** they experienced as residential school students. This resulted in the retraumatization of up to one third of claimants (MacDonald, 2020). Furthermore, as described in the previous section, the IAP determined the awarded different amounts of compensation based on the "degree of victimization" that could be established by the claimant. Therefore, in order to maximize the amount of compensation they were eligible for, survivors not only had to prove that they had been abused but to detail specifically the worst parts of the abuse they experienced (Morrissette & Goodwill, 2013). One survivor stated that due to the "invasiveness, persistence and depth" of questions he was subjected to during the IAP process, "that day of my hearing, and the days that followed, were some of the worst days in my life second only to when my abuse actually occurred" (NCTR, 2020, n.p.). Claimants in the Jericho Individual Compensation Program (JICP), which compensated victims of sexual abuse at a British Columbia residential school for deaf and hard of hearing students, described the confusion and hurt caused by awarding different amounts of compensation based on the perceived severity of abuse (Batterbsy, Greaves, & Hunt, 2008). They spoke about the sadness and anger they experienced when they detailed the worst parts of their suffering, only to be told that their stories did not meet the threshold for the highest level of compensation, \$60,000 CDN. In both the IRSSA and the JICP, requiring claimants to prove the severity of their abuse enhanced the possibility of **retraumatization by forcing disclosures of the worst parts of their trauma** in order to maximize the monetary benefits they were eligible for. This was something many participants needed to do, given their financial precarity which was often related to consequences of their trauma.

Formalism and restrictions on truth-telling

In several contexts, the formalistic nature of settlement and justice-seeking processes interfered with trauma survivors' ability to heal and contributed to retraumatization. Formalistic legal and bureaucratic systems insist on **procedural consistency, at the expense of creating a trauma-sensitive environment for survivors** (Katirai, 2020). This restricts survivors' ability to tell their stories on their own terms (for example, by choosing how long they take to tell their story, which details to include, if they wish to testify orally or in writing, etc.). Participants are only allowed to share parts of their experiences dictated by the conventions of the settlement or justice-seeking procedure. For example, claimants felt that the structure of the IAP process "[forced] them to re-interpret and express their experiences through a series of prearranged checkboxes and spatially-limited comment sections that [did] not entirely capture the violence that survivors have suffered" (Petoukhov, 2018 p. 185). This formalism reproduces a dynamic of abuse wherein survivors are silenced by an authority and denied control over their own lives and narratives (Katirai, 2020). As Katirai (2020) states, for survivors of intimate partner violence, the opportunity to tell one's own story in one's own way helps "to both reestablish control over their lives and to avoid exposure to specific reminders of the traumas they have faced" (p. 107). This ability to **re-establish control over one's narrative** may be particularly significant in terms of healing for child victims, whose "abuse-related experiences leave [them] unable to share the details of events due to the shame and secrecy and isolation that tends to come with childhood abuse (Crenshaw, O'Neill-Stephens, & Walsen, 2019, p. 780). When they are restricted in the way they formulate their narrative, these survivors are less likely to feel that their truth has been heard and acknowledged (Doak, 2011), which can increase the distress associated with participation and mitigate healing.

The requirement to provide a detailed account of the traumatic events they have experienced as a part of settlement and justice-seeking processes may create significant roadblocks for survivors and contribute to retraumatization. This is attributable in part to the fact that traumatic memory "is frequently encoded in areas of the brain not accessible to verbal expression" (Crenshaw, Stella, & Walsen, 2019, p. 780). The requirement that survivors precisely articulate the events that traumatized them is therefore unrealistic and unfair. Doing so is unlikely to elicit useful testimony and places survivors under stressful conditions that do not account for the neurological and cognitive impacts of trauma. Soueid, Willhoite, and Sovcik (2017) state that "because

trauma affects the memory in profound ways, often the emergence of emotional truth is equally as important as the facts" (p. 171). As settlement and justice-seeking are often focused on uncovering and proving facts, they tend to leave little room for other kinds of truth-telling that may be more conducive to survivors' effective participation and healing.

Relational triggers in settlement and legal processes

Relational triggers cause retraumatization because they replicate power dynamics experienced in the context of abuse or trauma. For many survivors, settlement processes may be retraumatizing because of the adversarial stance assumed by legal and bureaucratic personnel. The experience of being undermined, questioned, and disbelieved during their testimony may be all too familiar, particularly for survivors of childhood abuse. Reliving these sensations at the hands of a new authority may contribute to or cause retraumatization, as discussed below.

Trauma-insensitive personnel and administrators

The expectation that survivors prove the extent and nature of harms done to them through their testimony is one aspect of the adversarial legal model upon which many settlement and justice-seeking processes are based. Another aspect of this model is the **questioning and probing** to which survivors can be subjected to by administrators and adjudicators of these processes. One factor repeatedly cited as a cause of retraumatization is the attitudes and approaches of legal and bureaucratic personnel (Colton, Vanstone, & Walby, 2002; Katirai, 2020; MacDonald, 2020). These personnel very often lack the **training and experience** to handle the testimony of survivors **in a trauma-sensitive fashion**. For example, IRSSA participants found the government lawyers who questioned them to be "indifferent" and "hostile" (NCTR, 2020, p. 3) and lacking in the empathy and respect required to address their sensitive testimony (MacDonald, 2020). Survivors of historical institutional child abuse in the United Kingdom similarly reported feeling revictimized by police and social service providers when they participated in a large-scale abuse investigation (Colton, Vanstone, & Walby, 2002). Given the power dynamic inherent to the relationship between investigators and victims, it is critical that those involved in such proceedings thoughtfully approach the way they leverage their authority to avoid unwittingly reproducing abuse dynamics and retraumatizing survivors. When managed carefully, this relationship can play an important role in creating positive experiences for survivors who testify to their experiences.

The preparedness of personnel to interact with participants in a way that is trauma-sensitive is of particular importance in the case of children providing testimony. Studies of children who report sexual abuse and become involved in legal proceedings indicate that the most significant factor in mitigating harm and providing beneficial outcomes in these proceedings is the establishment of a trusting relationship with the investigator (Gavin, 2002). For such a relationship to develop, it is important for personnel to possess an understanding of child development, so that they can communicate with and involve children in a way that is developmentally appropriate and does not overwhelm their capacity for participation or understanding.

Adversarial structure

Many settlement and justice-seeking processes have been structured such that lawyers and bureaucrats occupied an adversarial position vis-a-vis survivors, wherein their role was to provide a counter to survivors claims and challenge their narrative of events. The approach to questioning and interacting with survivors taken up by these personnel can contribute to survivors **feeling as though their experiences are being dismissed and disbelieved** (NCTR, 2020; Katirai, 2020). For survivors of abuse, and childhood abuse in particular, being discredited and undermined by opposing counsel after recounting their traumatic history may mirror experiences they had at the time the trauma took place, and reinforce feelings of powerlessness and lack of safety. For residential school survivors, feeling that their testimony was disbelieved by lawyers, government officials, and judges throughout the CEP and IAP contributed to retraumatization and "compounded the hurt" of the initial injury (NCTR, 2020, p. 29). In the context of intimate partner violence, survivors who testified against their partners in court only to be met with "negative or unresponsive behaviours" by members of the court experienced these responses as "a further violation that [echoed and related] to the original [abuse] they experience" (Katirai, 2020, p. 89).

Some justice processes have employed **alternatives to the traditional Western adversarial legal model** in order to avoid reproducing this dynamic between survivors and administrators. For example, in the JICP, claimants gave their statements to a compensation consultant rather than directly to the three-person decision making panel (Battersby, Greaves, & Hunt, 2008). Compensation consultants were all trained counsellors who were knowledgeable in Deaf culture and childhood sexual abuse and spoke American Sign Language. Once claimants

had taken as long as they wished to tell their story, the consultant brought the claim to the panel. Claimants only had to go before the panel themselves if they appealed the decision in their case. Unlike the adversarial model, this approach prioritized the safety and mental health of the claimants, while still collecting the necessary information to render a decision in their cases.

Cultural insensitivity

Crucially, as highlighted in the previous section, for Indigenous claimants engaged in settlement processes with the Canadian government, the system of adjudication itself may act as a relational trigger because it is embedded within the same systems within which the original harm was done. Settlement processes may be retraumatizing because of the ways they **reproduce the colonial structures and dynamics that produced the initial trauma**. In her examination of the plan for the Canadian Truth and Reconciliation process, Hughes (2012) writes that participants would likely be retraumatized by lawyers who represent a legal system which is “deeply implicated in the story of oppression of indigenous peoples in Canada” (p. 119). In the context of the IRSSA, the NCTR (2020) states that “of the harm that was created, the source of much of this was doing things the “same old way” rather than adopting and implementing fully informed Indigenous practices and approaches” (n.p.). Furthermore, survivors felt that “[support] services based within the Western education or social work systems were ineffective in addressing [healing] needs, compared to culturally-based, community based healing services” (NCTR, 2020, p. 23). Throughout the IRSSA, “one of the greatest demands for support was cultural intervention provided by Elders in the community” (Reimer et al., 2010, p. 75). Nagy (2013) explains that Indigenous forms of healing go beyond compensation and truth-telling and include decolonization, cultural and language revitalization, and the adoption of Indigenous methodologies. These forms of healing take a more structural approach, as “healing without changing the social and political conditions that first caused the injuries would be ineffectual” (Episkew, 2009, p. 17).

Some residential school survivors felt that the TRC was easier to navigate and more beneficial to them as individuals and to their communities because unlike the IAP and CEP it centred Indigenous culture, spirituality and healing (MacDonald, 2020). “**Ceremonies**, prayers, beliefs, and values played a central role,” and **spiritual practices** including “prayers and smudging, water and fire ceremonies” were incorporated into the proceedings (MacDonald, p. 160).

Furthermore, while a common framework guided the organization of all TRC events, consultation with “local peoples and Elders” played an important part in ensuring the cultural sensitivity and relevance of each session (NCTR, 2020, p. 15). This allowed the Commission to respond to the healing needs of each community and to implement culturally and spiritually relevant supports **to mitigate the risk of retraumatization**. Similar efforts were made in the JICP to ensure the process was accessible and culturally sensitive and relevant to the Deaf community (Battersby, Greaves, & Hunt, 2008). For example, all compensation consultants were fluent in American Sign Language, and all personnel involved in administering the process were provided training on Deaf culture. However, as was the case with the TRC, participants still felt that the process fell short in terms of demonstrating a nuanced understanding of their culture and integrating it on a structural level into the construction of the compensation package and process.

Gaps in support services

As discussed above, the safe reprocessing of trauma can only occur within the context of safe and supportive relationships, which may look differently depending on the needs and background of each survivor. However, in many settlement and justice-seeking processes, the support offered to participants falls short at a number of critical junctions, including in the preparatory phase, the period following their testimony, and during lengthy waiting periods (see the previous section for more detail). These are points of heightened vulnerability during which there may be an additional risk for retraumatization when adequate support is not provided, as explored further in this section.

Preparatory support services

Claimants in a number of settlement and compensation processes expressed how a lack of support during the periods preceding and following their disclosure contributed to their retraumatization. Many claimants felt **emotionally underprepared** to testify. As discussed previously, for many, giving testimony represented the **first time they re-engaged with and recounted** their trauma since it occurred. Supportive counselling in the period leading up to their testimony could have equipped them with tools to cope with distress that arose when grappling with difficult memories. Furthermore, survivors in a number of cases felt ill equipped to comprehend procedural elements of the processes they were taking part in and did not have a clear understanding of how they would be expected to participate (Lundy, 2020; Battersby, Greaves, & Hunt,

2008). When survivors are not made aware of what procedures will look like or what their participation entails, they are less able to anticipate potential triggers, take preventative steps to mitigate their retraumatizing effects, and plan for the family, community, and professional support they need. Furthermore, the confusion and lack of control survivors experience when they are underprepared to participate may reproduce feelings, such as having loss of agency, associated with their trauma, creating yet another potential relational trigger.

While a lack of understanding of complex and legalistic proceedings may pose challenges for any participant, this issue is particularly salient for **children**, who generally have less existing knowledge of the legal system and **less capacity to absorb and process** new terminology and procedures (Robinson, 2020). Children who are better prepared with knowledge of the legal system and adjudication process “experience significantly lower levels of anxiety and provide enhanced testimony” (Robinson, 2020, p. 175). However, developmentally- and trauma-insensitive courtroom processes and administrative personnel often fail to take children’s needs into account and neglect to take preparatory steps to minimize their distress.

Follow up support services

Participants in a variety of justice processes also described how the **lack of follow up and support** in the aftermath of their participation **contributed to their distress**. Lundy (2020) describes how for individuals going through Historical Institutional Child-Abuse Inquiries, even those who experienced some positive emotions in the period immediately following their testimony found that the “glow quickly fades” in the absence of support needed after this challenging and emotional experience. This left them with “a traumatic sense of abandonment” (Lundy, 2020, p. 265). In one study of survivors of historical child abuse in UK residential institutions who gave evidence in large scale investigations, interviewees noted how support abruptly diminished after the completion of investigations, and emphasized the need for “highly skilled long-term counselling and psychiatric help,” even after they came to a close (Colton, Vanstone, & Walby, 2002, p. 546). Similarly, women who experienced violence during the 1995 Rwandan genocide and participated in the gacaca courts, a traditional conflict resolution system, stated that no one (professional or community member) visited them at home following their testimony to see how they were doing (Broneus, 2008). This contributed to a strong sense of loneliness and vulnerability. These women reported feeling isolated from their communities, which interfered with reestablishing a sense of safety and

security following the trauma of the genocide. Claimants in the JICP noted a similar shortcoming in support. The claimants, many of whom had traveled far from home to take part, reported that they were sent back to their hotel rooms alone after testifying to await the resumption of proceedings the following day, with no one to check in on them as they processed the day’s events (Battersby, Greaves, & Hunt, 2008). For some participants, feelings experienced during this time mirrored the isolation they felt when they were sexually abused as children, contributing to their retraumatization.

Waiting periods

As highlighted in the previous section, participants in several settlement and justice-seeking processes, drew attention to the **need for support, as well as transparency and communication, during waiting periods** – both between the initial disclosure of abuse and formally testifying, and between testifying and the rendering of a decision. These were identified as periods of high anxiety, during which participants were often left in the dark, without updates on the timeline or status of their cases (Morrissette & Goodwill, 2013; Colton, Vanstone & Walby, 2002). A study indicated that children who testified in court after disclosing that they had been sexually abused had poorer mental health outcomes when there was a longer waiting period between their initial disclosure and the trial date (Gavin, 2002). Residential school survivors who applied for compensation via the IAP often had to wait several months following their initial disclosure before a formal hearing was scheduled (Morrissette & Goodwill, 2013). During this time, survivors were forced to confront “memories of their trauma, the implications of their disclosure, and the anxiety surrounding their impending hearing” (Morrissette & Goodwill, 2013, p. 548).

Residential school survivors also experienced distress in the lengthy waiting periods after their testimony, as they anticipated the delivery of a decision and payment. Survivors found **navigating bureaucracy to get updates on the status of their cases during this time confusing and frustrating**, and felt disregarded by the Canadian government (Dion Stout & Harp, 2007). Some felt that the repeated delays in the receipt of payments reproduced the dynamic between residential school students and staff. One survivor stated that for some “it [was] residential school all over again for them. I’ll give you a candy tomorrow if you behave, but tomorrow never comes” (Dion Stout & Harp, 2007, p. 21). These changing timelines and broken promises therefore act as yet another relational trigger that contributes to the retraumatization of survivors taking part in these processes.

In some cases, survivors reported that support services offered as part of justice seeking and compensation processes did contribute to their coping. Some support services funded by the Aboriginal Healing Foundation were found to be effective in promoting healing for IRSSA claimants, particularly when they were staffed by individuals who were residential school survivors themselves (Reimer et al., 2010).

Settlement and compensation process outcomes and retraumatization

Accepted claims

The impacts of retraumatization can be compounded when survivors endure the arduous process of testifying to their experiences, only to find that doing so does not lead to change on a personal or societal level (Soueid, Willhoite, & Sovcik, 2017). Lundy (2020) states that testifying to past traumas **can only prove psychologically beneficial to survivors when the goals of “uncovering truth, delivering justice, and making reparations” are realized** (p. 259). These goals may be achieved in part through official recognition of the abuse that claimants experienced and awarding of compensation. However, even when participants are successful in seeking compensation, financial payments may not be enough to advance their healing, and in some cases can also contribute to retraumatization.

For some residential school survivors, it was **the receipt of compensation payment** that caused traumatic memories to “[come] flooding back,” **“triggering** an intense emotional reaction” (Dion Stout & Harp, 2007, p. 33). For others, there was the feeling that financial compensation could never replace what was lost of their childhoods, cultures, and families (Reimer et al., 2010). For these individuals, receiving the payments triggered difficult emotions because of how insignificant they felt in comparison to the harms they had experienced. However, for about one quarter of CEP compensation recipients, financial compensation represented **a step forward** in their healing, not only because of the material benefits it offered in terms of relieving debt or allowing them to purchase needed items for themselves and family members, but also because of what they felt it represented. Many felt that the compensation they received represented a tangible **acknowledgement** of their suffering which provided them with an important sense of closure (Reimer et al., 2010). For others, the payments allowed them to access health and wellness services and

relieve financial stress. Ultimately, nearly half of CEP claimants who received compensation described it as being both a positive and negative experience.

Individual compensation and recognition are limited in their capacity to provide truth, justice, and reparations (Lundy, 2020). On a community level, when survivors engage in compensation and justice-seeking processes only to return home to communities that remain “destroyed or impoverished,” they cannot reap the psychological benefits of giving testimony (Hamber & Lundy, 2020, p. 750). In one study, survivors of childhood institutional sexual abuse who participated in a large-scale inquiry emphasized their need not only for individual recognition and compensation but also for system level changes (Hamber & Lundy, 2020, p. 761). Other studies have indicated that “guarantees of non-repetition” are integrally linked to healing for victims of political violence (Hamber & Lundy, 2020). Importantly, for transitional justice and related processes to be beneficial and not harmful or retraumatizing, they need to create **opportunities to heal not only on an individual but also on a community and societal level**.

Rejected claims

Traumatic stress and suffering can be **compounded when claims are rejected**. For the residential school survivor community, rejected IRSSA claims “did some of the most harm to individuals and created significant pain for many” (NCTR, 2020, n.p). It was not simply the lack of monetary compensation that caused this harm, but the implied invalidation of survivors’ experiences, which caused them to feel “re-victimized and de-valued” (NCTR, 2020, p. 30). Some survivors described how receiving a partial payment or having their application denied “re-awakened feelings of rejection” they experienced during their time in residential schools, describing this experience itself as a type of abuse (Reimer et al, 2010, p. 38). One individual whose CEP claim was denied emphasized the relatively low importance of the financial implications of the denial, asking ““I just want the truth...Why can't anybody hear me?”” (Reimer et al, 2010, p. 34). The impact on survivors can be particularly profound when the reason for the rejection is a missing or inaccurate school records (NCTR, 2020). Survivors who were told that records did not validate their residential school attendance said that they were “made to feel like liars” (Reimer et al, 2010, p. 95). This bureaucratic erasure of their experiences “can feel like a slap in the face” after the traumatic stress claimants are subjected to during the claims process (Dion Stout & Harp, p. 24).

Impacts of retraumatization in settlement processes

Individual Impacts

When participants in settlement and justice-seeking processes are retraumatized, a variety of adverse physical, psychological, and social outcomes can follow. Retraumatization reopens wounds, often setting back the healing process and reinforcing patterns of hypersensitivity that increase vulnerability to future injury. During and in the immediate aftermath of their participation, residential school survivors who testified during the IRSSA reported experiencing a level of distress similar to that associated with the original trauma (NCTR, 2020). They experienced painful emotions and traumatic flashbacks (Reimer et al., 2010). Participants in the South African TRC also experienced “a return and intensification of symptoms associated with the original violations as well as the onset of new symptoms” (Broneus, 2008, p. 61). Other groups, including survivors of institutional childhood sexual abuse, reported a similar intensification of symptoms and return of problems associated with the original trauma (Hamber & Lundy, 2020).

Long term consequences of retraumatization include mental health problems such as **anxiety and depression** (Dallam, 2010; Reimer et al., 2010). Soueid, Willhoite, and Sovcik (2017) report that in post conflict societies, survivors of violence who participate in transitional justice processes have higher rates of PTSD and depression than those who do not. Participants may also engage or reengage in avoidant coping behaviours. For example, retraumatization may contribute to the onset of or relapse in **substance misuse**, one outcome for some IRSSA and JICP participants (Reimer et al., 2010; Macdonald, 2020; Battersby, Greaves, & Hunt, 2008). Lastly for some, retraumatization may contribute to **suicidal ideation**, and some individuals who testified in IRSSA processes died by suicide following their participation (Macdonald, 2020; CBC News, 2020).

Finally, retraumatization may **dissuade participants from engaging in further compensation and justice-seeking** processes in the future. For example, survivors of intimate partner violence with previous experiences of retraumatization in the legal system “may settle for less in mediation or settlement negotiations or opt out of participating in the legal system altogether” in order to avoid additional harm (Katirai, 2020, p. 85). Some CEP applicants whose initial requests for compensation were denied were dissuaded from applying for reconsideration because they preferred to avoid

further reengagement with their past trauma (Reimer et al, 2010). Ultimately the trauma-insensitive nature of these processes – whose nominal goal is to support justice and healing – can push survivors out of the legal system, denying them opportunities to heal through justice and reconciliation.

Not all individuals who take part in settlement, compensation, and justice-seeking processes are retraumatized, and some find the experience contributes to improved mental health and healing. Some participants also reported experiencing positive feelings, such as an **increased sense of control and decreased shame**, in the period following their testimony (Espinoza et al., 2017). For some, the reopening of past traumas acted as a **catalyst in their healing** journey, leading them to seek out needed support (Reimer et al., 2010). One study of Rwandan victims of ethnic violence who testified at the gacaca courts found that testifying was associated with decreased shame and restored sense of dignity (Kanyangara, 2008 cited in Martin-Beristain et al., 2010). Other studies have indicated that participation in transitional justice processes increases participants’ sense of control and efficacy, both important areas for healing from trauma and interpersonal abuse (Espinoza et al., 2016).

Community impacts

When collective trauma impacts a community on a large scale, as is the case in many settlement, compensation, and justice-seeking processes, it “disrupts the fabric of communal life, challenging core social institutions and cultural values” (Kirmayer, Lemelson, & Barad, 2007, p. 10). These same institutions and values are the resources relied upon to promote collective healing. The collective vulnerability of a community to retraumatization therefore relates in part to its existing coping resources (Schumm, Doane, & Hobfoll, 2012). Individuals whose **social networks lack coping resources** are more likely to experience severe post-traumatic stress reactions. Furthermore, groups with less access to coping resources due to racialization and marginalization can have greater collective vulnerability and greater difficulty adjusting when retraumatization occurs in their community. These groups are therefore more likely to experience individual and collective difficulties in response to the traumatic stress of some settlement, compensation and justice-seeking processes.

Settlement and justice-seeking processes can function to **promote healing on a community level** by creating opportunities for connection and unity when traumatic histories are brought into the open. While “the process of

healing from childhood trauma may at first be deeply personal," as survivors reprocess their experiences, they begin to situate these experiences in the context of their families and communities, as well as the global sociopolitical context (Nagy, 2013, p. 66). Nagy (2013) writes that the Canadian Truth and Reconciliation Commission was seen as an important tool in achieving this broader understanding by facilitating the fulfillment of collective psychosocial developmental tasks (Nagy, p. 66). In doing so, it promoted **a shift among some survivors from working through their trauma in isolation to collectivizing their experiences** and mobilizing towards healing and growth. Participants in the Canadian TRC process mentioned that the hearings were "the first opportunity they had for family members to witness one another's truths" (NCTR, 2020, p. 6). Recipients of the CEP reported that the settlement promoted dialogue, created opportunities to connect across generations, and removed emotional barriers (Reimer et al., 2010). After connecting during IRSSA events, some residential school survivors went on to form support groups together and to join in advocacy efforts (NCTR, 2020).

Conclusions

Taking part in settlement, compensation, and justice-seeking processes is **not inherently healing, nor is it necessarily retraumatizing**. As demonstrated in this literature review, several features and structures common to these processes can contribute to an increased risk for retraumatization by creating more frequent and intense exposure to sensory and relational triggers. Along with the operational details and lessons learned from past settlement processes in the previous section, the information in this review can provide valuable considerations for administrators of the upcoming compensation process in Canada. **The operational details of a settlement or compensation process have direct implications for the individual wellbeing of claimants.** When uncovering sensitive details and upholding procedural standards are made the priority of these processes, survivors, their families and communities are exposed to unnecessary traumatic stress, to the detriment of individual and collective wellbeing. As Doak (2011) explains, these processes cannot be healing when they prioritize broader social and political objectives over the needs of participants themselves. To minimize the risk of retraumatization, architects of settlement and justice-seeking processes must rethink their design in a way that centres survivors. This necessitates shifting away from adversarial, formalistic structures, toward culturally-based, trauma-sensitive

alternatives. Even still, some risk of retraumatization is inherent to processes in which survivors must re-engage with their trauma, and it is important that survivors are provided with the information and support they need to understand the possible advantages and disadvantages of taking in any settlement or justice-seeking process (Byrne, 2004).

Trauma-informed approaches

A trauma-informed approach encompasses a number of practices and strategies that seek to mitigate the risk of retraumatization to individuals and communities (CAMH, n.d.; SAMHSA, 2014). Trauma-informed settings realize the widespread impact of trauma, recognize its signs and symptoms, and respond by integrating trauma awareness at all levels of functioning (Klinic Community Health Centre, 2013; SAMHSA, 2014). Trauma-informed approaches are distinct from trauma specific services in that they do not necessarily address trauma directly, but integrate an organizational awareness of and sensitivity to trauma throughout all activities. Regardless of the overall mission, a trauma-informed approach can be instituted to support healing, build trust, and mitigate potential risk of retraumatization (Klinic Community Health Centre, 2013).

Core Principles of Trauma-Informed Approaches

A number of trauma-informed frameworks have been developed in recent years. While they differ to some extent, they share a number of common fundamental principles:

Trauma awareness. Trauma-informed organizations recognize the pervasiveness of trauma and the diverse ways in which it impacts survivors (Klinic Community Health Centre, 2013). Staff are trained to the varied signs and symptoms of trauma. This includes an awareness of how gender, culture, and age may influence trauma presentation (SAMHSA, 2014).

Universality. A trauma-informed approach is applied universally, regardless of trauma disclosure or of the nature of the services provided (CAMH, n.d.). An understanding that all people involved in an organization may be impacted directly or indirectly by trauma informs all areas of functioning and is embedded in the organizational culture (SAMHSA, 2014). Budgetary, staffing, policy, and operational decisions are all made using a trauma-informed framework (Klinic Community Health Centre, 2013).

Safety. Trauma-informed organizations cultivate an environment that supports the physical and psychological safety of all people interacting with the organization (CAMH, n.d.). Both the physical setting and interpersonal interactions promote a sense of safety (SAMHSA, 2014). An effort is made to eliminate all intentional and unconscious forms of violence to promote a culture of safety in which healing is possible (Bloom & Farragher, 2013). An awareness of potential triggers is instrumental in establishing a safe environment. Safety is understood as defined by those served and in a way that is culturally-responsive.

Acknowledgement of strengths. Rather than focusing on deficits, trauma-informed organizations recognize people's strengths and leverage them as a foundation upon which to build resilience (SAMHSA, 2014). "Maladaptive" behaviours are reframed as survival skills which allowed people to endure their traumatic experiences (Sanctuary Institute, 2017). The organization endeavours to instill the individual with coping skills that are more adaptive to their present circumstances.

Engagement and empowerment. A trauma-informed approach recognizes that organizations often reproduce the unequal power dynamics in which trauma occurs, which can trigger retraumatization (Klinik Community Health Centre, 2013). To combat this tendency, trauma-informed organizations actively seek to level power imbalances by engaging individuals as collaborators and involving them actively in decisions that impact them at the individual and organizational level (SAMHSA, 2014; CAMH, n.d.; Klinik Community Health Centre, 2013).

Trustworthiness and transparency. Trauma-informed organizations engage in consistent, open communication with everyone they come into contact with (Bloom & Farragher, 2013). Communication contributes to transparency in their operations and decisions (SAMHSA, 2014). An emphasis on open communication and transparency helps establish a sense of safety, control, and agency that trauma survivors often struggle to regain, and protects against future abuses of power (Bloom & Farragher, 2013). When trust is breached, trauma-informed organizations rebuild it by acknowledging and repairing the harms they have caused (Bloom & Farragher, 2013).

Peer support. Trauma-informed organizations create opportunities for trauma survivors to build healing relationships by engaging in peer support (SAMHSA, 2014). They recognize the value of lived experience and encourage survivors to use their experience to support one another while also empowering themselves.

Social responsibility. Trauma-informed approaches involve an understanding of the role that social injustices and inequities play in creating trauma, and how these social problems can manifest at the organizational level (Bloom & Farragher, 2013). They recognize that addressing these problems is an important part of healing. They attend to the intergenerational impact of the historic traumas experienced by members of certain social groups, including Indigenous peoples (SAMHSA, 2014; Linklater, 2011). They reflect on and actively work against their own biases and prejudices, and accept others' worldviews that differ from their own (SAMHSA, 2014; Linklater, 2011).

Indigenous trauma-informed approaches

Renee Linklater (2011) situates wellness and holistic healing at the centre of Indigenous trauma-informed approaches. She describes how the four areas of the self – physical, emotional, mental, and spiritual – must all be cared for and balanced for healing and wellness to be possible. Wellness is achieved through relationships and connection with one's self, one's family and community, and with Creation. Indigenous trauma-informed approaches focus on strengthening all of these relationships through a variety of practices. Medicine Wheels can be used to model harmony between the four areas of the self and to transmit cultural knowledge related to healing. The spiritual self can be strengthened in part by facilitating access to traditional medicines, ceremony, and prayer. It is also important to promote the strengthening of Indigenous identities, which have been undermined by colonialism and which can serve as an important foundation for healing from trauma. Strengthening these identities can allow for reconnection with cultural teachings and practices that promote wellness.

Indigenous trauma-informed approaches recognize the expertise of communities on their own healing needs and encourage their involvement. They also recognize the importance that those working with individuals with trauma be engaged in their own healing process and be provided with healing opportunities by the organizations in which they are situated. Finally, Indigenous trauma-informed approaches use restorative justice practices, which have a longstanding history in Indigenous communities, to repair past harms by recognizing how these harms happened and creating opportunities to move forward "in a healing way" (p. 159).

Summary: Possibilities for Building on the Compensation Framework

Based on the topics identified in the sections above regarding process-related concerns expressed by respondents, lessons learned from past settlements, and the review of retraumatization literature, we have identified key elements that could be applied to certain aspects of the compensation process – the second piece of our project mandate. We have summarized opportunities for several aspects of the process – the notice plan, application design, provision of support, and processing claims. The key themes we identified mirror findings identified in the summary of lessons learned from past settlements, and include findings integrated from our review of retraumatization and the process-related concerns expressed by respondents.

A summary of the key findings of our reviews of past settlements, retraumatization, and process-related concerns from respondents that could inform operational aspects of the upcoming compensation process are described in Table 3.5.

In order to summarize opportunities for findings that could inform the compensation process, we compared the themes in Table 3.5 to elements of the *Final Compensation Framework* to identify if and how the future process may benefit from the learning that emerged from our reviews. Highlights of this informal analysis are summarized below. The resulting considerations may be of use to the parties, the class counsel, and the administrator in negotiations and planning for the settlement agreement and subsequent implementation of compensation.

Notice plan

Participatory approach to communications strategy. The *Final Compensation Framework* describes a process by which the AFN and the Caring Society worked to develop some of the resources contained within the *Notice Plan*. It describes consultation with First Nations youth in or formerly in child welfare placements (p. 48). As this process related to the 2019 CHRT 39 decision, a similar participatory process could be applied to the upcoming settlement agreement in order to validate the communications strategy.

Development of Notice Plan materials to ensure accessibility in terms of language, format, and technology. The stated goal of the materials to be disseminated through the *Notice Plan* is to “ensure that beneficiaries understand who is eligible for compensation and how the process works, if they chose to seek compensation pursuant to the Compensation Process” (*Notice Plan*, p. 8). The *Notice Plan* provides for the development of numerous forms of media (such as social media, pamphlets posters postcards, and videos; *Notice Plan*, p. 4). It is stated that the materials will be available in French, English, and “as many First Nations languages as possible” (*Notice Plan*, p. 4). There are

Table 3.5 Key findings of review of opportunities to build on the Final Compensation Framework

| | |
|-----------------------------|--|
| Notice Plan | <ul style="list-style-type: none"> → Participatory approach to communications strategy → Development of notice plan materials to ensure accessibility in terms of language, format, and technology → Ensuring consistency and clarity in publicly disseminated materials (e.g., eligibility, process, compensation amount) |
| Application Design | <ul style="list-style-type: none"> → Planning for inclusive access to the compensation process → Articulating what cultural sensitivity means for the process → Respecting data confidentiality/ownership → Minimization of legalistic language → Minimization of strict timeframes → Reduction of the potentially harmful burden of proof being placed on claimants |
| Provision of Support | <ul style="list-style-type: none"> → Providing support in advance of the application → Consideration of the impact of the process on individuals and communities, with particular attention to how agencies will be impacted (both operationally and in terms of their role in the community) → Providing support to claimants in legal, mental health, administrative, and financial areas during the application process → Providing follow up support for both accepted and rejected claims → Avoiding repetitive disclosure and triggers during the appeals process |
| Claims Processing | <ul style="list-style-type: none"> → Adequate preparation before claims processing begins, including how technology will be used and how payment challenges will be overcome → Accommodating gaps in resources and documentation to move claims forward → Planning ahead to avoid trauma-insensitive personnel and administrators → Limiting delays and waiting periods and planning how this will be addressed with claimants and communities when it happens |

provisions for materials to “accommodate persons with disabilities, children and youth and those located in rural or remote communities” (*Notice Plan*, p. 4). For example, how will communications to children and youth be designed? How will different social media platforms be used to target different demographic groups? By what process will such questions be answered?

Ensuring consistency and clarity in publicly disseminated materials (e.g., eligibility, process, compensation amount). The *Final Compensation Framework* references compensation eligibility according to the 2019 CHRT 39 compensation decision. Following the recent agreements-in-principle, the general framework has shifted eligibility for both child welfare and Jordan’s Principle compensation categories. Such changes over recent months and years regarding who is eligible for compensation, and why, may be confusing for potential beneficiaries once a final settlement agreement is reached. Accordingly, clear communication regarding eligibility, process, and compensation amount may reduce confusion and harm to individuals who ultimately are not eligible for compensation and streamline the process for those who are. This is particularly relevant as the negotiations have been highly publicized and subject to a number of pivotal legal moments that have had implications for eligibility following the 2019 CHRT 39 decision. Systematically updating the *Notice Plan* according to the settlement agreement (once finalized) will be necessary to ensure consistency and clarity, both for claimants and administrators.

Application design

Planning for inclusive access to the compensation process. The *Final Compensation Framework* discusses a number of ways in which the information about applying for compensation will be disseminated: “Where appropriate, communications will be adapted to the particular cultural, historical and geographical (including rural and remote communities) circumstances of the communities in question (s. 5.2).” The *Notice Plan* expands on the ways in which the process will be tailored to accommodate the geographic and linguistic diversity of the claimant pool (*Notice Plan*, p. 7). These include consideration of residence in urban, rural, northern and remote/isolated communities, or outside of Canada, and residence in health care facilities or domestic violence shelters, or individuals who are experiencing homelessness or are incarcerated (*Notice Plan*, p. 7). There are also provisions for materials in English, French, First Nations languages, American Sign Language (ASL) and the Langue des

signes du Québec (LSQ). There is a need for specification of which First Nations languages will be included, and how other accessibility considerations will be accommodated (e.g., sight-challenged people).

Articulating what cultural sensitivity means for the process. There are multiple references to cultural safety, cultural relevance, cultural sensitivity, and cultural appropriateness in the compensation process (e.g., s. 5.1; *Notice Plan*, p. 4). However, this is not defined operationally. If a trauma-informed approach is integrated throughout the compensation process, the risk of retraumatization may be mitigated (please see **Summary: Key Risk and Protective Factors** on p. 117). As cultural sensitivity related to First Nations is tied up in a history of harmful actions on the part of the federal government, there are opportunities to acknowledge this in tangible ways. Among many other possibilities, this could include operational considerations such as how the phone lines are staffed to reduce or eliminate wait times or the language choices operators are trained to use. The focus should be on serving individuals rather than reinforcing strict bureaucratic processes.

Respecting data confidentiality/ownership. There is clear attention to the importance of privacy rights of claimants (e.g., *Final Compensation Framework*, s. 2.4, s. 8.1; *Notice Plan*, p. 8). These provisions for privacy rights relate to the privacy of information provided for compensation and held at ISC. There is also provision for individual claimants to obtain information held at ISC that may be necessary for compensation. Consent processes must be clear from a legal and operational perspective. For example, how will consent be obtained from individuals to seek information from child welfare agencies? How will confidentiality be protected regarding this information?

Minimization of legalistic language. Inclusion of “simple” language is mentioned a few times regarding the communications process (e.g., *Notice Plan*, p. 14), however, the claim package included in the *Notice Plan* is 19 pages long, and is very administrative – similar to forms from past settlements we reviewed (*Notice Plan*, Annex B). Overly complicated legalistic terminology that could lead some eligible claimants to be rejected due to mistakes in application forms. While the details of eligibility determined through the ongoing negotiations will ultimately have bearing on the specific details of the application process, there are likely ways in which the format and procedure for applying may be tailored to facilitate the process for claimants. Paper applications, which are necessary for claimants who do not have access to

internet, can be created in visually streamlined, linear fashion that makes clear which sections are optional or only for certain claimants. Other formats could also be considered. For example, an online application questionnaire built using skip logic (e.g., questions asked are conditional on the previous answers) could be convenient for a large number of applicants. Similarly, an apply-by-phone option could be established by which claimants are supported in answering the questions posed by trained staff who use the online or paper form to enter the claimant's information.

Minimization of strict timeframes. The *Final Compensation Framework* describes a Timeline for the Compensation Process, which entails an initial claims deadline of 24 months following the Implementation date, along with a First Extended claims deadline of 12 additional months for certain specific situations, and a Second extended claims deadline of 6 months after that (ss. 7.1–7.4). Following the initial application periods, the administrator will work with ISC to create a Post-Claim Period Guide which will support any additional claims that arise (s. 7.5). Such provisions for flexibility in timing are positive aspects of the *Final Compensation Framework*. However, the claims deadlines remain short given the size of the claimant pool as well as the difficulties that will arise in identifying potential claimants. Previous Canadian compensation frameworks analyzed in this section ultimately provided claimants with five years to submit their claims.

Reduction of the potentially harmful burden of proof being placed on claimants. In the *Final Compensation Framework* there is attention to operational efforts to find existing information that could support claims that does not rely on claimants (e.g., ISC data, organizations' data). The *Final Compensation Framework* also includes explicit recognition of the necessity for flexibility in documentation related to challenges that may be insurmountable, such as "the child's age or developmental status at the time of the events, the disappearance of records over time, retirement or death of professionals involved in a child's case, systemic barriers to accessing professionals, etc." (s. 2.5.1). However, it is not clear how the burden on individuals will be reduced. For example, how will claims be approved when information is not available? How will the burden on claimants be minimized in these cases? While prior settlement processes have incorporated an option for claimants to speak to their experiences in the face of missing documentation, this can be damaging and retraumatizing. Claimants are not responsible for the missing information

and acknowledging this outright – will lessen the burden on individuals. Financial and technical support provided to data-holders such as child welfare agencies and other service providers may mitigate this burden (see next section for more details).

Provision of support

Providing support in advance of the application. The *Final Compensation Framework* describes the presence of a phone line that will be available beginning with phase 1 of the process, along with a phone line provided by the AFN (*Notice Plan*, pp. 5–6). There is also a website mentioned on the site (<https://www.fnchildcompensation.ca>) which would function as a source of information prior to the process beginning. However, until recently, this website was out-of-date, mentioning the AIPs but still indicating eligibility criteria related to the CHRT decision. To ensure basic information provided to potential claimants is correct, existing websites could be updated to direct potential claimants to one website so there are not multiple websites telling individuals conflicting information regarding whether they may be eligible. In the *Notice Plan*, it is mentioned that there will be Canada-funded mental health supports provided through a variety of formats (p. 31). Further detail regarding when this will be available to all claimants will be required to ensure services may be accessed in a timely manner in order to function as preparatory support.

Consideration of the impact of the process on individuals and communities, with particular attention to how agencies will be impacted (both operationally and in terms of their role in the community). The need for operational support to child welfare agencies and health and social service providers is clearly acknowledged (e.g., *Final Compensation Framework*, s. 5.4). Given the potential availability of data at the agency level, generous support for record retrieval not requiring onerous paperwork will likely make the process more expedient as it did in the Motherisk data extraction process in Ontario (see **Case example: Motherisk** on p. 99). The concerns we heard from respondents regarding how the process may impact community dynamics should also be considered. Individuals may blame agencies for removals, which should be mitigated by clear, consistent communication regarding the responsibility of the federal government for the discrimination on which the compensation is based. Avoiding the use of evocative terms like "necessary" and "unnecessary" removal can also help support agencies during this process and minimize tensions. As agencies and providers may function as allies to individual

claimants (e.g., by providing information about the process and documentation proving eligibility to support their claims), communication to both agencies and individuals could reinforce this messaging.

Providing support to claimants in legal, mental health, administrative, and financial areas during the application process. There is variable mention of these forms of support being provided to claimants, and opportunity for further detail to be articulated regarding how supports will be delivered:

Legal support. It is made clear in the *Notice Plan* that neither the administrator nor individuals trained to provide information and mental health support are to provide legal advice to claimants (e.g., p. 4, p. 6). There is no mention of how claimants may be supported in seeking legal counsel during this process. Given documented exploitation of claimants by lawyers in past settlements, it would be helpful to develop resources to help claimants navigate this class action process. Clarification for claimants of the role of class counsel related to their application will be a necessary addition to compensation process materials, especially for individuals who expected to be compensated under a CHRT process.

Mental health support. There are a number of ways in which the *Final Compensation Framework* details the provision of mental health support to claimants (e.g., private counselling, at community events, in a family setting, group sessions, 24-hour tele-health or by way of the Compensation Process and Support Line). Prior success of hotlines including a chat function (e.g., the Hope for Wellness Helpline) could be considered, particularly as this is often preferred by youth and individuals less comfortable speaking on the phone. While referrals to services are mentioned, there is less information regarding ensuring these resources are accessible to individuals. For instance, in past compensation schemes, the lack of access to Indigenous healing supports within communities, was seen as a barrier for many claimants. As discussed briefly above, more planning ahead of time to ensure access to supports is warranted. While the *Final Compensation Framework* describes that supports will be funded and provided by Canada (*Notice Plan*, p. 5), it is worth considering more flexible ways in which mental health and well-being supports chosen by individual claimants could be accessed. For example, reimbursements to providers to whom individuals could self-refer could maximize choice in how claimants seek and receive mental health support.

Administrative support. There are provisions for administrative support with the application process in which trained phone line operators and Navigators can answer questions (*Notice Plan*, p. 4) and the first-level reviewers of applications can help claimants ensure the application is complete (*Final Compensation Framework*, s. 9.3). The AFN will also provide an Information Line (*Notice Plan*, p. 6) that will provide information according to an agreed upon framework consistent across these informational resources. Caution may be taken in developing multiple areas of administrative support to ensure that this does not lead to conflicting advice.

Financial support: The *Final Compensation Framework* notes that the administrator will provide financial literacy information related to receipt of compensation, managing the money, planning for the future, and prevention of exploitation (s. 10.6). There are also provisions in the *Notice Plan* for financial literacy to be offered to claimants before and after receiving compensation through the Aboriginal Financial Officers Association and the Royal Bank of Canada (p. 5). Ensuring that multiple streams of information regarding financial support are consolidated will minimize confusion.

Providing follow up support for both accepted and rejected claims. For claimants who receive compensation, financial literacy information will be provided (see above). There is no explicit mention of other support for beneficiaries, although one could assume that the mental health supports would be ongoing and available, at least throughout the official three-and-a-half-year process. Such supports could be tailored to individuals who are offered compensation. For individuals whose claims are denied, it is not clear what supports will be available. It is stated in the *Final Compensation Framework* that claim denials will be stated in simple language (*Final Compensation Framework*, s. 9.5). Beyond the appeals process, there is no provision of support for denied applications. There is an opportunity to consider the nature and scope of mental health supports to individuals whose claims are denied.

Avoiding repetitive disclosure and triggers during appeals processes. The *Final Compensation Framework* describes a paper application form that would require basic disclosure of experiences relevant to proving eligibility. While the process for appeals is not yet articulated (s. 9.6), there are opportunities to consider mechanisms for appeal that minimize the need for repetitive

disclosure. Further, allowing claimants to choose from multiple options for making an appeal (e.g., written statement, oral statement, supportive proxies) may create space for flexibility that empowers claimants in the process.

Processing claims

Adequate preparation before claims processing begins, including how technology will be used and how payment challenges will be overcome. The *Final Compensation Framework* describes a multi-level process for review of claims, reflecting preparation regarding the general operational framework for processing (ss. 9.3–9.6). Given the shift in the compensation scope, the updated framework and notice plan should reflect the settlement agreement details prior to claims being processed. While the *Final Compensation Framework* describes plans to facilitate payments tailored to specific needs of individuals (s. 2.6), detail is not provided on how this will be done. Given challenges in past settlements related to technology use in processing claims and distributing payments, preparation for application and compensation could anticipate the operational and technical tools that will be used and troubleshoot possible issues before the process goes live.

Accommodating gaps in resources and documentation to move claims forward. As previously noted, there is no clear mechanism for accommodating gaps in information needed to undergird a claim. Preparation ahead of receipt of applications for how gaps in different types of needed information will be addressed (e.g., what may be accepted as a proxy) could considerably expedite claims, reducing delays in processing.

Planning ahead to avoid trauma-insensitive personnel and administrators. The training processes described in the *Final Compensation Framework* and the *Notice Plan* include mention of cultural appropriateness, avoiding revictimization, acknowledgement of the sensitivities of children and youth, and clear understanding of the compensation process itself (e.g., *Final Compensation Framework*, ss. 2.5, 9.3; *Notice Plan*, pp. 4–5). Based on discussions with respondents and our reviews of retraumatization literature and lessons learned from past settlements, personnel training and preparation will benefit from consideration of the trauma-informed principles listed in **Trauma-Informed Approaches** on p. 127 along with sensitivity to how harms have unintentionally resulted from past compensation processes.

Limiting delays and waiting periods and planning how this will be addressed with claimants and communities when it happens. The provision of resources to agencies (mentioned above) is intended to limit delays in processing applications (s. 5.4). Functionally, while the *Final Compensation Framework* outlines an official three-and-a-half-year application period under the administrator, it provides for ongoing applications after this period. However, while there is mention of expedited processing (s. 9.3), there is no mention of the standard timeframe for processing applications, or how delays will be managed. Given the harmful impact of long waiting periods, efforts could be taken to specify the anticipated processing time, and plan for sensitive communication with individuals whose claims take longer than this and/or is denied.

Conclusion

This report is the culmination of a year-long information gathering process building on the *Taxonomy of Compensation Categories for First Nations Children, Youth and Families related to 2019 CHRT 39*. Our approach was to review the benefits and limitations of administrative data, assess the ability of existing information sources to address the eligibility of the compensation categories delineated in the *2019 CHRT 39* order, and to review existing literature and legal processes helpful to implementing the order. Where possible, our project team has offered commentary and analyses throughout the report about how the specific findings could inform the compensation process. Many of the findings from this report may also help inform the agreements-in-principle (AIP) reached among the parties on December 31, 2021, that could settle the CHRT order along with the two parallel class action lawsuits¹ that have also sought compensation for overlapping classes of individuals.

The compensation process will need to include developing respectful procedures for eligible claimants who (1) self identify as eligible to an administrator and/ or (2) are identified through the development of outreach procedures and processes. Both claimant pathways will most certainly involve prolonged and complex engagement among claimants, communities, child welfare agencies on- and off-reserve, Bands, Federal, Provincial, and Territorial governments, and health and social service programs. We conclude our report by summarizing our major findings organized under each of the three sections: 1) the role of administrative data from health, social services, and child welfare settings; 2) data availability; and 3) considerations for the compensation process.

Role of Administrative Data from Health and Social Services Settings

“Data is inherently political and can help identify priorities, set targets, and hold government accountable. Many First Nations people and communities have experienced data being used for political purposes, but not their own. The content and purposes of data have historically been determined outside of First Nations communities (Otim, 2015), and the misuse of data has led to situations of misappropriation and broken trust.” (McBride, n.d., p. 2)

Findings from our review are clear: in order to utilize available administrative data to identify and respond to claimants, the process must respect First Nations sovereignty and data governance, establish respectful relationships with providers of administrative records, take into consideration the origins of the administrative data collection programs, and address issues of ethics, privacy, and confidentiality.

Respect First Nations data sovereignty and governance. Beginning any data-seeking task related to First Nations people should prioritize First Nations data governance principles related to this data. Seeking guidance from communities regarding access to and use of data for decisions made about these communities is inherent to respecting principles of First Nations data governance (FNIGC, 2020; UNDRIP, 2008).

Establish and maintain relationships with providers of administrative records.

Establishing and maintaining relationships with providers of administrative records at the beginning and throughout the process ensures: that users of administrative records are aware of any changes that may impact the data being collected (Statistics Canada, 2019, n.p.); constant feedback between the supplier and user of the administrative records regarding any weaknesses found in the data that can help suppliers of the data to improve the quality of the administrative source (Statistics Canada, 2019, n.p.); and an increased level of trust between parties involved (Green et al., 2015, pp. 42–43).

¹ *Moushoom, Meawasige, Meawasige v. The Attorney General of Canada, 2019; Assembly of First Nations, Trout v. The Attorney General of Canada, 2020*

Understand the origins of the administrative program. Having a good understanding of the context under which the administrative organization established the administrative program (e.g., legislative framework, objectives, and needs) is critical because it impacts the coverage of administrative records along with the contents, key concepts and definitions, the frequency and timeliness, the quality of the recorded information and stability over time (Statistics Canada, 2019, n.p.). In situations when each province manages its own administrative program, it is important for users of administrative records to pay extra attention to the consistency of key concepts and data quality when there are multiple sources of administrative data (Statistics Canada, 2019, n.p.).

Address ethical, privacy, and confidentiality issues. Ensuring access to administrative files requires that ethical, privacy, and confidentiality issues are addressed very early in the process. This usually involves a thorough understanding of the legal framework governing the use and sharing of administrative data as well as securing of agreements that allow for the use and sharing of the data while minimizing any potential risks to participants (Green et al., 2015, p. 42)

Acknowledge the purpose of administrative records. It is critical to keep in mind the central reason for the existence of administrative records: they were put into place for administrative purposes, typically for the delivery of services to the public. It is unlikely that applications outside their original scope were taken under consideration when they were built (Statistics Canada, 2019, n.p.). Decisions to utilize administrative records must always be preceded by “an assessment of such records in terms of their coverage, content, concepts and definitions, the quality assurance and control procedures put in place by the administrative program to ensure their quality, the frequency of the data, the timeliness in receiving the data and the stability of the program over time” (Statistics Canada, 2019, n.p.).

Data access will need to be negotiated at multiple levels (e.g., agencies, communities, provinces). If the request for compensation is initiated by a claimant, then the consent process for obtaining a record is clear. If eligible claimants are identified before they come forwards, who accesses a potential claimant's record under whose direction, and how outreach is conducted, is more complicated. Thoughtful consideration of these issues of consent, confidentiality, and access are paramount to the compensation process.

Data Availability

Child welfare compensation eligibility

The findings of our review of data availability related to First Nations child welfare involvement show that there are significant gaps in the data available to document eligibility under the child welfare compensation categories. The availability and quality of information is greatly impacted by the decentralized nature of child welfare service provision in Canada. Across administrative systems we reviewed, basic information regarding the identity of the child and dates of placement are typically documented, as this information is tied to payments for placements. More detailed information regarding circumstances of placement, such as why a child was placed, if they were placed outside of their community, the primary caregiver at the time of placement, however, is not consistently available. Data collected by agencies and ISC regions are less available in administrative systems in earlier years because many agencies used paper files before transitioning to a computerized information system.

Even if data fields are available there are many instances where the definition of the field would not correspond to the CHRT eligibility (e.g., placement type). For the purpose of responding to individual claims, administrative data at ISC can be used to confirm some placement history details (e.g., length of time and care and spells in care) but information on moves, on/off reserve, and reason for placement will need to be accessed through agency files. **Unless there is evidence that a caregiver perpetrated physical or sexual abuse that led to an out of home placement, it should be assumed that neglect and/or a lack of access to services was the main driver of the placement decision.** Administrative data fields cannot be used systematically to construct a reasonable understanding for the reason for placement using the child welfare administrative systems assessed for this project.

Our findings regarding information available through the FNCFS program and in sampled child welfare agencies and authorities is not representative of all First Nations child welfare data in Canada. Only the availability and quality of data fields was analyzed by the project team, no data was analyzed, and the findings are descriptive of the information contained in administrative systems based on key informant reports. Despite these limitations, the descriptive findings presented in this report provide an overview of the available child welfare data holdings, which can inform the compensation process in several

meaningful ways. Importantly, this report documents that relying on certain kinds of data could risk excluding many eligible claimants. **While using administrative data can help facilitate and expedite proof of eligibility for compensation, documentation almost certainly does not exist for all eligible children, especially those who were involved in child welfare in earlier years. Looking for alternatives in cases of missing or untraceable information will be necessary and important.**

Jordan's Principle compensation eligibility

Data related to Jordan's Principle compensation eligibility with respect to delays, denials, and gaps in essential services will come from multiple sources at the federal, provincial, and local levels. Prior to 2017, there was no *systematic* data collection although there may be ad hoc systems used in ISC regions that could yield helpful information through a manual archival search. Due to a high level of turnover in Jordan's Principle staff, there is a loss of institutional memory. The most reliable and accessible data pertaining to Jordan's Principle requests are found in more recent years. Beginning in Fiscal Year 2017-2018, a more systematic approach to data collection was implemented to collect detailed information regarding requests, approvals, denials, as well as the date of a request and the date of a response, which can be used as a proxy for delay.

NIHB data are limited to claims adjudicated under its purview, and include information related to claimant name, date of claim, date of approval/denial, and reason for denial. Like Jordan's Principle information, these data are structured according to requests, along with information about how the request was processed, which may aid in assessing compensation eligibility. However, communication with NIHB staff indicated several important limitations of using this data for the purposes of supporting compensation claimant eligibility. Despite these limitations, NIHB may be an important source of data to determine claimant eligibility. Other ISC data holdings and programs such as the Community Profiles Database may be of some utility in providing important contextual information.

Additional administrative data from provincial and territorial health and social services could be useful to identify First Nations children who experienced a delay or denial of services. Given the focus of the current project, the project team did not meet with key respondents with information about these data holdings. However, this could be an avenue to explore when implementing the

compensation process. There is missing documentation of information related to service referrals or receipt (e.g., from a medical specialist), which could impact the ability to access eligibility for compensation under the Jordan's Principle category.

Overall data availability considerations

Data availability and accessibility varies across the eligibility period—with older data generally being less available. A requirement for all claimants to provide documentation may create inequities in access to compensation. There will be limitations to reliance on written documentation to support compensation eligibility. Accordingly, other mechanisms should be considered or eligible claimants will be left out of the process. Given Canada's decentralized child welfare system, simple concepts, such as the exact definition of out-of-home placement are not understood in the same way across different provinces (or agencies). **If these inequities in data availability translate to a lack of compensation for children who are eligible based on their experiences, this would itself be a manifestation of the discrimination the CHRT and class actions are aiming to redress.** Clear, easily operationalized explanations of these constructs should be developed to identify claimants. This includes concepts such as removal from "home, family, and community" if this were used to determine individual eligibility. Attention should be given to burden on First Nations agencies, both for resources required to access information and to avoid blame and anger being directed to agencies for placement decisions.

Considerations for the Compensation Process

Determining eligibility of claimants will require consistent communication and relationship building, a thorough and clear understanding of the administrative program and its constituent parts, and the operationalization of ethical privacy and confidentiality issues early in the process. This will ensure access to compensation and minimize potential risks to participants. **The compensation process should be developed with the expectation that even if minimal documentation about past experiences is required to prove eligibility, the process may be traumatizing and support needs to be in place for both claimants and communities.**

Based on our reviews of process-related concerns expressed by respondents, lessons learned from past settlements, and a review of the retraumatization literature, we have identified key considerations for the compensation process.

Notice plan

Participatory approach to communications strategy. The Final Compensation Framework describes consultation with First Nations youth currently or formerly in child welfare placements, as well as the AFN and the Caring Society to develop some of the resources contained within the Notice Plan (p. 48). A similar participatory process could be applied to the upcoming settlement agreement in order to validate the communications strategy.

Development of Notice Plan materials to ensure accessibility in terms of language, format, and technology. It is important to develop and design materials that are appropriate for the diversity of potential claimants. For example, how will communications to children and youth be designed? How will different social media platforms be used to target different demographic groups? How will this process be determined?

Ensuring consistency and clarity in publicly disseminated materials (e.g., eligibility, process, compensation amount). Clear, public communications around eligibility, process, and compensation amount will be necessary. Clarity will reduce confusion and harm to individuals who ultimately are not eligible for compensation and streamline the process for those who are. Systematically updating the *Notice Plan* according to the settlement agreement (once finalized) will be necessary to ensure consistency and clarity, both for claimants and administrators.

Application design

Planning for inclusive access to the compensation process. The *Final Compensation Framework* and associated Notice Plan states that communication will be adapted based on cultural, historical, and geographical factors. The Notice Plan includes provisions for materials in English, French, First Nations languages, American Sign Language (ASL), and the Langue des signes du Québec (LSQ). To deepen the inclusiveness of the process, specification is needed for which First Nations languages will be included, and how other accessibility considerations will be accommodated (e.g., sight-challenged people).

Articulating what cultural sensitivity means for the process. Although there are multiple references to cultural safety, cultural relevance, cultural sensitivity, and cultural appropriateness in the compensation process (e.g., s. 5.1; Notice Plan, p. 4) it is not operationally defined. A key consideration could be how phone lines are staffed to reduce or eliminate wait times and ensuring that staff respond to potential claimants using a trauma-informed framework.

Respecting data confidentiality/ownership. In the documents developed for *2019 CHRT 39*, there is clear attention to the importance of privacy rights of claimants (e.g., Final Compensation Framework, s. 2.4, s. 8.1; Notice Plan, p. 8). In the upcoming settlement agreement process, provisions for individual claimants to confidentially and securely obtain information held at ISC about their own placement history may be necessary for compensation. In addition,, a consent procedure will need to be developed for instances where information from child welfare agencies is needed. These procedures will need to take into consideration the protection of confidential information not just about individual claimants, but also about other family or community members.

Minimization of legalistic language. Inclusion of “simple” language is mentioned several times regarding the communications process (e.g., Notice Plan, p. 14). However, the claim package included in the Notice Plan is lengthy and administrative in nature – similar to forms from past settlements reviewed for this report (Notice Plan, Annex B). Overly complicated legalistic terminology in application materials could lead some eligible claimants to be rejected due to mistakes in application forms. There are likely ways in which the format and procedure for applying can be tailored to facilitate the process for claimants. Examples include a visually streamlined paper application for claimants who do not have access to internet; an online application questionnaire built using

skip logic; and an apply-by-phone option by which claimants are supported in answering the questions posed by trained staff who enter the claimant's information.

Minimization of strict timeframes. The *Final Compensation Framework* describes a Timeline for the Compensation Process, which entails an initial claims deadline of 24 months following the Implementation date, along with a First Extended claims deadline of 12 additional months for certain specific situations, and a Second extended claims deadline of 6 months after that (ss. 7.1-7.4). Given that previous Canadian compensation frameworks analyzed in this section ultimately provided claimants with five years to submit their claims, a longer timeframe might be considered as a way to process the large number of claims and make space for progressive disclosure.

Reduction of the potentially harmful burden of proof being placed on claimants. In the *Final Compensation Framework* there is attention to operational efforts to find existing information that could support claims that does not rely on claimants (e.g., ISC data, organizations' data). It also includes explicit recognition of the necessity for flexibility in documentation related to challenges that may be insurmountable, such as "the child's age or developmental status at the time of the events, the disappearance of records over time, retirement or death of professionals involved in a child's case, systemic barriers to accessing professionals, etc." (s. 2.5.1). **Strategies to accommodate claimants—who are not themselves responsible for the missing information—will lessen the potential burden on individuals.**

Provision of support

Providing support in advance of the application. The *Final Compensation Framework* describes the presence of a phone line that will be available beginning with phase 1 of the process, along with a phone line provided by the AFN (Notice Plan, pp. 5-6). The website <https://www.fnchildcompensation.ca>, which has functioned as a source of information as the CHRT process has evolved, should continually be updated to align exactly with the Sotos website so there are not multiple websites with conflicting information. In the Notice Plan, it is mentioned that there will be Canada-funded mental health supports provided through a variety of formats (p. 31). Further detail regarding how and when this will be available to all claimants will be required to ensure services may be accessed in a timely manner in order to function as preparatory support.

Consideration of the impact of the process on individuals and communities, with particular attention to how agencies will be impacted (both operationally and in terms of their role in the community). The need for operational support to child welfare agencies and health and social service providers is clearly acknowledged (e.g., *Final Compensation Framework*, s. 5.4). Given the potential availability of relevant data at the agency level, generous support for this work at agencies and a process that does not require onerous paperwork will expedite the process. Beyond this, individuals may blame agencies for removals, and this may be mitigated by clear, consistent communication regarding the responsibility of the federal government for the discrimination on which the compensation is based. Avoiding terms like "necessary" and "unnecessary" removal can also help support agencies during this process and minimize tensions.

Providing support to claimants during the application process.

Legal support. It is made clear in the *Notice Plan* that neither the administrator nor individuals trained to provide information and mental health supports should provide legal advice to claimants (e.g., p. 4, p. 6). There is no mention of how claimants may be supported in seeking legal counsel during this process. Given documented exploitation of claimants by lawyers in past settlements, it would be helpful to develop a suite of resources to help claimants navigate this class action process. Clarification for claimants of the role of class counsel related to their application would be a helpful addition to compensation process materials, especially for individuals who expected to be compensated under a CHRT process.

Mental health support. There are several ways in which the *Final Compensation Framework* details provision of mental health support to claimants (e.g., through private counselling, at community events, in a family setting, group sessions, 24-hour tele-health or by way of a Compensation Process and Support Line). Prior success of hotlines including a chat function could be considered, particularly as this is often preferred by youth and individuals less comfortable speaking on the phone. While referrals to services are mentioned, there is less information regarding ensuring these resources are accessible to individuals. For instance, in past compensation schemes, the lack of access to Indigenous healing supports within communities was seen as a barrier for many claimants. Reimbursements to providers to whom individuals could self-refer could maximize choice in how claimants seek and receive mental health supports.

Administrative support. There are provisions for administrative support with the application process in which trained phone line operators and Navigators can answer questions (*Notice Plan*, p. 4) and the first-level reviewers of applications can help claimants ensure the application is complete (*Final Compensation Framework*, s. 9.3). The AFN will also provide an Information Line (*Notice Plan*, p. 6) that will provide information according to an agreed upon framework consistent across these informational resources. There is a potential for multiple areas of administrative support to lead to conflicting advice and direction.

Financial support. The *Final Compensation Framework* notes that the administrator will provide financial literacy information related to receipt of compensation, managing money, planning for the future, and prevention of exploitation (s. 10.6). There are also provisions in the *Notice Plan* for financial literacy to be offered to claimants before and after receiving compensation through the Aboriginal Financial Officers Association and the Royal Bank of Canada (p. 5). Ensuring that multiple streams of information regarding financial support are consolidated will minimize the risk of confusion and offer choice to claimants.

Providing follow up support for both accepted and rejected claims. Mental health supports should be ongoing and available to individuals after a decision has been made about their claim. It is stated in the *Final Compensation Framework* that claim denials will be stated in simple language (*Final Compensation Framework*, s. 9.5). Beyond the appeals process, there is no provision of support for denied applications. There is an opportunity to consider the nature and scope of mental health supports to individuals whose claims are denied.

Avoiding repetitive disclosure and triggers during appeals processes. The *Final Compensation Framework* describes a paper application form that would require basic disclosure of experiences relevant to proving eligibility. While the process for appeals is not yet articulated (s. 9.6), there are opportunities to consider mechanisms for appeal that minimize the need for repetitive disclosure. Further, allowing claimants to choose from multiple options for making an appeal (e.g., written statement, oral statement, supportive proxies) may create space for flexibility that empowers claimants in the process.

Processing claims

Adequate preparation before claims processing begins, including how technology will be used and how payment challenges will be overcome. The *Final Compensation Framework* describes a multi-level process for review of claims, reflecting preparation regarding the general operational framework for application processing (ss. 9.3-9.6). Given the shift in compensation scope, new preparation is warranted to update the framework and notice plan to reflect the settlement agreement details prior to claims being processed. While the *Final Compensation Framework* describes plans to facilitate payments tailored to specific needs of individuals (s. 2.6), detail is not provided on how this will be done. Given challenges in past settlements related to technology use in processing claims and distributing payments, preparation for application and compensation could anticipate the operational and technical tools that will be used and troubleshoot possible issues.

Accommodating gaps in resources and documentation to move claims forward. As previously noted, there is not a clear mechanism for accommodating gaps in information needed to undergird a claim. Preparation ahead of receipt of applications for how gaps in different types of needed information will be addressed (e.g., what may be accepted as a proxy) could considerably expedite claims, reducing delays in processing.

Planning ahead to avoid trauma-insensitive personnel & administrators. The training processes described in the *Final Compensation Framework* and the *Notice Plan* include mention of cultural appropriateness, avoiding revictimization, acknowledgement of the sensitivities of children and youth, and clear understanding of the compensation process itself (e.g., *Final Compensation Framework*, ss. 2.5, 9.3; *Notice Plan*, pp. 4–5). Based on discussions with respondents and our reviews of retraumatization literature and lessons learned from past settlements, personnel training and preparation will benefit from consideration of trauma-informed principles.

Limiting delays and waiting periods and planning how this will be addressed with claimants and communities when it happens. The provision of resources to agencies (mentioned above) is intended to limit delays in processing applications (s. 5.4). Functionally, while the *Final Compensation Framework* outlines an official three-and-a-half-year application period under the administrator, it provides for ongoing applications after this period. However,

while there is mention of expedited processing (s. 9.3), there is no mention of the standard timeframe for processing applications, or how delays will be managed. Given the potentially harmful impact of long waiting periods, especially when followed by a denial, efforts could be taken to specify the anticipated processing time, and plan for sensitive communication with individuals whose claims take longer than this.

Moving Forward

A fair, transparent, equitable, and decolonized compensation process that is designed for claimants who have been systematically discriminated against by the Government of Canada is no doubt challenging given the limitations and lack of availability of administrative data. **Claimants are not responsible for missing and incomplete information about the discrimination that they suffered, and it is this fundamental acknowledgment that must guide the continued development of the compensation process.** The administrative body responsible for assessing eligibility should be comprised of experts in First Nations data governance, trauma, community relations, data, and most importantly the connections among all these principles. Elders will be integral to the compensation process as they hold crucial roles in supporting communities by teaching, advising, and counselling. Quality assurance processes must be documented and transparent to ensure that there is accountability for children, families, and communities whose trauma is ongoing. Jurisdictional disputes; ongoing racism and the legacy of colonialism; and a westernized approach which excludes Indigenous knowledge, culture, and practices are the common foundation for the findings detailed in this report. For decades, the Canadian government has made decisions about the lives of First Nations children that it has failed to adequately document. This cannot be a deterrent to compensation.

References

- Abma, S. (2018, October 18). *Racism a barrier to prenatal healthcare, midwives say*. CBC News. <https://www.cbc.ca/news/canada/ottawa/midwife-racism-antenatal-health-care-conference-1.4867236>
- Aboriginal Affairs and Northern Development Canada. (2017). *Lessons Learned Study of the Common Experience Payment Process*. https://www.rcaanc-cirnac.gc.ca/DAM/DAM-CIRNAC-RCAANC/DAM-AEV/STAGING/texte-text/ev_lls_1468332975934_eng.pdf
- Administrative Data Research UK. (n.d.). *What is administrative data?* <https://www.adruk.org/our-mission/administrative-data/>
- Aiello, R. (2021, June 16). *Bill to align Canadian law with UN Indigenous rights declaration passes to become law*. CTV News. <https://www.ctvnews.ca/politics/bill-to-align-canadian-law-with-un-indigenous-rights-declaration-passes-to-become-law-1.5473285>
- Alberta Civil Liberties Research Centre. (2021a). *Forms of racism*. <http://www.aclrc.com/forms-of-racism>
- Alberta Civil Liberties Research Centre. (2021b). *Racism*. <https://www.aclrc.com/racism>
- Alexander, P. C. (2012). Retraumatization and revictimization: An attachment perspective. In M.P. Duckworth & V.M. Follette (Eds.), *Retraumatization: Assessment, treatment, and prevention* (pp. 191-220). Routledge.
- Anglican Church of Canada. (2019). *One step on a journey. The Indian Residential Schools Settlement Agreement and the Anglican Church of Canada – Lessons learned*. <https://www.anglican.ca/wp-content/uploads/All-Parties-Lessons-Learned-ACoC-FINAL.pdf>
- Assembly of First Nations and Trout v. The Attorney General of Canada*, 2020 Court File No. T-141-20. <https://www.aptnnews.ca/wp-content/uploads/2021/06/T-402-19-ZACHEUS-JOSEPH-TROUT-STATEMENT-OF-CLAIM.pdf>
- Banning, J. (2019, October 1). *Some students left out of Indian Day School settlement speaking out*. APTN News. <https://www.aptnnews.ca/national-news/some-students-left-out-of-indian-day-school-settlement-speaking-out/>
- Barbo, G., Alam, S., & Kiafar, A. (2021). Experiences of Indigenous peoples in Canada with primary health care services: A qualitative systematic review protocol. *JBI Evidence Synthesis*, 19(9), 2398–2405. <https://doi.org/10.11124/JBIES-20-00389>
- Barnabe, C. (2021). Towards attainment of Indigenous health through empowerment: Resetting health systems, services and provider approaches. *BMJ Global Health*, 6, e004052. <https://gh.bmj.com/content/bmjgh/6/2/e004052.full.pdf>
- Battersby, L., Greaves, L., & Hunt, R. (2008). Legal redress and institutional sexual abuse: Study of the experiences of deaf and hard of hearing survivors. *Florida Coastal Law Review*, 10(1), 67-118.
- Behrend, R., Forsyth, J. & Mohamed, S. A. (2021). *Federal spending on First Nations and Inuit health care*. Office of the Parliamentary Budget Officer. <https://distribution-a617274656661637473.pbo-dpb.ca/9bee4c701b89b6285aa9b66e68a21806ca91473fd4d74b86d817e56ef673a89a>
- Bennett, M. (n.d.). *A general profile of First Nations child welfare in Canada*. First Nations Child and Family Caring Society of Canada. <https://fncaringociety.com/sites/default/files/FirstNationsFS1.pdf>
- Bennett, M. & Shangreux, C. (2005). Applying Maslow's Hierarchy Theory. *First Peoples Child & Family Review*, 2(1), 89-116. <https://fpcfr.com/index.php/FPCFR/article/view/129>
- Blackstock, C. (2016, October 6). *The long history of discrimination against First Nations children*. Policy Options. <https://policyoptions.irpp.org/magazines/october-2016/the-long-history-of-discrimination-against-first-nations-children/>
- Blackstock, C. (2007). Residential schools: Did they really close or just morph into child welfare? *Indigenous Law Journal*, 6(1), 71-78. <https://jps.library.utoronto.ca/index.php/ilj/article/view/27665/20396>
- Blackstock, C. (2003). First Nations child and family services: Restoring peace and harmony in First Nations communities. In K. Kufedlt & B. McKenzie (Eds.), *Child Welfare: Connecting Research Policy and Practice* (pp. 331-342). Wilfred Laurier University Press.
- Bloom, S. L., & Farragher, B. (2013). *Restoring sanctuary: A new operating system for trauma-informed systems of care*. Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780199796366.001.0001>
- Bourassa, C., McElhaney, J., & Oleson, E. (2016). *Cultural safety*. Queens University. https://www.queensu.ca/sps/sites/webpublish.queensu.ca.spswww/files/files/Events/Conferences/RCAP/Papers/Bourassa_RCAP_conceptsOct2016.pdf

- Brascoupé, S., & Waters, C. (2009). Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. *Journal of Aboriginal Health*, 5(2), 6-41. <https://jps.library.utoronto.ca/index.php/ijih/article/view/28981/23928>
- Broneus, K. (2008). Truth-telling as talking cure? Insecurity and retraumatization in the Rwandan Gacaca Courts. *Security Dialogue*, 39(1), 55-76. <https://doi.org/10.1177%2F0967010607086823>
- Bromfield, L.M., & Higgins, D.J. (2004). The limitations of using statutory child protection data for research into child maltreatment. *Australian Social Work*, 57(1), 19-30.
- Brown v. The Attorney General of Canada, 2020 Ontario Superior Court of Justice, CV-09-372025-CP. <https://sixtiesscoopsettlement.info/wp-content/uploads/2020/09/20-09-09-Order-Belobaba-J.pdf>
- Brownell, M., Chartier, M., Au, W., MacWilliam, L., Schultz, J., Guenette, W., & Valdivia J. (2015). *The educational outcomes of children in care in Manitoba*. Manitoba Centre for Health Policy. http://mchp-appserv.cpe.umanitoba.ca/reference/CIC_report_web.pdf
- Bruhn, J. (2014). Identifying useful approaches to the governance of Indigenous data. *The International Indigenous Policy Journal*, 5(2), 1-32. <https://doi.org/10.18584/iipj.2014.5.2.5>
- Burnette, C.E. & Sanders, S. (2014). Trust development in research with Indigenous communities in the United States. *The Qualitative Report*, 19(22), 1-19. <https://doi.org/10.46743/2160-3715/2014.1223>
- Byrne, C. C. (2004). Benefit or burden: Victims' reflections on TRC participation. *Peace and Conflict: Journal of Peace Psychology*, 10(3), 237-256. https://doi.org/10.1207/s15327949pac1003_2
- Caldwell, G. H. (1967). *Indian residential schools. A research study of the child care programs of nine residential schools in Saskatchewan*. Canadian Welfare Council. https://publications.gc.ca/collections/collection_2018/aanc-inac/R5-632-1967-eng.pdf
- Centre for Addiction and Mental Health. (n.d.). *Trauma-informed practice*. <https://iecho.unm.edu/sites/camh/download.hns?i=1643>
- Canadian Child Welfare Research Portal. (2019). *Indigenous Child Welfare*. <https://cwrp.ca/indigenous-child-welfare>
- Canadian Human Rights Act. R.S.C., 1985, c. H-6. <https://laws-lois.justice.gc.ca/PDF/H-6.pdf>
- Canadian Human Rights Tribunal. (2020, December 23). Framework for the payment of compensation under 2019 CHRT 39. Available through the CHRT upon request.
- Canadian Nurses Association. (2021). *Nursing declaration against anti-Indigenous racism in nursing and health care*. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca-863c-5ebf0a138d5e/UploadedImages/documents/1_0876_Nursing_Declaration_Against_Anti-Indigenous_Racism_in_Nursing_and_Health_Care_EN_v3_Copy.pdf
- Canadian Pediatric Society. (2019). *Jordan's Principle*. <https://www.cps.ca/en/status-report/jordans-principle>
- Carranco, S. (2021, July 10). *The monster is in the child welfare system*. The Hoser. <https://www.thehoser.ca/posts/the-monster-is-in-the-child-welfare-system>
- Carroll, S.R., Garba, I., Figueroa-Rodríguez, O.L., Holbrook, J., Lovett, R., Materechera, S., Parsons, M., Raseroka, K., Rodriguez-Lonebear, D., Rowe, R., Sara, R., Walker, J.D., Anderson, J., & Hudson, M. (2020). The CARE principles for Indigenous data governance. *Data Science Journal*, 19(1), p.43. DOI: <http://doi.org/10.5334/dsj-2020-043>
- CBC News. (2019, June 2). 231 'imperative' changes: The MMIWG inquiry's calls for justice <https://www.cbc.ca/news/indigenous/mmiwg-inquiry-report-1.5158385>
- Chaney, C. (2018). Data sovereignty and the Tribal Law and Order Act. *The Federal Lawyer*, 23-25.
- Charron, M. C. (2019, March 6). *No perfect answer: Is it First Nations, Aboriginal or Indigenous?* National. <https://www.national.ca/en/perspectives/detail/no-perfect-answer-first-nations-aboriginal-indigenous/>
- Chernick, I. (2019). A quarter of Israel's Holocaust survivors living in poverty. *The Jerusalem Post*. <https://www.jpost.com/diaspora/quarter-of-israels-holocaust-survivors-living-in-poverty-588381>

- Chikwava, F., Cordier, R., Ferrante, A., O'Donnell, M., Speyer, R., & Parsons, L. (2021). Research using population-based administration data integrated with longitudinal data in child protection settings: A systematic review. *PLoS ONE*, *16*(3), e0249088. <https://doi.org/10.1371/journal.pone.0249088>
- Choate, P.W. (2018). *Assessment of parental capacity for child protection: Methodological, cultural and ethical considerations in respect of Indigenous peoples*. [Doctoral dissertation, Kingston University]. <https://eprints.kingston.ac.uk/42579/1/Choate-P.pdf>
- Claims Conference. (n.d.). *65 Years of the Claims Conference*. <http://forms.claimscon.org/chronology/Chronology-65-web.pdf>
- Coast, E., Jones, E., Lattof, S.R., & Portela, A. (2016). Effectiveness of interventions to provide culturally appropriate maternity care in increasing uptake of skilled maternity care: A systematic review. *Health Policy and Planning*, *31*(10), 1479–1491. <https://doi.org/10.1093/heapol/czw065>
- Cole, S., Dhaliwal, I., Sautmann, A., & Vilhuber, L. (Eds.). (2020). *Handbook on using administrative data for research and evidence-based policy*. Abdul Latif Jameel Poverty Action Lab. <https://admindatahandbook.mit.edu/>
- Collectiva Class Action Services. (2020). *Federal Court approves interim payments of \$21,000 for eligible Sixties Scoop class members*. Cision. <https://www.newswire.ca/news-releases/federal-court-approves-interim-payments-of-21-000-for-eligible-sixties-scoop-class-members-854013656.html>
- Collosi-Bath, C. (2018). *Administrative data for action in the social sector*. Viva Strategy and Communications. <https://vivasocialimpact.com/wp-content/uploads/2020/09/Heising-Simons-Worldwide-Scan-Report-Sept-2018-Digital.pdf>
- Colton, M., Vanstone, M., & Walby, C. (2002). Victimization, care and justice: Reflections on the experiences of victims/survivors involved in large-scale historical investigations of child sexual abuse in residential institutions. *British Journal of Social Work*, *32*(5), 541–551. <https://doi.org/10.1093/bjsw/32.5.541>
- Connelly, R., Playford, C.J., Gayle, V. & Dibben, C. (2016). The role of administrative data in the big data revolution in social science research. *Social Science Research*, *59*, 1–12. <https://doi.org/10.1016/j.ssresearch.2016.04.015>
- Contenta, S., Monsebraaten, L., & Rankin, J. (2020, July 29). Ontario's most vulnerable children kept in the shadows. *Toronto Star*. https://www.thestar.com/news/canada/201ontar4/12/12/ontarios_most_vulnerable_children_kept_in_the_shadows.html
- Contenta, S., Monsebraaten, L., & Rankin, J. (2014, December 11). Why are so many black children in foster and group homes? *Toronto Star*. http://www.thestar.com/news/canada/2014/12/11/why_are_so_many_black_children_in_foster_and_group_homes.html
- Contenta, S., Monsebraaten, L., & Rankin, J. (2015, July 3). Shedding light on the troubles facing kids in group homes. *Toronto Star*. <http://www.thestar.com/news/insight/2015/07/03/kids-in-toronto-group-homes-can-be-arrested-for-beingkids.html>
- Cormack, D., Reid, P., & Kukutai, T. (2019). Indigenous data and health: critical approaches to "race"/ethnicity and Indigenous data governance. *Public Health (London)*, *172*, 116–118. <https://doi.org/10.1016/j.puhe.2019.03.026>
- Crenshaw, D. A., Stella, L., O'Neill-Stephens, E., & Walsen, C. (2019). Developmentally and trauma-sensitive courtrooms. *Journal of Humanistic Psychology*, *59*(6), 779–795. <https://doi.org/10.1177%2F0022167816641854>
- Cross, D., Fani, N., Powers, A., & Bradley, B. (2017). Neurobiological development in the context of childhood trauma. *Clinical Psychology: Science and Practice*, *24*(2), 111–124. <https://doi-org.proxy3.library.mcgill.ca/10.1111/cpsp.12198>
- Crown-Indigenous Relations and Northern Affairs Canada. (2021). Indigenous peoples and communities. <https://www.rcaanc-cirnac.gc.ca/eng/1100100013785/1529102490303>
- Dallam, S. J. (2010). *A model of the retraumatization process: A meta-synthesis of childhood sexual abuse survivors' experiences in healthcare* (3390894). [Doctoral dissertation, University of Kansas]. ProQuest Dissertations Publishing. <https://kuscholarworks.ku.edu/handle/1808/6373>
- Darroch, F., Giles, A., Sanderson, P., Brooks-Cleator, L., Schwartz, A., Joseph, D., & Nosker, R. (2017). The United States does CAIR about cultural safety: Examining cultural safety within Indigenous health contexts in Canada and the United States. *Journal of Transcultural Nursing*, *28*(3), 269–277. <https://doi.org/10.1177/1043659616634170>

- das McMurtry, N. (2015, October 15). *Kids in care in Canada: The alarming facts*. Policy Options. <https://policyoptions.irpp.org/2015/10/15/kids-in-care-in-canada-the-alarming-facts-2/>
- Davies, C., & Ward, H. (2012) *Safeguarding children across services: messages from research*. Jessica Kingsley Publishers.
- Deer, K. (2020, June 11). *Indian day school survivors to no longer be allowed to modify their claims in national settlement*. CBC News. <https://www.cbc.ca/news/indigenous/indian-day-school-claim-changes-not-allowed-1.5608057>
- Desmarais, A. (2020a, June 16). *Former Fort Smith Métis president says day school settlement forms 'misleading'*. CBC News. <https://www.cbc.ca/news/canada/north/fort-smith-metis-day-school-misleading-1.5610735>
- Desmarais, A. (2020b, July 15). *'Confused' survivors want answers on federal day school settlement process: Dene chief*. CBC News. <https://www.cbc.ca/news/canada/north/nwt-dene-nation-review-day-school-settlement-survivors-wait-1.5648830>
- DeVooght, K. & Vandivere, S. (2014). *Knowing the numbers: Accessing and using child welfare data*. State Policy Advocacy and Reform Center. <http://childwelfareparc.org/wp-content/uploads/2014/09/Knowing-the-Numbers.pdf>
- Dion Stout, M. & Harp, R. (2007). *Lump Sum Compensation Payments Research Project: The Circle Rechecks Itself*. Aboriginal Healing Foundation. <https://www.ahf.ca/downloads/newest-lsp.pdf>
- Dismantling Racism Works. (2021). *What is racism?* <https://www.dismantlingracism.org/racism-defined.html>
- Doak, J. (2011). The therapeutic dimension of transitional justice: Emotional repair and victim satisfaction in international trials and truth commissions. *International Criminal Law Review*, 11(2), 263-298. <https://doi.org/10.1163/157181211X559671>
- Doerr, A. (2021). Royal commission on Aboriginal Peoples. In *The Canadian Encyclopedia*. <https://www.thecanadianencyclopedia.ca/en/article/royal-commission-on-aboriginal-peoples>
- Donnelly, C. A., Boyd, I., Cammpbell, P., Craig, C., Vallance, P., Walport, M., Whitty, C.J.M., Woods, E., & Wormald, C. (2018). Four principles for synthesizing evidence. *Nature*, 558, 361-364. <https://doi.org/10.1038/d41586-018-05414-4>
- Drake, B. & Jonson-Reid, M. (1999). Some thoughts on the increasing use of administrative data in child maltreatment research. *Child Maltreatment*, 4(4), 308-315. <https://doi.org/10.1177/1077559599004004004>
- Earle, L. (2011). *Understanding chronic disease and the role for traditional approaches in Aboriginal communities*. National Collaborating Centre for Aboriginal Health. <https://www.nccih.ca/docs/emerging/FS-UnderstandingChronicDisease-Earle-EN.pdf>
- Elflein, J. (2020). *Indigenous health in Canada: Statistics & facts*. Statista. <https://www.statista.com/topics/4563/indigenous-health-in-canada/#dossierKeyfigures>
- Episkenew, J. (2009). *Taking back our spirits: Indigenous literature, public policy, and healing*. University of Manitoba Press.
- Espinosa, A., Páez, D., Velázquez, T., Cueto, R. M., Seminario, E., Sandoval, S., Reategui, F. & Jave, I. (2017). Between remembering and forgetting the years of political violence: Psychosocial impact of the Truth and Reconciliation Commission in Peru. *Political Psychology*, 38(5), 849-866. <https://doi.org/10.1111/pops.12364>
- Esposito, T., Trocmé, N., Chabot, M., Shlonsky, A., Vézina, D.C., & Sinha, V. (2013). Placement of children in out-of-home care in Québec, Canada: When and for whom initial out-of-home placement is most likely to occur. *Children and Youth Services Review*, 35(12), 2031-2039. <https://doi.org/10.1016/j.childyouth.2013.10.010>
- Fallon, B., Black, T., Van Wert, M, King, B., Filippelli, J., Lee, B., & Moody, B. (2016). Child maltreatment-related service decisions by ethno-racial categories in Ontario in 2013. CWRP Information Sheet #176E. Toronto, ON: Canadian Child Welfare Research Portal.
- Fallon, B., Filippelli, J., Black, T., Trocmé, N., & Esposito, T. (2017). How can data drive policy and practice in child welfare? Making the link in Canada. *International Journal of Environmental Research and Public Health*, 14(10), 1223. <https://doi.org/10.3390/ijerph14101223>

- Fallon, B., Kartusch, M., Filippelli, J., Trocmé, N., Black, T., Chan, P., Sawh, P., & Joh-Carnella, N. (2019). Ten answers every child welfare agency should provide. *International Journal of Child and Adolescent Resilience*, 6(1), 36-44. <https://doi.org/10.7202/1069074ar>
- Fallon, B., Lefebvre, R., Trocmé, N., Richard, K., Hélie, S., Montgomery, H. M., Bennett, M., Joh-Carnella, N., Saint Giron, M., Filippelli, J., MacLaurin, B., Black, T., Esposito, T., King, B., Collin- Vézina, D., Dallaire, R., Gray, R., Levi, J., Orr, M., Petti, T., Thomas Prokop, S., & Soop, S. (2021). *Denouncing the continued overrepresentation of First Nations children in Canadian child welfare: Findings from the First Nations/Canadian incidence study of reported child abuse and neglect-2019*. Ontario: Assembly of First Nations. https://cwrc.ca/sites/default/files/publications/FNCIS-2019%20-%20Denouncing%20the%20Continued%20Overrepresentation%20of%20First%20Nations%20Children%20in%20Canadian%20Child%20Welfare%20-%20Final_1%20%281%29.pdf
- Federal Indian Day School Class Action. (n.d.). *About*. <https://indiandayschools.com/en/about/>
- First Nations Child and Family Caring Society of Canada. (2022). *History of inequity*. <https://fncaringsociety.com/history-inequity>
- First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2016 CHRT 2. https://fncaringsociety.com/sites/default/files/2016_chrt_2_access_0.pdf
- First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2016 CHRT 10. https://fncaringsociety.com/sites/default/files/2016_chrt_10.pdf
- First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2016 CHRT 16. https://fncaringsociety.com/sites/default/files/2016_chrt_16_0.pdf
- First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2017 CHRT 14. <https://fncaringsociety.com/sites/default/files/2017%20CHRT%2014.pdf>
- First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2017 CHRT 35. https://fncaringsociety.com/sites/default/files/2017_chrt_35-html.pdf
- First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2018 CHRT 4. https://fncaringsociety.com/sites/default/files/2018_chrt_4_1.pdf
- First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2019 CHRT 7. https://fncaringsociety.com/sites/default/files/2019_chrt_7.pdf
- First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2019 CHRT 39. https://fncaringsociety.com/sites/default/files/2019_chrt_39.pdf
- First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2021 CHRT 7. https://fncaringsociety.com/sites/default/files/2021-02-12_2021_chrt_7_-_compensation_framework_consent_order.pdf
- First Nations Information Governance Centre (FNIGC). (2020). *A First Nations data governance strategy*. https://fnigc.ca/wp-content/uploads/2020/09/FNIGC_FNDGS_report_EN_FINAL.pdf
- First Nations Information Governance Centre (FNIGC) (n.d.). *The First Nations principles of OCAP*. <https://fnigc.ca/ocap-training/>
- First Nations Information Governance Centre (FNIGC). (2018a). *National report of the First Nations regional health survey phase 3: Volume one*. First Nations Information Governance Centre. https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf
- First Nations Information Governance Centre (FNIGC). (2018b). *National report of the First Nations regional health survey phase 3: Volume two*. First Nations Information Governance Centre. https://fnigc.ca/wp-content/uploads/2020/09/53b9881f96fc02e9352f7cc8b0914d7a_FNIGC-RHS-Phase-3-Volume-Two_EN_FINAL_Screen.pdf
- Follette, V. M. & Duckworth, M. P. (2012). Introduction. In M.P. Duckworth & V.M. Follette (Eds.), *Retraumatization: Assessment, treatment, and prevention* (pp. 1-8). Routledge.
- Forrester, B. (2019, December 11). 'They wanted more proof': Survivor says Sixties Scoop settlement needs more time. APTN News. <https://www.aptnnews.ca/national-news/sixties-scoop-survivor-settlement/>

- Fraser, S.L., Gaulin, D. & Fraser, W.D. (2021). Dissecting systemic racism: Policies, practices and epistemologies creating racialized systems of care for Indigenous peoples. *International Journal of Equity Health*, 20(164), 1-5. <https://doi.org/10.1186/s12939-021-01500-8>
- Froese, I. (2021, February 19). *While only 10% of the population, First Nations account for nearly 70% of Manitoba's COVID-19 cases*. CBC News. <https://www.cbc.ca/news/canada/manitoba/first-nations-two-thirds-active-covid-19-cases-manitoba-disproportionate-affect-1.5920300>
- Gavin, S. P. (2002). *Are children who become involved in the legal system following disclosure of childhood sexual abuse retraumatized? Interviews on the practices and opinions of several California child forensic professionals* (3069609). [Doctoral dissertation, Alliant International University]. ProQuest Dissertations Publishing.
- Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D. & MacMillan, H.L. (2009). Recognising and responding to child maltreatment. *The Lancet*, 372, 167-80. [https://doi.org/10.1016/S0140-6736\(08\)61707-9](https://doi.org/10.1016/S0140-6736(08)61707-9)
- Global News. (2014, June 11). *Winnipeg lawyer disputes residential school form-filling fees ruling*. <https://globalnews.ca/news/1389278/winnipeg-lawyer-disputes-residential-school-form-filling-fees-ruling/>
- Goerge, R.M. & Lee, B.J. (2002). Matching and cleaning administrative data. In M. Ver Ploeg, R.A. Moffitt & C.F. Citro (Eds.) *Studies of Welfare Populations: Data Collection and Research Issues* (pp. 197-219). National Academy Press. <https://doi.org/10.17226/10206>
- Goroff, D.L. (2020). Foreword. In Cole, S., Dhaliwal, I., Sautmann, A., & Vilhuber, L. (Eds.), *Handbook on using administrative data for research and evidence-based policy* (pp. xi-xviii). Abdul Latif Jameel Poverty Action Lab. https://admindatahandbook.mit.edu/print/v1.0/handbook_print.pdf
- Gooley, C. (2021, April 27). *Hundreds of Stolen Generations survivors to sue the federal government for compensation*. ABC News. <https://www.abc.net.au/news/2021-04-28/class-action-stolen-generation-survivors-descendants/100098608>
- Gouldhawke, M. (2021). *Failure of federal Indigenous healthcare policy in Canada*. Yellowhead Institute. <https://yellowheadinstitute.org/2021/02/04/the-failure-of-federal-indigenous-healthcare-policy-in-canada/>
- Government of Canada. (2021a). *The Constitution Acts, 1867 to 1992. Section 35, Part II: Rights of the Aboriginal Peoples of Canada*. <https://laws-lois.justice.gc.ca/eng/const/page-13.html#h-53>
- Government of Canada. (2021b). *Indigenous healthcare in Canada*. <https://www.sac-isc.gc.ca/eng/1626810177053/1626810219482>
- Government of Canada. (2021c, June 9). *Indian residential schools settlement agreement*. <https://www.rcaanc-cirnac.gc.ca/eng/1100100015576/1571581687074>
- Government of Canada. (2019a). *Jordan's principle*. <https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>
- Government of Canada. (2019b, February 19). *Statistics on the Implementation of the Indian Residential Schools Settlement Agreement*. <https://www.rcaanc-cirnac.gc.ca/eng/1315320539682/1571590489978>
- Government of Canada. (2010). *Highlights from the Report of the Royal Commission on Aboriginal Peoples*. <https://www.rcaanc-cirnac.gc.ca/eng/1100100014597/1572547985018>
- Government of Manitoba. (2018). *Transforming child welfare legislation in Manitoba: Opportunities to improve outcomes for children and youth*. https://www.gov.mb.ca/fs/child_welfare_reform/pubs/final_report.pdf
- Government of South Australia. (2018). *Report of the South Australian Stolen Generations Reparations Scheme Independent Assessor*. https://www.dpc.sa.gov.au/_data/assets/pdf_file/0020/45704/Report-of-the-south-australian-stolen-generations-reparations-scheme.pdf
- Grant, M. (2019, October 3). *'Revictimized' residential school survivors can sue disgraced lawyer in class-action*. CBC News. <https://www.cbc.ca/news/canada/calgary/alberta-blood-tribe-david-blott-class-action-residential-school-1.5307551>
- Green, B. L., Ayoub, C., Dym Bartlett, J., Furrer, C., Von Ende, A., Chazan-Cohen, R., Klevens, J., & Nygren, P. (2015). It's not as simple as it sounds: problems and solutions in accessing and using administrative child welfare data for evaluating the impact of early childhood interventions. *Children and Youth Services Review*, 57, 40-49. <https://doi.org/10.1016/j.childyouth.2015.07.015>

- Greenwood, M., de Leeuw, S., & Lindsay, N.M. (eds.). (2018). *Determinants of Indigenous peoples' health in Canada: Beyond the social*. Canadian Scholar's Press.
- Gunnarsson, M. (2018, November 20). *Jurisdictional disputes and Indigenous health: The emergence of Jordan's principle*. McGill Journal of Law and Health Blog. <https://mjhl.mcgill.ca/2018/11/20/jurisdictional-disputes-and-indigenous-health-the-emergence-of-jordans-principle/>
- Habib, J. (2021). *Highlighting COVID-19's disproportionate impact on Canada's Indigenous communities*. Global Citizen. <https://www.globalcitizen.org/en/content/worlds-best-shot-carla-cochrane/>
- Hamber, B. & Lundy, P. (2020). Lessons from transitional justice? Toward a new framing of a victim-centered approach in the case of historical institutional abuse. *Victims & Offenders*, 15(6), 744-770. <https://doi.org/10.1080/15564886.2020.1743803>
- Hanson, E. (2009). *Sixties scoop*. University of British Columbia. https://indigenousfoundations.arts.ubc.ca/sixties_scoop/
- Hart-Wasekeesikaw, F. (2009). Cultural competence and cultural safety in Nursing Education. A Framework for First Nations, Inuit and Métis nursing. Aboriginal Nurses Association of Canada. <https://hdl.handle.net/10133/720>
- Hawthorn, A. (2021, April 25). *Why have Indigenous communities been hit harder by the pandemic than the population at large?* CBC News. <https://www.cbc.ca/news/canada/newfoundland-labrador/apocalypse-then-indigenous-covid-1.5997774>
- HealthCareCan. (2016). *The truth and reconciliation commission of Canada: Health related recommendations*. https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/IssueBriefs/2016/EN/TRCC_EN.pdf
- Heaman, M.I., Blanchard, J.F., Gupton, A.L., Moffat, M.E.K., & Currie, R.F. (2005). Risk factors for spontaneous preterm birth among Aboriginal and non-Aboriginal women in Manitoba. *Pediatric and Perinatal Epidemiology*, 19(3), 81-193. <https://doi:10.1111/j.1365-3016.2005.00644.x>
- Henry, F. & Tator, C. (2006). *The colour of democracy: Racism in Canadian society*. Nelson Education.
- Horrill, T., McMillan, D. E., Schultz, A., & Thompson, G. (2018). Understanding access to healthcare among Indigenous peoples: A comparative analysis of biomedical and postcolonial perspectives. *Nursing Inquiry*, 25(3), e12237. <https://doi.org/10.1111/nin.12237>
- Hughes, J. (2012). Instructive past: Lessons from the royal commission on Aboriginal peoples for the Canadian Truth and Reconciliation Commission on Indian residential schools. *Canadian Journal of Law & Society*, 27(1), 101-128. <https://doi.org/10.3138/cjls.27.1.101>
- Hyslop, K. (2021, January 25). *'It's really cruel': Thousands in limbo awaiting '60s Scoop Settlement money*. The Tye. <https://thetye.ca/News/2021/01/25/Thousands-Limbo-Awaiting-Sixties-Scoop-Settlement/>
- Hyslop, K. (2018, May 9). *How Canada created a crisis in Indigenous child welfare. Part one of a series: From residential schools to the sixties scoop, governments set out to undermine indigenous families*. The Tye. <https://thetye.ca/News/2018/05/09/Canada-Crisis-Indigenous-Welfare/>
- Institute of Fiscal Studies and Democracy (IFSD). (2019). *Enabling First Nations children to thrive*. University of Ottawa. http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf
- Indian Act, R.S.C. 1985, c 1-5, s 88. <https://www.canlii.org/en/ca/laws/stat/rsc-1985-c-i-5/latest/rsc-1985-c-i-5.html>
- Indian Residential Schools Resolution of Canada. (2007, October). *Indian residential schools settlement agreement (IRSSA)*. http://www.nrsc.ca/Resource_Centre/IndianAffairs/IRSRC_SettlementAgreementPresentation_Oct_EN_wm.pdf
- Indigenous Services Canada. (2022, January 6). *The Act respecting First Nations, Inuit and Métis children, youth and families celebrates its second anniversary*. <https://www.canada.ca/en/indigenous-services-canada/news/2022/01/the-act-respecting-first-nations-inuit-and-metis-children-youth-and-families-celebrates-its-second-anniversary.html>
- Indigenous Services Canada. (2020a). *An Act respecting First Nations, Inuit and Metis Children, Youth and Families: Technical information package*. Government of Canada. https://publications.gc.ca/collections/collection_2020/sac-isc/R5-747-2020-eng.pdf

- Indigenous Services Canada. (2020b). *Annual report to parliament, 2020*. Government of Canada. <https://www.sac-isc.gc.ca/eng/1602010609492/1602010631711#chp4>
- Internet Society. (2020). *Ensuring every Canadian has access to the Internet*. <https://www.internetsociety.org/resources/doc/2020/ensuring-every-canadian-has-access-to-the-internet/>
- Irvine, J., Kitty, D., & Pekeles, G. (2012). Healing winds: Aboriginal child and youth health in Canada. *Pediatrics & Child Health, 17*(7), 363–364. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3448534/>
- Iwasaki, Y., Bartlett, J., & O'Neil, J. (2004). An examination of stress among Aboriginal women and men with diabetes in Manitoba, Canada. *Ethnicity & Health, 9*(2), 189–212. <https://doi.org/10.1080/1355785042000222888>
- Ji, D. & Marshall, S.K. (2020). Guidelines for using child welfare administrative data from a measurement perspective. *Social Work Research, 44*(4), 279–284. <https://doi.org/10.1093/swr/svaa008>
- James Bell Associates. (2018). *Guide to data-driven decision making: Using data to inform practice and policy decisions in child welfare organizations*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.jbassoc.com/wp-content/uploads/2018/05/Guide-to-Data-Driven-Decision-Making.pdf>
- Jennings, D., Little, M., & Johnson-Jennings, M. (2018). Developing a tribal health sovereignty model for obesity prevention. *Progress in Community Health Partnerships, 12*(3), 353–362. <https://doi.org/10.1353/cpr.2018.0059>
- Johnston, P. (1981). *Indigenous children at risk: Child welfare services need radical change*. Policy Options. <https://policyoptions.irpp.org/wp-content/uploads/sites/2/2016/07/indigenous-children-at-risk.pdf>
- Johnston, P. (1983). *Native children and the child welfare system*. Canadian Council on Social Development in association with James Lorimer & Co.
- Johnston, P. (2016, July 6). *Revisiting the "sixties scoop" of Indigenous children*. Policy Options. <https://policyoptions.irpp.org/magazines/july-2016/revisiting-the-sixties-scoop-of-indigenous-children/>
- Katirai, N. (2020). Retraumatized in court. *Arizona Law Review, 62*(1), 81–124.
- Kim, P.J. (2019). Social determinants of health inequities in Indigenous Canadians through a life course approach to colonialism and the residential school system. *Health Equity, 3*(1), 378–381. <http://doi.org/10.1089/heq.2019.0041>
- King, A. P. & Liberzon, I. (2012). Neurobiology of retraumatization. In M.P. Duckworth & V.M. Follette (Eds.), *Retraumatization: Assessment, treatment, and prevention* (pp. 61–110). Routledge.
- King, M., Smith, A., & Gracey, M. (2009). Review: Indigenous health part 2: The underlying causes of the health gap. *The Lancet, 374*(9683), 76–85. [https://doi.org/10.1016/S01406736\(09\)60827-8](https://doi.org/10.1016/S01406736(09)60827-8)
- Kirmayer, L. J., Lemelson, R., & Barad, M. (2007). Introduction: Inscribing trauma in culture, brain, and body. In L.J. Kirmayer, R. Lemelson, & M. Barad. (Eds.), *Understanding trauma: Integrating biological, clinical, and cultural perspectives* (pp. 1–20). Cambridge University Press. <https://doi.org/10.1017/CBO9780511500008>
- Kitching, G.T., Firestone, M., Schei, B. et al. (2020). Unmet health needs and discrimination by healthcare providers among an Indigenous population in Toronto, Canada. *Canadian Journal of Public Health, 111*, 40–49. <https://doi.org/10.17269/s41997-019-00242-z>
- Klinic Community Health Center. (2013). *Trauma-informed: The trauma toolkit (2nd ed.)*. https://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf
- Kooper, M. N., Maes, R., & Lindgreen, R. (2011). On the governance of information: Introducing a new concept of governance to support the management of information. *International Journal of Information Management, 31*(3), 195 - 200. <https://doi.org/10.1016/j.ijinfomgt.2010.05.009>
- Kudler, H. (2012). A psychodynamic conceptualization of retraumatization. In M.P. Duckworth & V.M. Follette (Eds.), *Retraumatization: Assessment, treatment, and prevention* (pp. 33–60). Routledge.
- Kukutai, T., & Taylor, J. (2016). Data sovereignty for indigenous peoples: Current practice and future needs. In Kukutai, T. & Taylor, J. (Eds.), *Indigenous Data Sovereignty: Toward an agenda* (pp. 1–22). ANU Press. <http://www.jstor.org/stable/j.ctt1q1crgf.8>

- Laferrière, D. & Deshaies-Moreault, C. (2018). The challenges of producing national estimates of child maltreatment using administrative data from different jurisdictions. *Proceedings of the International Methodology Symposium*. Statistics Canada. https://www.statcan.gc.ca/eng/conferences/symposium2018/program/03b5_laferriere-eng.pdf
- Lavoie, J. G., Kaufert, J., Browne, A. J., Mah, S., O'Neil, J. D., Sinclair, S., & BlueSky, K. (2015). Negotiating barriers, navigating the maze: First Nation peoples' experience of medical relocation. *Canadian Public Administration*, 58(2), 295–314. <https://doi.org/10.1111/capa.12111>
- Lavoie, J. (2017, May 9). How to improve Indigenous health? Address jurisdictional disputes. *The Globe and Mail*. <https://www.theglobeandmail.com/opinion/how-to-improve-indigenous-health-address-jurisdictional-disputes/article34928858/>
- Lavoie, J. (2018). Medicare and the care of First Nations, Métis and Inuit. *Health Economics, Policy and Law*, 13(3-4), 280-298. <https://doi.org/10.1017/S1744133117000391>
- Li, J.-L. (2017). Cultural barriers lead to inequitable healthcare access for Aboriginal Australians and Torres Strait Islanders. *Chinese Nursing Research*, 4(4), 207-210. <https://doi.org/10.1016/j.cnre.2017.10.009>
- Lindstrom G. & Choate, P.W. (2016). Nistawatsiman: Rethinking assessment of Aboriginal parents for child welfare following the Truth and Reconciliation Commission. *The First Peoples Child and Family Review*, 11(2): 45-59. <https://fpcfr.com/index.php/FPCFR/article/view/305>
- Linklater, R. (2011). *Decolonizing trauma work: Indigenous practitioners share stories and strategies* [Doctoral dissertation, University of Toronto]. ProQuest Dissertations Publishing. https://tspace.library.utoronto.ca/bitstream/1807/31696/3/Broadbridge_Legge_Linklater_Renee_L_201111_PhD_thesis.pdf
- Loo, S. (2005). Management information systems: Chapter 5. In C. Blackstock, T. Prakash, J. Loxley & F. Wien, F. *Wen:de: We are coming to the light of day* (pp. 146-177). https://fncaringsociety.com/sites/default/files/WendeReport_0.pdf
- Lundy, P. (2020). "I just want justice": The impact of historical Institutional child-abuse inquiries from the survivor's perspective. *Éire-Ireland*, 55(1), 252-278. <http://doi.org/10.1353/eir.2020.0011>
- Lurie N. (1990). Administrative data and outcomes research. *Medical care*, 28(10), 867–869. <https://www.jstor.org/stable/3765573>
- MacDonald, D. B. (2020) Canada's Truth and Reconciliation Commission: Assessing context, process, and critiques. *Griffith Law Review*, 29(1), 150-174. <https://doi.org/10.1080/10383441.2020.1868282>
- Mahoney, K. (2018). The untold story: How Indigenous legal principles informed the largest settlement in Canadian legal history. *UNBLJ*, 69, 198.
- Martens, K. (2013, December 14). *Parole denied for convicted killer involved in residential school claims*. APTN News. <https://www.aptnnews.ca/investigates/parole-denied-convicted-killer-involved-residential-school-claims/>
- Martín-Beristain, C., Páez, D., Rimé, B., & Kanyangara, P. (2010). Psychosocial effects of participation in rituals of transitional justice: A collective-level analysis and review of the literature of the effects of TRCs and trials on human rights violations in Latin America. *Revista de Psicología Social*, 25(1), 47-60. <https://doi.org/10.1174/021347410790193450>
- McBride, K. (n.d.). *Data resources and challenges for First Nations communities*. The Alberta First Nations Information Governance Centre. http://www.afnigc.ca/main/includes/media/pdf/digital%20reports/Data_Resources_Report.pdf
- McKenzie, B., Bennett, M., Kennedy, B., Balla, S., & Lamirande, L. (2009). *An exploratory regional study on child welfare outcomes in aboriginal communities*. The Association of Native Child and Family Services Agencies of Ontario. <https://fncaringsociety.com/sites/default/files/docs/ANCFSAO-Final-Report-Nov2009.pdf>
- McKay, C. (2018). A report on children and families together: An emergency meeting on Indigenous child and family services. Indigenous Services Canada. https://publications.gc.ca/collections/collection_2019/sac-isc/R5-717-2018-eng.pdf

- McClean, Augustine, Commanda, Sampson, Swan and Buckshot v. The Attorney General of Canada, 2019 T-2169-16. <https://indiandayschools.com/en/wp-content/uploads/Settlement-Agreement.pdf>
- McMurtry, R. & Curling, A. (2008). *Roots of youth violence*. Ontario Ministry of Children, Community and Social Services. <http://www.children.gov.on.ca/htdocs/english/documents/youthandthelaw/rootsofyouthviolence-summary.pdf>
- Metallic, N., Friedland, H. & Morales, S. (2019). *The promise and pitfalls of C-92: An act respecting First Nations, Inuit and Métis Children, youth and families*. <https://yellowheadinstitute.org/wp-content/uploads/2019/07/the-promise-and-pitfalls-of-c-92-report.pdf>
- Mikkonen, J. & Raphael, D. (2010). *Social determinants of health: The Canadian facts*. York University School of Health Policy and Management. https://www.thecanadianfacts.org/The_Canadian_Facts.pdf
- Milloy, J. (1999). *A national crime: The Canadian government and the residential school system, 1879 to 1986*. University of Manitoba Press.
- Ministry of the Attorney General. (2018). *Report of the Motherisk Commission*. <https://www.attorneygeneral.jus.gov.on.ca/english/about/pubs/motherisk/>
- Mitrou, F., Cooke, M., Lawrence, D. et al. (2014). Gaps in Indigenous disadvantage not closing: A census cohort study of social determinants of health in Australia, Canada, and New Zealand from 1981–2006. *BMC Public Health*, 14(201), 1-9. <https://doi.org/10.1186/1471-2458-14-201>
- Morgan, B. (2018, May 10). *Newsletter: Child-welfare system comes up in a third to half of MMIWG testimonies, commissioner says*. The Discourse. <https://thediscourse.ca/child-welfare/newsletter-child-welfare-system-comes-third-half-mmiwg-testimonies-commissioner-says>
- Morrisette, P. J., & Goodwill, A. (2013). The psychological cost of restitution: Supportive intervention with Canadian Indian residential school survivors. *Journal of Aggression, Maltreatment & Trauma*, 22(5), 541-558. <https://doi.org/10.1080/10926771.2013.785459>
- Mosby, I. (2013). Administering colonial science: Nutrition research and human biomedical experimentation in Aboriginal communities and residential schools, 1942–1952. *Histoire Sociale/Social History*, 46(1), 145–172.
- Mosher, J., & Hewitt, J. (2018). Reimagining child welfare systems in Canada. *Journal of Law and Social Policy*, 28(1), 1-9. <https://digitalcommons.osgoode.yorku.ca/jlsp/vol28/iss1/1/>
- Moushoom, Meawasige, Meawasige v. The Attorney General of Canada, 2019 Court File No. T-402-19. <https://sotosclassactions.com/wp-content/uploads/2019/06/FN-Amended-Statement-of-Claim.pdf>
- Mustimuhw Information Solutions Inc. (2015, March). Data governance framework: Framework and associated tools. Motherisk Commission. <http://static1.squarespace.com/static/558c624de4b0574c94d62a61/t/558c75a5e4b0391692159c81/1435268517023/BCFNDGI-Data-Governance-Framework.pdf>
- Nagy, R. L. (2013). The scope and bounds of transitional justice and the Canadian Truth and Reconciliation Commission. *The International Journal of Transitional Justice*, 7(1), 52-73. <https://doi.org/10.1093/ijtj/ijts034>
- National Centre for Truth and Reconciliation. (2020). *Lessons learned: Survivor perspectives*. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Lessons_learned_report_final_2020.pdf
- National Collaborating Centre for Aboriginal Health. (2021). *Visioning the future: First Nations, Inuit, & Métis population and public health*. National Collaborating Centre for Aboriginal Health. https://www.nccih.ca/Publications/Lists/Publications/Attachments/10351/Visioning-the-Future_EN_Web_2021-12-14.pdf
- National Collaborating Centre for Aboriginal Health. (2019). *Access to health services as a social determinant of First Nations, Inuit and Métis health*. National Collaborating Centre for Aboriginal Health. <https://www.nccih.ca/docs/determinants/FS-AccessHealthServicesSDOH-2019-EN.pdf>
- National Collaborating Centre for Aboriginal Health. (2017). *Indigenous children and the child welfare system in Canada*. National Collaborating Centre for Aboriginal Health. <https://www.nccih.ca/docs/health/FS-ChildWelfareCanada-EN.pdf>
- National Collaborating Centre for Aboriginal Health. (2013). *An overview of aboriginal health in Canada*. National Collaborating Centre for Aboriginal Health. <https://www.nccih.ca/docs/context/FS-OverviewAboriginalHealth-EN.pdf>

- National Collaborating Centre for Aboriginal Health. (2011). *The Aboriginal health legislation and policy framework in Canada*. National Collaborating Centre for Aboriginal Health. <https://www.nccih.ca/docs/context/FS-HealthLegislationPolicy-Lavoie-Gervais-Toner-Bergeron-Thomas-EN.pdf>
- National Collaborating Centre for Aboriginal Health. (2009). *The importance of disaggregated data*. National Collaborating Centre for Aboriginal Health. <https://www.nccih.ca/docs/context/FS-ImportanceDisaggregatedData-EN.pdf>
- National Indigenous Australians Agency. (n.d.). *Territories Stolen Generations Redress Scheme*. <https://www.niaa.gov.au/indigenous-affairs/community-safety/national-redress-scheme/territories-stolen-generations-redress-scheme>
- National Inquiry into Missing and Murdered Indigenous Women and Girls (Canada). (2019a). *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls. Volume 1A*. National Inquiry into Missing and Murdered Indigenous Women and Girls. https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf
- National Inquiry into Missing and Murdered Indigenous Women and Girls (Canada). (2019b). *Reclaiming power and place: The final report of the national inquiry into missing and murdered Indigenous women and girls. Volume 1B*. National Inquiry into Missing and Murdered Indigenous Women and Girls. https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1b.pdf
- Nelson, S. E., & Wilson, K. (2018). Understanding barriers to health care access through cultural safety and ethical space: Indigenous people's experiences in Prince George, Canada. *Social Science & Medicine*, 218, 21–27. <https://doi.org/10.1016/j.socscimed.2018.09.017>
- Office of the Child and Youth Advocate Alberta. (2016). *Voices for change: aboriginal child welfare in Alberta*. https://www.ocya.alberta.ca/wp-content/uploads/2014/08/SpRpt_2016July_VoicesForChange_v2.pdf
- Office of the Federal Ombudsman for Victims of Crime. (2020). *Letter to Minister Carolyn Bennett related to the Federal Indian Day School Settlement*. <https://www.victimfirst.gc.ca/vv/FIDS-RREI/index.html>
- Ontario Association of Children's Aid Societies. (2021). *Facts and figures*. <https://www.oacas.org/childrens-aid-child-protection/facts-and-figures/>
- Ontario Human Rights Commission. (2018). *Interrupted childhoods: over-representation of indigenous and black children in child welfare*. <http://www.ohrc.on.ca/en/interrupted-childhoods>
- Commission to Promote Sustainable Child Welfare. (2012). *Realizing a sustainable child welfare system in Ontario: The final report of the commission to promote sustainable child welfare*. <https://cwrp.ca/publications/realizing-sustainable-child-welfare-system-ontario>
- Ontario Ministry of Children, Community and Social Services. (2020). *About Ontario children's aid societies*. <http://www.children.gov.on.ca/htdocs/English/professionals/childwelfare/societies/index.aspx>
- Ormiston, N. T. (2010). Re-conceptualizing research: An Indigenous perspective. *First Peoples Child & Family Review*, 5(1), 50-56. https://fncaringociety.com/sites/default/files/online-journal/vol5num1/Ormiston_pp50.pdf
- Otim, M. J., Jayasinha, R., Kelaher, M., Houston, E.S., Anderson, I.P. & Jan, S. (2015). Priority setting in Indigenous health: Why we need an explicit decision making approach. *The International Indigenous Policy Journal*, 6(3). <https://ojs.lib.uwo.ca/index.php/iipj/article/view/7471>
- Palmer, K., Tepper, J. & Nolan, M. (2017, September 21). *Indigenous health services often hampered by legislative confusion*. Healthy Debate. <https://healthydebate.ca/2017/09/topic/indigenous-health/>
- Pan-Canadian Health Inequities Reporting Initiative. (2018). *Key health inequalities in Canada: a national portrait*. Public Health Agency of Canada. <https://www.canada.ca/content/dam/phac-aspc/documents/services/>
- Patterson, D. (2021, July 6). *By the numbers: A look at COVID-19 in First Nations communities in western Canada*. APTN News. <https://www.aptnnews.ca/national-news/covid-19-western-canada-federal-government-pandemic/>
- Peel Children's Aid Society. (2013). *Peel children's aid society's annual report 2012-2013*.
- Pearson, H. (2021, May 13). How COVID broke the evidence pipeline. *Nature*, 593, 182-185. <https://media.nature.com/original/magazine-assets/d41586-021-01246-x/d41586-021-01246-x.pdf>

- Petoukhov, K. S. (2018). *Violence, compensation, and settler colonialism: Adjudicating claims of Indian Residential School abuse through the Independent Assessment Process* [Doctoral dissertation, Carleton University]. Carleton University Research Virtual Environment. <https://curve.carleton.ca/fd2669b8-3bd5-45ec-a2f0-a15d20681fb4>
- Pool, I. (2016). Colonialism's and postcolonialism's fellow traveller: The collection, use and misuse of data on indigenous people. In T. Kukutai & J. Taylor. (Eds.), *Indigenous Data Sovereignty* (pp. 57–76). <https://www.jstor.org/stable/j.ctt1q1crgf.11>
- Prime Minister of Canada Justin Trudeau. (2021, November 10). *Statement by the prime minister on the 25th anniversary of the Final Report of the Royal Commission on Aboriginal peoples*. <https://pm.gc.ca/en/news/statements/2021/11/21/statement-prime-minister-25th-anniversary-final-report-royal-commission>
- Prokopchuk, M. (2019, January 17). *Residential school survivor wants probe of how Ontario law society handled lawyer's conduct review*. CBC News. <https://www.cbc.ca/news/canada/thunder-bay/ontario-law-society-independent-review-1.4980648>
- Psychotherapy.net. (2018). *Bessel van der Kolk on understanding trauma*. [Video]. Kanopy. <https://mcgill.kanopy.com/video/bessel-van-der-kolk-understanding-trauma>
- Postl, B., Cook, C. & Moffatt, M. (2010). Aboriginal child health and the social determinants: why are these children so disadvantaged? *Healthcare Quarterly*, 14(Special Issue), 42-51. <https://www.longwoods.com/content/21982/healthcare-quarterly/aboriginal-child-health-and-the-social-determinants-why-are-these-children-so-disadvantaged->
- Powered By Data. (2018a). *Briefing document: Maximizing impact through administrative data sharing*. <https://poweredbydata.org/s/GENERAL-Transform-the-Sector-Briefing-Doc.pdf>
- Powered By Data. (2018b). *We're excited about administrative data-sharing! Here's why*. <https://poweredbydata.org/blog/2018/5/2/were-excited-about-administrative-data-sharing>
- Pulver, L.J., Haswell, M.R., Ring, I., Waldon, J., Clark, W., Whetung, V., Kinnon, D., Graham, C., Chino, M., LaValley, J., & Sadana, R. (2010). *Indigenous Health – Australia, Canada, Aotearoa New Zealand and the United States - Laying claim to a future that embraces health for us all*. World Health Organization. <https://www.who.int/healthsystems/topics/financing/healthreport/IHNo33.pdf>
- Rainie, S. C., Kukutai, T., Walter, M., Figueroa-Rodriguez, O. L., Walker, J., and Axelsson, P. (2019). Issues in open data: indigenous data sovereignty. In T. Davies, S. Walker, M. Rubinstein, & F. Perini (Eds.), *The state of open data: Histories and horizons* (pp. 300-319). African Minds and International Development Research Centre. <https://nni.arizona.edu/publications-resources/publications/published-chapter-books/issues-open-data-indigenous-data-sovereignty>
- Rainie, S. C., Schultz, J. L., Briggs, E., Riggs, P., & Palmanteer-Holder, N. L. (2017). Data as a strategic resource: Self-determination, governance, and the data challenge for Indigenous nations in the United States. *International Indigenous Policy Journal*, 8(2). <https://ojs.lib.uwo.ca/index.php/iipj/article/view/7511>
- Ramsden, I.M. (2002). *Cultural safety and nursing education in Aotearoa and Te Waipounamu*. [Doctoral dissertation, Victoria University of Wellington]. https://www.nzno.org.nz/Portals/0/Files/Documents/Services/Library/2002%20RAMSDEN%20I%20Cultural%20Safety_Full.pdf
- Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). *Social determinants of health: The Canadian facts*. Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf
- Reading, C.L., & Wien, F. (2009). *Health inequalities and social determinants of Aboriginal peoples' health*. National Collaborating Centre for Indigenous Health. https://www.nccah-ccnsa.ca/docs/social%20determinates/nccah-loppie-wien_report.pdf
- Reibel, T. & Walker, R. (2010). Antenatal services for Aboriginal women: The relevance of cultural competence. *Quality Primary Care*, 18(1): 65-74. <https://pubmed.ncbi.nlm.nih.gov/20359414/>

- Reimer, G., Bombay, A., Ellsworth, L., Fryer, S. & Logan, T. (2010). *The Indian Residential Schools Settlement Agreement's Common Experience Payment and healing: A qualitative study exploring impacts on recipients*. Aboriginal Healing Foundation. <https://www.ahf.ca/downloads/cep-2010-healing.pdf>
- Richardson, L., & Murphy, T. (2018). *Bringing reconciliation to healthcare in Canada*. HealthCare Can. https://www.healthcarecan.ca/wp-content/themes/camyno/assets/document/PressReleases/2018/EN/TRCCReport_EN.pdf
- Richmond, C.A.M., Cook, C. (2016). Creating conditions for Canadian aboriginal health equity: The promise of healthy public policy. *Public Health Review* 37(2), 1-16. <https://doi.org/10.1186/s40985-016-0016-5>
- Riddle, White, Charlie v. Her Majesty the Queen, 2018 T-2212-162018. <https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/Memorandum-of-Fact-and-Law-Plaintiffs-April-19-2018.pdf>
- Riggs, J. (2012). *Working with First Nations, Inuit and Métis families who have experienced family violence*. Ontario Association of Children's Aid Societies. <https://cwrp.ca/publications/working-first-nations-inuit-and-metis-families-who-have-experienced-family-violence>
- Robinson, J. (2015). The experience of the child witness: Legal and psychological issues. *International Journal of Law and Psychiatry*, 42-43, 168-176. <https://doi.org/10.1016/j.ijlp.2015.08.022>
- Robinson, A. (2017, November 20). *Kenora lawyer launches \$7-million lawsuit against LSUC*. Law Times. <https://www.lawtimesnews.com/resources/professional-regulation/kenora-lawyer-launches-7-million-lawsuit-against-lsuc/262803>
- Romanow, R.J. (2002). *Building on values: The future of health care in Canada. Report of the commission on the future of health care in Canada*. Government of Canada. <https://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>
- Royal College of Physicians and Surgeons of Canada. (2022). *About CanMED*. <https://www.royalcollege.ca/rcsite/canmeds/about-canmeds-e>
- Royal College of Physicians and Surgeons of Canada (2019). *Indigenous health primer*. <https://www.royalcollege.ca/rcsite/documents/health-policy/indigenous-health-primer-e.pdf>
- Royal Commission on Aboriginal Peoples. (1996a). *Report of the Royal Commission on Aboriginal peoples. Volume 1—Looking forward, looking back*. <https://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx>
- Royal Commission on Aboriginal Peoples. (1996b). *Report of the Royal Commission on Aboriginal peoples. Volume 2— Restructuring the relationship*. <https://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx>
- Royal Commission on Aboriginal Peoples. (1996c). *Report of the Royal Commission on Aboriginal peoples. Volume 3— Gathering strength*. <https://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx>
- Royal Commission on Aboriginal Peoples. (1996d). *Report of the Royal Commission on Aboriginal peoples. Volume 4— Perspectives and realities*. <https://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx>
- Royal Commission on Aboriginal Peoples. (1996e). *Report of the Royal Commission on Aboriginal peoples. Volume 5—Renewal: A twenty-year Commitment*. <https://www.bac-lac.gc.ca/eng/discover/aboriginal-heritage/royal-commission-aboriginal-peoples/Pages/final-report.aspx>
- Residential Services Review Panel. (2016). *Because young people matter: Report of the Residential Services Review Panel*. Ontario Ministry of Children, Community and Social Services. <http://www.children.gov.on.ca/htdocs/English/documents/childrensaidd/residential-services-review-panel-report-feb2016.pdf>
- SAMHSA. (2017). *Tips for survivors of a disaster or other traumatic event: coping with retraumatization*. <https://store.samhsa.gov/sites/default/files/d7/priv/sma17-5047.pdf>
- SAMHSA Trauma and Justice Strategic Initiative Working Group. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

- Samuel Centre for Social Connectedness. (2020, July 7). *Digital equity for Indigenous communities*. <https://www.socialconnectedness.org/digital-equity-for-indigenous-communities/#:~:text=According%20to%20a%202017%20survey,quality%2C%20high%2Dspeed%20internet.&text=This%20inequity%20is%20not%20random,that%20they%20are%20entitled%20to>
- SAS. (2021). *How data protects at-risk children: Analytics for child well-being*. <https://www.sas.com/en/whitepapers/how-data-protects-at-risk-children-108153.html>
- Saint Girons, M., Trocmé, N., Esposito, T., & Fallon, B. (2020). *Children in out-of-home care in Canada in 2019*. CWRP information sheet #211E. Canadian Child Welfare Research Portal. https://cwrp.ca/sites/default/files/publications/Children%20in%20out-of-home%20care%20in%20Canada%20in%202019_0.pdf
- Sanctuary Institute. (2017). *The sanctuary model*. <https://www.thesanctuaryinstitute.org/about-us/the-sanctuary-model/>
- Schultz, J. L., & Rainie, S. C. (2014). The strategic power of data: A key aspect of sovereignty. *International Indigenous Policy Journal*, 5(4). <https://doi.org/10.18584/iipj.2014.5.4.1>
- Schumm, J. A., Doane, L. S. & Hobfoll, S. E. (2012). Conservation of resources theory: The central roll of resource loss and gain in understanding retraumatization. In M.P., Duckworth & V.M. Follette (Eds.), *Retraumatization: Assessment, treatment, and prevention* (pp. 111-128). Routledge.
- Sherlock, T. & Culbert, L. (2015, February 2). Part one: From care to where? Aging out of the foster system. *Vancouver Sun*. <http://www.vancouversun.com/life/Part+From+care+where+Aging+foster+system/9532911/story.html>
- Sheppard, A.J., Shapiro, G.D., Bushnik, T., Wilkins, R., Perry, S., Kaufman, J.S., Kramer, M.S., & Yang, S. (2017). Birth outcomes among First Nations, Inuit and Métis populations. *Health Reports*, 28(11): 11-16. <https://www150.statcan.gc.ca/n1/pub/82-003-x/2017011/article/54886-eng.htm>
- Sinha, V., Trocmé, N., Fallon, B., MacLaurin, B., Fast, E., Prokop, S. T., Petti, T., Kozłowski, A., Black, T., Weightman, P., Bennett, M., Formsma, J., Brascoupe, P., O'Brien, S., Flette, E., Gray, R., Lucas, L., Hoey, S., Levi, J., Montgomery, H. M., & Richard, K. (2011). *Kiskisik Awasisak: Remember the children: Understanding the overrepresentation of first nations children in the child welfare system*. Assembly of First Nations. https://cwrp.ca/sites/default/files/publications/FNCIS-2008_March2012_RevisedFinal.pdf
- Sinha, V. & Kozłowski, A. (2013). The structure of aboriginal child welfare in Canada. *The International Indigenous Policy Journal*, 4(2), 1-21. <https://doi.org/10.18584/iipj.2013.4.2.2>
- Sinha, V., Caldwell, J., Paul, L., & Fumaneri, P. (2021). A review of literature on the involvement of children from Indigenous communities in Anglo child welfare systems: 1973-2018. *The International Indigenous Policy Journal*, 12(1), 1-43. <https://doi.org/10.18584/iipj.2021.12.1.10818>
- Sistovaris, M., Saint Girons, M., & Sangster, M. (2019). Canadian Human Rights Tribunal (CHRT) Ruling 2019 CHRT 39: Taxonomy of compensation categories for First Nations children, youth and families: Briefing note. Fraser Mustard Institute for Human Development Policy Bench, University of Toronto.
- Smylie, J., & Adomako, P. (Eds.). (2009). *Indigenous children's health report: Health assessment in action*. The Centre for Research on Inner City Health. http://www.welllivinghouse.com/wp-content/uploads/2014/04/ichr_report-web.pdf
- Somos, C. (2021, June 7). *Foster care replaced residential schools for Indigenous children, advocates say*. CTV News. <https://www.ctvnews.ca/canada/foster-care-replaced-residential-schools-for-indigenous-children-advocates-say-1.5459374>
- Soueid, M., Willhoite, A., & Sovcik, A. E. (2017). The survivor-centered approach to transitional justice: Why trauma-informed handling of witness testimony is a necessary component. *George Washington International Law Review*, 50(1), 125-180.
- Statistics Canada. (2010). *Aboriginal peoples*. Statistics Canada Catalogue no. 11-402-X. <https://www150.statcan.gc.ca/n1/pub/11-402-x/2010000/chap/ap-pa/ap-pa-eng.htm>

- Statistics Canada. (2015, September 17). *Projections of the aboriginal population and households in Canada, 2011 to 2036, The Daily*. https://www150.statcan.gc.ca/n1/en/daily-quotidien/150917/dq150917b-eng.pdf?st=G_9TWAo9
- Statistics Canada. (2016) *Census of population*. Statistics Canada Catalogue no. 98-400-X2016162. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?TABID=2&Lang=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=1341679&GK=0&GRP=1&PID=110517&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2017&THEME=122&VID=0&VNAMEE=&VNAMEF=&D1=0&D2=0&D3=0&D4=0&D5=0&D6=0>
- Statistics Canada. (2019). *Use of administrative data*. <https://www150.statcan.gc.ca/n1/pub/12-539-x/2009001/administrative-administratives-eng.htm>
- Statistics Canada. (2021a). *Indigenous identity of person*. <https://www23.statcan.gc.ca/imdb/p3Var.pl?Function=DEC&Id=42927>
- Statistics Canada. (2021b). *Type of data*. <https://www150.statcan.gc.ca/n1/edu/power-pouvoir/ch2/types/5214777-eng.htm>
- Steffler, J. (2016). The Indigenous data landscape in Canada: An overview. *Aboriginal Policy Studies*, 5(2), 149-164. <https://journals.library.ualberta.ca/aps/index.php/aps/article/view/26992/pdf>
- Stout, M. (1996). Aboriginal Canada: Women and health. Paper prepared for the Canada-U.S.A. Women's Health Forum August 8–10, 1996.
- Taylor, J. (2018, October 1). *Direct link between MMIWG and child welfare: First Nations family advocate*. CBC News. <https://www.cbc.ca/news/canada/manitoba/mmiwg-national-inquiry-child-welfare-1.4840825>
- The Canadian Press. (2018, December 20). *Métis and non-status First Nations launch Sixties Scoop lawsuit over identity loss*. CBC News. <https://www.cbc.ca/news/indigenous/metis-non-status-first-nations-60s-scoop-lawsuit-1.4954054>
- Trocmé, N., Knoke, D., & Blackstock, C. (2004). Pathways to the overrepresentation of Aboriginal children in Canada's child welfare system. *Social Service Review*, 78(4), 577-600. <https://www.journals.uchicago.edu/doi/pdf/10.1086/424545>
- Trocmé, N., MacLaurin, B., Fallon, B., Knoke, D., Pitman, L., & McCormack, M. (2005). *Understanding the overrepresentation of first nations children in Canada's child welfare system: An analysis of the Canadian incidence study of reported child abuse and neglect (CIS-2003)*. Centre of Excellence for Child Welfare.
- Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T. L., Fast, E., Felstiner, C., Hélie, S., Turcotte, D., Weightman, P., Douglas, J., & Holroyd, J. (2010). Methodology. In Public Health Agency of Canada (Ed.), *Canadian Incidence Study of Reported Child Abuse and Neglect 2008 (Chapter 2)*. Public Health Agency of Canada.
- Trocmé, N., Roy, C., & Esposito, T. (2016). Building research capacity in child welfare in Canada. *Child and Adolescent Psychiatry and Mental Health*, 10(1), 1-16. <https://doi.org/10.1186/s13034-016-0103-x>
- Truth and Reconciliation Commission of Canada (TRC). (2015a). *Truth and reconciliation commission of Canada: Calls to action*. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf
- Truth and Reconciliation Commission of Canada (TRC). (2015b). *Canada's residential schools: The legacy. Final report of the truth and reconciliation commission of Canada (volume 5)*. http://publications.gc.ca/collections/collection_2015/trc/IR4-9-5-2015-eng.pdf
- Truth and Reconciliation Commission of Canada (TRC). (2015c). *Honouring the truth, reconciling for the future: Summary of the final report of the truth and reconciliation commission of Canada*. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Executive_Summary_English_Web.pdf
- Turner, T. (2016). *One vision one voice: changing the Ontario child welfare system to better serve African Canadians. Practice framework part 1*. Ontario Association of Children's Aid Societies. http://www.oacas.org/wp-content/uploads/2016/09/One-Vision-One-Voice-Part-1_digital_english-May-2019.pdf
- UNICEF. (2020). *Using administrative data for children*. <https://data.unicef.org/wp-content/uploads/2020/03/Using-administrative-data-for-children.pdf>
- United Nations. (2018). *State of the world's Indigenous peoples (SOWIP): Volume II, health*. UN Department of Economic and Social Affairs. <http://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/03/The-State-of-The-Worlds-Indigenous-Peoples-WEB.pdf>

- United Nations. (2007). *The United Nations Declaration on the Right of Indigenous People*. <https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>
- United Nations Committee on the Rights of the Child. (2012, October 5). *Sixty First Session, Concluding observations Canada*. https://www2.ohchr.org/english/bodies/crc/docs/co/CRC-C-CAN-CO-3-4_en.pdf
- United Nations Inter-Agency Support Group (IASG) on Indigenous Issues. (2014). *The health of Indigenous peoples*. United Nations. <https://www.un.org/en/ga/69/meetings/indigenous/pdf/IASG%20Thematic%20Paper%20-%20Health%20-%20rev1.pdf>
- United States Holocaust Museum. (2020). *Documenting numbers of victims of the Holocaust and Nazi persecution*. <https://encyclopedia.ushmm.org/content/en/article/documenting-numbers-of-victims-of-the-holocaust-and-nazi-persecution>
- van der Kolk, B. (2007). The developmental impact of childhood trauma. In L. Kirmayer, R. Lemelson, & M. Barad (Eds.), *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives* (pp. 224-241). Cambridge University Press. <https://doi.org/10.1017/CBO9780511500008.016>
- Vandivere, S. & DeVooght, K. (2014). *Knowing the numbers: Accessing and using child welfare data*. State Policy Advocacy and Reform Center. <http://childwelfaresparc.org/brief-knowing-the-numbers-accessing-and-using-child-welfare-data/>
- Verstraeten, B., Mijovic-Kondejewski, J., Takeda, J., Tanaka, S., & Olson, D.M. (2015). Canada's pregnancy-related mortality rates: Doing well but room for improvement. *Clinical and Investigative Medicine*, 38(1), E15-E36. <https://doi.org/10.25011/cim.v38i1.22410>
- Voyageur, C.J. & Calliou, B. (2000). Various shades of red: Diversity within Canada's Indigenous community. *London Journal of Canadian Studies*, 16, 109-124. <https://www.afn.ca/uploads/files/education2/diversitywithincanada.pdf>
- Wallace, S. (2015). *Inuit health: Selected findings from the 2012 Aboriginal Peoples Survey*. Statistics Canada Catalogue no. 89-653-X. <https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2014003-eng.htm#n2>
- Walter, M. (2016). Data politics and Indigenous representation in Australian statistics. In Kukutai, T. & Taylor, J. (Eds.), *Indigenous data sovereignty: Toward an agenda* (pp. 79-98). ANU Press. <http://www.jstor.org/stable/j.ctt1q1crgf.12>
- Wattam, J. (2016). *The legacy of Duncan Campbell Scott: More than just a Canadian poet*. First Nations Child and Family Caring Society of Canada. https://fncaringociety.com/sites/default/files/Duncan%20Campbell%20Scott%20Information%20Sheet_FINAL.pdf
- Wende, K. (2007). A model for data governance – Organizing accountabilities for data quality management (Paper 80). In *ACIS 2007 Proceedings*. <http://aisel.aisnet.org/acis2007/80/>
- Wright, T. (2021, June 4). *Foster care is modern-day residential school system: Inuk MP Mumilaaq Qaqqaq*. CTV News. <https://www.cbc.ca/news/politics/foster-care-is-modern-day-residential-school-1.6054223>
- Yang, Q., Ogunnaike-Cooke, S., & Halverson, J., (2016). Estimated national HIV incidence rates among key sub-populations in Canada, 2014. Presentation at 25th Annual Canadian Conference on HIV/AIDS Research, Winnipeg, Canada.
- Yeung, S. (2016). Conceptualizing cultural safety. *Journal for Social Thought*, 1(1), 1-13. <https://ojs.lib.uwo.ca/index.php/jst/article/view/498/285>
- Zayfert, C. (2012). Cognitive behavioral conceptualization of retraumatization. In M.P. Duckworth & V.M. Follette (Eds.), *Retraumatization: Assessment, treatment, and prevention* (pp. 9-32). Routledge.

Appendices

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Appendix F: Provincial and Territorial Age of Protection and Definitions of Child and/or Youth

Age of protection “refers to the age of the identified ‘child’ engaged in the child welfare process. Each province and territory has its own legislation in regards to mandated age of service. Consequently, the identified age depending on legislation is the maximum age that may be serviced by child welfare organizations. Ages range from anywhere between 16 to 19 years as the top age that may be serviced” (Sturtridge, 2013: 1-2). Table 16 identifies the age of protection for each province and territory along with corresponding definitions of child and/or youth. Please refer to **Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

Unless otherwise indicated, all definitions are extracted from corresponding provincial or territorial primary child welfare legislation.

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

| Province/ Territory | Age of Protection | Definition of “Child” | Definition of “Youth” |
|------------------------|----------------------|--|--|
| Alberta | under 18 | “a person under the age of 18 years and includes a youth unless specifically stated otherwise” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, s 1 (d) | “a child who is 16 years of age or older” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, s 1 (z) (cc) |
| British Columbia | under 19 | “a person under 19 years of age and includes a youth” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 1 (1) | “a person who is 16 years of age or over but is under 19 years of age” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 1 (1) |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

| Province/ Territory | Age of Protection | Definition of “Child” | Definition of “Youth” |
|------------------------|--|--|--------------------------|
| Manitoba | under 18 | “a person under the age of majority” Source: <i>The Child and Family Services Act</i> , C.C.S.M. c. C8, ss 77 (2) (c.2) *age of majority in Manitoba is 18 | no definition |
| New Brunswick | under 19 “aged 19 and over for mentally incompetent people categorized as “neglected adults” (Public Health Agency of Canada, 2019, p. 13). | “a person actually or apparently under the age of majority*, unless otherwise specified or prescribed in [the] Act or the regulations, and includes: (a) an unborn child; (b) a stillborn child; (c) a child whose parents are not married to one another; (d) a child to whom a person stands in loco parentis, if that person’s spouse is a parent of the child; and (e) when used in reference to the relationship between an adopted person and the person adopting or the relationship between a person and his birth mother or birth father, a person who has attained the age of majority*” Source: <i>Family Services Act</i> , SNB 1980, c F-2.2, s 1 *age of majority in New Brunswick is 19 | no definition |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

| Province/ Territory | Age of Protection | Definition of “Child” | Definition of “Youth” |
|---------------------------|--|---|---|
| New Brunswick | | <p>“Current provisions ...provide for protective services for neglected or abused adults and provide that a child in care who reaches adulthood, who is mentally incompetent and who does not have an adult who could assume responsibility for the child’s care can be treated as a neglected adult by the court. The Act permits the Minister to continue to provide care and support for a child who has been in care under a guardianship order who has reached the age of majority.* The eligibility for continued care and support is set out in the Child in Care Program Practice Standards” (Public Health Agency of Canada, 2019, p. 13).”</p> <p>*age of majority in New Brunswick is 19</p> | |
| Newfoundland and Labrador | <p>under 16</p> <p>between 16 and 18 if child has limited mental capacity</p> <p><i>Source: Children, Youth and Families Act, SNL2018 Chapter C-12.3, s 21 (1) c</i></p> | <p>“a person actually or apparently under the age of 16 years”</p> <p><i>Source: Children, Youth and Families Act, SNL2018 Chapter C-12.3, s 2(1) d</i></p> | <p>“a person who is at least 16 years of age but under 18 years of age”</p> <p><i>Source: Children, Youth and Families Act, SNL2018 Chapter C-12.3, s 2(1) ff</i></p> |

(Continued on Next Page)

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

| Province/ Territory | Age of Protection | Definition of “Child” | Definition of “Youth” |
|------------------------|----------------------|--------------------------|--------------------------|
|------------------------|----------------------|--------------------------|--------------------------|

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

| | | | |
|-----------------------|--|--|---|
| Northwest Territories | under 19 separate protection scheme for youth between 16 and 19 Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s 29 | “a person who is or, in the absence of evidence to the contrary, appears to be under 16 years of age” Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s 1 | “a person who has attained the age of 16 years but has not attained the age of majority*” Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s 1 *age of majority is 19 in the Northwest Territories |
| Nova Scotia | under 19 “Children older than 16 and younger than 19 who are in need of protective services may enter into agreements with an agency for placement or services. A court can order a care and custody order to extend past the child’s 19 th birthday if the child is under a disability, in which case the order can extend to the child’s 21 st birthday” (Public Health Agency of Canada, 2019, p. 13).” See also <i>Children and Family Services Act</i> , 1990 s 19 | “a person under nineteen years of age” Source: <i>Children and Family Services Act</i> , 1990 s 3 (1) (e) | no definition |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

| Province/ Territory | Age of Protection | Definition of “Child” | Definition of “Youth” |
|----------------------------|----------------------|--|--|
| Nunavut | under 19 | “child” means a person who is or, in the absence of evidence to the contrary, appears to be under the age of 16 years, and a person in respect of whom an order has been made under subsection 47(3) or 48(2)” Source: <i>Child and Family Services Act</i> , SNWT (Nu) 1997, c 13, s (1) | “a person who has attained the age of 16 years but has not attained the age of majority.” *age of majority is 19 in Nunavut Source: <i>Child and Family Services Act</i> , SNWT (Nu) 1997, c 13, s (1) |
| Ontario | under 18 | “a person younger than 18” Source: <i>Child, Youth and Family Services Act</i> , 2017, SO 2017, c 14, Sch 1, s 2(1) | no definition |
| Prince Edward Island | under 18 | “ a person under the age of 18 years” Source: <i>Child Protection Act</i> , RSPEI 1988, c C-5.1, s 1(h) | “a person over 12 and under 18” Source: <i>Child Protection Act</i> , RSPEI 1988, c C-5.1, s 1(y) |
| Quebec | under 18 | “a person under the age of 18 years” Source: <i>Youth Protection Act</i> , CQLR c P-34.1, s 1(c) | no definition |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

| Province/ Territory | Age of Protection | Definition of “Child” | Definition of “Youth” |
|------------------------|--|---|---|
| Saskatchewan | under 16 age 16 and 17 in “circumstances of an exceptional nature” <i>Source: The Child and Family Services Act, SS 1989-90, c C-7.2, s 18 (1)</i> | “except where a contrary intention is expressed, an unmarried person actually or apparently under 16 years of age” <i>Source: The Child and Family Services Act, SS 1989-90, c C- 7.2, s 2 (1) (d)</i> “a person who is 16 or 17 years of age is in need of care and supervision and: (a) there is no parent willing to assume the responsibility for the person; or (b) the person cannot be re- established with his or her family; the director may, by agreement with the person, provide residential services, financial assistance or both to that person” <i>Source: Source: The Child and Family Services Act, SS 1989-90, c C-7.2, s 10 (1)</i> | no definition |
| Yukon | under 19 | “a person under 19 years of age” <i>Source: Child and Family Services Act, SY 2008, c 1, s1</i> | “a person who is 16 years of age or over but is under 19 years of age” <i>Source: Child and Family Services Act, SY 2008, c 1, s1</i> |

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Appendix G: Provincial and Territorial Terminology for Neglect

The term ‘neglect’ is not consistently defined in all provincial and territorial statutes, but interchangeable concepts include ‘failure to care and provide for or supervise and protect,’ ‘does not provide,’ ‘refuses or is unavailable or unable to consent to treatment.’ Table 17 identifies terms and/or concepts for neglect according to the respective provincial and territorial jurisdictions. For detailed definitions of neglect according to province and territory, see **Appendix H: Provincial and Territorial Definitions of Neglect.**

Table 17: Provincial and Territorial Terminology for Neglect

| Province/ Territory | Provincial and Territorial Terminology for Neglect |
|---------------------------|--|
| Alberta | <ul style="list-style-type: none"> • abandoned • neglect • cruel and unusual treatment or punishment Source: Public Health Agency of Canada (2019, p. 18) |
| British Columbia | <ul style="list-style-type: none"> • deprivation • abandonment Source: Public Health Agency of Canada (2019, pp. 18-19) |
| Manitoba | <ul style="list-style-type: none"> • act or omission • lack of adequate care, supervision or control • failure or refusal to provide Source: Public Health Agency of Canada (2019, p. 18) |
| New Brunswick | <ul style="list-style-type: none"> • lack of adequate care, supervision or control • unfit or improper circumstances • failure or refusal to provide or obtain • neglects or refuses to ensure Source: Public Health Agency of Canada (2019, pp. 19-20). |
| Newfoundland and Labrador | <ul style="list-style-type: none"> • failure or refusal to obtain or permit • abandonment • left without adequate supervision Source: Public Health Agency of Canada (2019, pp. 19-20) |
| Northwest Territories | <ul style="list-style-type: none"> • failure to provide or consent to treatment • failure to obtain services or treatment • abandoned • failure to provide or consent to provision of services Source: Public Health Agency of Canada (2019, pp. 19-20). |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 17: Provincial and Territorial Terminology for Neglect

| Province/ Territory | Provincial and Territorial Terminology for Neglect |
|----------------------|--|
| Nova Scotia | <ul style="list-style-type: none"> • neglect • substantial risk of neglect Source: Public Health Agency of Canada (2019, p. 21) |
| Nunavut | <ul style="list-style-type: none"> • failure to provide or consent • failure to provide or consent to treatment • unavailable, unable or unwilling to properly care for the child • malnutrition • abandonment Source: Public Health Agency of Canada (2019, pp. 21-22) |
| Ontario | <ul style="list-style-type: none"> • failure to provide or consent to treatment • unable to care for child Source: Public Health Agency of Canada (2019, p. 21) |
| Prince Edward Island | <ul style="list-style-type: none"> • neglect • inadequate supervision or protection • failure to obtain or consent • abandonment • fails to obtain or consent to treatment Source: Public Health Agency of Canada (2019, pp. 23-24) |
| Quebec | <ul style="list-style-type: none"> • abandoned • neglected, • psychological ill-treatment • do not exercise stable supervision Source: Public Health Agency of Canada (2019, p. 23) |
| Saskatchewan | <ul style="list-style-type: none"> • need of protection • failure to provide • failure to remedy Source: Public Health Agency of Canada (2019, pp. 23-24) |
| Yukon | <ul style="list-style-type: none"> • protective intervention • deprivation • prevent imminent serious physical or mental harm • alleviate severe pain • abandonment • failure to provide or consent to services Source: Public Health Agency of Canada (2019, p. 24) |

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Appendix H: Provincial and Territorial Definitions of Neglect

Each province and territory has unique legislation defining and describing responses to neglect. Table 18 provides provincial and territorial definitions of neglect. Please refer to **Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.

Table 18: Provincial and Territorial Definitions of Neglect

| Province/ Territory | Definition of Neglect |
|---------------------|---|
| Alberta | <p>“A child is neglected if the guardian (a) is unable or unwilling to provide the child with the necessities of life, (b) is unable or unwilling to obtain for the child, or to permit the child to receive, essential medical, surgical or other remedial treatment that is necessary for the health or well-being of the child, or (c) is unable or unwilling to provide the child with adequate care or supervision”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 2 (2.1)</p> |
| British Columbia | <p>“Neglect is failure to provide for a child’s or youth’s basic needs. It involves an act of omission by the parent or guardian, resulting in (or likely to result in) harm to the child or youth. Neglect may include failure to provide food, shelter, basic health care, supervision or protection from risks, to the extent that the child’s or youth’s physical health, development or safety is, or is likely to be, harmed”</p> <p>Source: Government of British Columbia (2017, p. 25)</p> <p>“Physical Indicators [of neglect include:] [i]Injuries where medical care has been unusually delayed or avoided; [i]njuries resulting from a lack of supervision; [m]edical or dental needs that are consistently unattended to; [f]ailure to thrive” in a child where no medical reason has been found; [c]lothing consistently inadequate for weather conditions; [p]ersistent hunger; [p]oor or inadequate nutrition; or [p]oor personal hygiene”</p> <p>Source: Government of British Columbia (2017, p. 28)</p> |

(Continued on Next Page)

Table 18: Provincial and Territorial Definitions of Neglect

| Province/ Territory | Definition of Neglect |
|---------------------|-----------------------|
|---------------------|-----------------------|

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

| | |
|------------------|--|
| British Columbia | <p>“Behavioural [i]ndicators [of neglect include:] [f]orages for, hoards or steals food; [d]evelopmental delay or setbacks related to a lack of stimulation; [p]oor school attendance; [i]nappropriately takes on a caregiver role for a parent or siblings; [t]ired or unable to concentrate at school; [a]ppears sad or has flat affect; [r]eluctant to go home; speaks of being or appears to be left alone at home a lot, unsupervised; [i]s involved in behaviours such as misuse of drugs or alcohol, stealing, fire-setting; or [d]oes not respond to affection or stimulation” Source: Government of British Columbia (2017, p. 29)</p> |
| Manitoba | <p>“a child is in need of protection where the life, health or emotional well-being of the child is endangered by the act or omission of a person” Source: <i>The Child and Family Services Act</i>, C.C.S.M. c. C8, s 71 (1)</p> |
| New Brunswick | <p>“<i>Physical [n]eglect</i> [occurs w]hen parents or caregivers fail to provide a child's basic needs. Physical neglect might include failing to provide children with proper food, clothing, or shelter. It may also involve lack of attention to, or refusal to provide, proper healthcare treatment. Neglect also happens when a person caring for a child does not, or cannot, control and supervise the child. This includes failing to make the child go to school, or stopping the child from harming himself or others” Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> <p>“Emotional maltreatment [r]efers to both emotional abuse and <i>emotional neglect</i>. This might include repeated attacks on a child's sense of self-worth, insults, isolation, rejection, unrealistic expectations or constant criticism. It might also involve terrorizing a child such as threatening to kill the family pet” Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 18: Provincial and Territorial Definitions of Neglect

| Province/ Territory | Definition of Neglect |
|---------------------------|---|
| Newfoundland and Labrador | <p>“A child is in need of protective intervention where the child:</p> <ul style="list-style-type: none"> (a) is being, or is at risk of being, physically harmed by the action or <i>lack of appropriate action by the child’s parent</i>; (c) is being, or is at risk of being, emotionally harmed by the parent’s conduct and there are reasonable grounds to believe that the emotional harm suffered by the child, or that may be suffered by the child, results from the actions, <i>failure to act or pattern of neglect</i> on the part of the child’s parent; (e) is being, or is at risk of being, sexually abused or exploited by a person and the child’s <i>parent does not protect the child</i>; (f) is being, or is at risk of being, emotionally harmed by a person and the child’s <i>parent does not protect the child</i>; (g) is in the custody of a parent who <i>refuses or fails to obtain or permit essential medical, psychiatric, surgical or remedial care or treatment</i> to be given to the child when recommended by a qualified health practitioner; (h) is <i>abandoned</i>; (i) has no living parent and <i>no adequate provision</i> has been made for the child’s care; (j) has no parent available to care for the child and the <i>parent has not made adequate provision</i> for the child’s care; (k) has <i>no parent able or willing to care for the child</i>; (o) has been left <i>without adequate supervision appropriate to the child’s developmental level</i>; or (p) is actually or apparently under 12 years of age and has <ul style="list-style-type: none"> (i) allegedly killed or seriously injured another person or has caused serious damage to another person’s property, or (ii) on more than one occasion caused injury to another person or other living thing or threatened, either with or without weapons, to cause injury to another person or other living thing, either with the parent’s encouragement or because the <i>parent does not respond adequately to the situation</i>. <p>Source: <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3, s 10 (1) (a-p)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 18: Provincial and Territorial Definitions of Neglect

| Province/ Territory | Definition of Neglect |
|--------------------------|--|
| Northwest Territories | <p>“A child needs protection where</p> <p>(a) the child has suffered physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately;</i></p> <p>(b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately;</i></p> <p>(c) the child has been sexually molested or sexually exploited by the child's parent or by another person where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was <i>unwilling or unable to protect the child;</i></p> <p>(d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is <i>unwilling or unable to protect the child;</i></p> <p>(e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm;</i></p> <p>(f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm;</i></p> <p>(g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;</i></p> <p>(h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's <i>parent is unavailable, unable or unwilling to properly care for the child;</i></p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 18: Provincial and Territorial Definitions of Neglect

| Province/ Territory | Definition of Neglect |
|--------------------------|---|
| Northwest Territories | <p>(i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's <i>parent is unavailable, unable or unwilling to properly care for the child</i>;</p> <p>(j) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering and the child's"</p> <p>Source: <i>Child and Family Services Act</i>, SNWT 1997, c.13, s 7 (3)</p> |
| Nova Scotia | <p>"[N]eglect" means the chronic and serious failure to provide to the child (i) adequate food, clothing or shelter, (ii) adequate supervision, (iii) affection or cognitive stimulation, or (iv) any other similar failure to provide"</p> <p>Source: <i>Children and Family Services Act</i>, 1990, s 3 (1) (p)</p> |
| Nunavut | <p>"A child needs protection where (a) the child has suffered physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately</i>;</p> <p>(b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately</i>;</p> <p>(c) the child has been sexually molested or sexually exploited by the child's parent or by another person where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was <i>unwilling or unable to protect the child</i>;</p> <p>(d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is <i>unwilling or unable to protect the child</i>;</p> <p>(e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm</i>;</p> <p>(f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm</i>;</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 18: Provincial and Territorial Definitions of Neglect

| Province/ Territory | Definition of Neglect |
|-------------------------|--|
| Nunavut | <p>(g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent <i>does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;</i></p> <p>(h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's parent <i>is unavailable, unable or unwilling to properly care for the child;</i></p> <p>(i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's parent <i>is unavailable, unable or unwilling to properly care for the child;</i></p> <p>(j) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering and the child's"</p> <p>Source: <i>Child and Family Services Act, SNWT (Nu) 1997, c.13, s 7 (3)</i></p> |
| Ontario | <p>"failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child"</p> <p>Source: <i>Child, Youth and Family Services Act, 2017, SO 2017, c 14, Sch 1, s 2 (a)</i></p> <p>(i)</p> |
| Prince Edward Island | <p>"[F]ailure to provide a child with adequate care and guidance, or other acts of omission by a parent respecting a child, that are inappropriate for the child or likely to be harmful to the child"</p> <p>Source: <i>Child Protection Act, RSPEI 1988, c C-5.1, s 1 (r)</i></p> |
| Quebec | <p>"[R]efers to (1) a situation in which the child's parents or the person having custody of the child do not meet the child's basic needs, i. failing to meet the child's basic physical needs with respect to food, clothing, hygiene or lodging, taking into account their resources; ii. failing to give the child the care required for the child's physical or mental health, or not allowing the child to receive such care; or iii. failing to provide the child with the appropriate supervision or support, or failing to take the necessary steps to ensure that the child receives a proper education and, if applicable, that he attends school as required under the <i>Education Act</i> (chapter I-13.3) or any other applicable legislation; or (2) a situation in which there is a serious risk that a child's parents or the person having custody of the child are not providing for the child's basic needs in the manner referred to in subparagraph 1"</p> <p>Source: <i>Youth Protection Act, CQLR c P-34.1, s 38 (b) (1)</i></p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 18: Provincial and Territorial Definitions of Neglect

| Province/ Territory | Definition of Neglect |
|------------------------|--|
| Saskatchewan | <p>“Neglect [refers to] failing to provide a child with enough food, proper clothing, shelter, health care, or supervision” (Government of Saskatchewan, n.d., p. 1). Physical indicators of neglect include: “abandonment; unattended medical or dental needs; lack of supervision; hunger; inappropriate dress; poor hygiene; persistent health conditions (e.g., scabies, head lice, diaper rash or other skin disorder); and developmental delays (e.g., language, weight)” (Government of Saskatchewan, n.d., p. 3). Child behavioural indicators of neglect include: “displays fatigue or listlessness, falls asleep in class; steals food; reports that no caregiver is at home; and frequently absent or late for school” (Government of Saskatchewan, n.d., p. 3).</p> <p>“A child is in need of protection if: (a) <i>as a result of action or omission by the child’s parent... (iv) medical, surgical or other recognized remedial care or treatment that is considered essential by a duly qualified medical practitioner has not been or is not likely to be provided to the child; (v) the child’s development is likely to be seriously impaired by failure to remedy a mental, emotional or developmental condition; ... (b) there is no adult person who is able and willing to provide for the child’s needs, and physical or emotional harm to the child has occurred or is likely to occur; or (c) the child is less than 12 years of age and: ... (ii) the child’s parent is unable or unwilling to provide for the child’s needs</i>” Source: <i>The Child and Family Services Act</i>, SS 1989-90, c C-7.2, s 11</p> |
| Yukon | <p>“Neglect [is defined as] failing to provide for a child’s basic needs, including essential food, appropriate clothing, shelter, health care or supervision” Source: Yukon Health and Social Services (2017, p. i)</p> <p>Possible physical indicators of neglect include: “abandonment; unattended medical or dental needs; consistent lack of supervision; consistent hunger, inappropriate dress for weather conditions and poor hygiene; persistent and untreated conditions (e.g., scabies, head lice, diaper rash or other skin disorder); and developmental delays (e.g., language, weight)” Source: Yukon Health and Social Services (2017, p. 9)</p> <p>Possible behavioral indicators of neglect include: regularly displays fatigue or listlessness or falls asleep in class; steals food, begs from classmates; reports that no caretaker is at home; frequently absent or late; self-destructive; school drop-outs (adolescents); lack of parental participation; misuse of alcohol or drugs; [and/or] lack of trust in others” Source: Yukon Health and Social Services (2017, p. 9)</p> |

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Appendix I: Provincial and Territorial Definitions of Physical Abuse

Each province and territory has unique legislation defining and describing responses to physical abuse. Table 19 provides provincial and territorial definitions of physical abuse. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.

Table 19: Provincial and Territorial Definitions of Physical Abuse

| Province/Territory | Definition of Physical Abuse |
|--------------------|--|
| Alberta | <p>“[A] a child is <i>physically injured</i> if there is substantial and observable injury to any part of the child’s body as a result of the non-accidental application of force or an agent to the child’s body that is evidenced by a laceration, a contusion, an abrasion, a scar, a fracture or other bony injury, a dislocation, a sprain, hemorrhaging, the rupture of viscus, a burn, a scald, frostbite, the loss or alteration of consciousness or physiological functioning or the loss of hair or teeth”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 3 (b)</p> |
| British Columbia | <p>“Physical abuse is a deliberate physical assault or action by a person that results in, or is likely to result in, physical harm to a child or youth. It includes the use of unreasonable force to discipline a child or youth or prevent a child or youth from harming him/herself or others. The injuries sustained by the child or youth may vary in severity and range from minor bruising, burns, welts or bite marks to major fractures of the bones or skull to, in the most extreme situations, death. The likelihood of physical harm to a child or youth increases when the child or youth is living in a situation where there is domestic violence by or towards a person with whom the child or youth resides. Domestic violence is a pattern of intentionally coercive and violent behaviour toward an individual with whom there is or has been an intimate relationship. It includes physical abuse such as hitting, slapping, pushing, choking, assault with a weapon, locking out of the house or the threat of physical abuse”</p> <p>Source: Government of British Columbia (2017, p. 23)</p> |

(Continued on Next Page)

Table 19: Provincial and Territorial Definitions of Physical Abuse

| Province/Territory | Definition of Physical Abuse |
|--------------------|------------------------------|
|--------------------|------------------------------|

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

| | |
|---------------------------|---|
| Manitoba | <p>“Physical abuse can be a single incident or repeated pattern including: the intentional use of force or pain on any part of a child’s body; [and/or] any contact or action that causes physical injuries. Some <i>behavioural signs of physical abuse</i> could include but are not limited to: inconsistent explanation for injuries or cannot remember; wary of adults; flinch if touched unexpectedly; extremely aggressive or extremely withdrawn; feels deserving of punishment; apprehensive when others cry; frightened of parents afraid to go home. Some <i>physical signs of physical abuse</i> could include but are not limited to: injuries not consistent with explanation; numerous injuries in varying stages of recovery or healing; presence of injuries over an extended period of time; facial injuries; and injuries inconsistent with the child’s age and developmental phase”</p> <p>Source: Manitoba Child and Family Services (n.d., <i>Physical Abuse</i>)</p> |
| New Brunswick | <p>“Physical abuse [refers to] the use of unreasonable force against a child. What is considered reasonable will depend on the age of the child, the severity of the actions and its lack of healthy corrective purpose regarding the child’s behaviour. This might include, for example, hitting, slapping, shaking, choking, kicking or burning a child. It also includes any conduct by a caregiver that might put the child’s life, health or well-being at risk”</p> <p>Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> <p>“Signs of [p]hysical [a]buse [include the following:] child has welts, bite marks, unexplained bruises, scars, burns, fractures or head injuries; child runs away from home or will not go home; [and/or] child has repetitive injuries or unattended injuries”</p> <p>Source: Public Legal Education and Information Service of New Brunswick (2007, p. 3)</p> |
| Newfoundland and Labrador | <p>“action on the part of the parent in which a child/youth sustained or is likely to sustain a physical injury. Injury to the child/youth may be current or may have occurred in the past”</p> <p>Source: Newfoundland and Labrador, Department of Children, Seniors and Social Development (n.d., <i>How Do You Define</i>)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 19: Provincial and Territorial Definitions of Physical Abuse

| Province/Territory | Definition of Physical Abuse |
|-----------------------|---|
| Northwest Territories | <p>“A child needs protection where; (a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately; (b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately” Source: <i>Child and Family Services Act</i>, SNWT 1997, c.13, s 7.3 (a-b)</p> <p>“any physical injury of a child which is not accidental” Source: Northwest Territories (2012, p. 7)</p> |
| Nova Scotia | <p>“the intentional use of force on any part of a child's body that results in injury” Source: Government of Nova Scotia (n.d., <i>Physical Abuse</i>)</p> |
| Nunavut | <p>“A child needs protection where; (a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately; (b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately” Source: <i>Child and Family Services Act</i>, SNWT (Nu) 1997, c.13, s 7.3 (a-b)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 19: Provincial and Territorial Definitions of Physical Abuse

| Province/ Territory | Definition of Physical Abuse |
|-------------------------|--|
| Ontario | <p>“any deliberate physical force or action, by a parent or caregiver, which results, or could result, in injury to a child. It can include bruising, cuts, punching, slapping, beating, shaking, burning, biting or throwing a child. Using belts, sticks or other objects to punish a child can cause serious harm and is also considered abuse”</p> <p>Source: Ontario Association of Children’s Aid Societies (n.d., <i>Physical Abuse</i>)</p> |
| Prince Edward Island | No definition identified. |
| Quebec | <p>“[R]efers to (1) a situation in which the child is the victim of bodily injury or is subjected to unreasonable methods of upbringing by his parents or another person, and the child’s parents fail to take the necessary steps to put an end to the situation; or (2) a situation in which the child runs a serious risk of becoming the victim of bodily injury or being subjected to unreasonable methods of upbringing by his parents or another person, and the child’s parents fail to take the necessary steps to put an end to the situation”</p> <p>Source: <i>Youth Protection Act</i>, CQLR c P-34.1, s 38 (e)</p> |
| Saskatchewan | <p>“Physical abuse [refers to] any action, including discipline, causing injury to the child’s body” (Government of Saskatchewan, n.d., p. 1). Physical indicators include: injuries (bruises, cuts, burns, bite marks, fractures, etc.) that are not consistent with explanation offered; the presence of several injuries over a period of time; any bruising on an infant; facial injuries in preschool children (e.g., cuts, bruises, sores, etc.); and injuries inconsistent with the child’s age and development” Source: Government of Saskatchewan (n.d., p. 3)</p> <p>Behavioural indicators include: “cannot recall how injuries occurred, or offers an inconsistent explanation; reluctant to go home; frequent absences from school; fear of adults; may cringe or flinch if touched unexpectedly; may display a vacant stare or frozen watchfulness; extremely aggressive or withdrawn; [and] extremely compliant and/or eager to please</p> <p>Source: Government of Saskatchewan (n.d., p. 3)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 19: Provincial and Territorial Definitions of Physical Abuse

| Province/Territory | Definition of Physical Abuse |
|--------------------|---|
| Yukon | <p>“Physical abuse [refers to] any deliberate, non-accidental assault or use of force against a child that results in physical harm. This can include excessive or inappropriate discipline that causes injury to the child’s body” Source: Yukon Health and Social Services (2017, p. i)</p> <p>Possible <i>physical indicators of physical abuse</i> include: “injuries (bruises, cuts, burns, bite marks, fractures, etc.) that are not consistent with explanation offered (e.g., extensive bruising to one area); the presence of several injuries over a period of time; any bruising on an infant; facial injuries in preschool children (e.g., cuts, bruises, sores, etc.); injuries inconsistent with the child’s age and development; [and/or] injuries that form a shape or pattern that resemble the object used to make the injury (e.g., buckle, hand, teeth, cigarette burns)” Source: Yukon Health and Social Services (2017, p. 6)</p> <p>Possible child <i>behavioural indicators of physical abuse</i> include: “cannot recall how injuries occurred, or offers an inconsistent explanation; wary of adults or reluctant to go home, absences from school; may cringe or flinch if touched unexpectedly; may display a vacant stare or frozen watchfulness; extremely aggressive or extremely withdrawn; wears long sleeves to hide injury; extremely compliant and/or eager to please; sad, cries frequently; and describes self as bad and deserving to be punished” Source: Yukon Health and Social Services (2017, p. 6)</p> |

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Appendix J: Provincial and Territorial Definitions of Sexual Abuse

Each province and territory has unique legislation defining and describing responses to sexual abuse. Table 20 provides provincial and territorial definitions of sexual abuse. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.

Table 20: Provincial and Territorial Definitions of Sexual Abuse

| Province/Territory | Definition of Sexual Abuse |
|--------------------|---|
| Alberta | <p>“[A] child is sexually abused if the child is inappropriately exposed or subjected to sexual contact, activity or behaviour including prostitution related activities.”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 1(3) (c)</p> |
| British Columbia | <p>“Sexual abuse is when a child or youth is used (or likely to be used) for the sexual gratification of another person. It includes: [t]ouching or invitation to touch for sexual purposes; [i]ntercourse (vaginal, oral or anal); [m]enacing or threatening sexual acts, obscene gestures, obscene communications or stalking; [s]exual references to the child’s or youth’s body/behaviour by words/gestures; [r]equests that the child or youth expose their body for sexual purposes; [d]eliberate exposure of the child or youth to sexual activity or material; and [s]exual aspects of organized or ritual abuse”</p> <p>Source: Government of British Columbia (2017, p. 24)</p> <p>“Sexual exploitation is a form of sexual abuse that occurs when a child or youth engages in a sexual activity, usually through manipulation or coercion, in exchange for money, drugs, food, shelter or other considerations. Sexual activity includes: [p]erforming sexual acts; [s]exually explicit activity for entertainment; [i]nvolvement with escort or massage parlour services; and [a]ppearing in pornographic images. Children and youth living on the street are particularly vulnerable to exploitation”</p> <p>Source: Government of British Columbia (2017, pp. 24-25).</p> |

(Continued on Next Page)

Table 20: Provincial and Territorial Definitions of Sexual Abuse

| Province/Territory | Definition of Sexual Abuse |
|--------------------|----------------------------|
|--------------------|----------------------------|

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

| | |
|---------------------------|--|
| British Columbia | <p>“[A] child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be, (a) encouraged or helped to engage in prostitution, or (b) coerced or inveigled into engaging in prostitution.” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 13 (1) (1.1)</p> |
| Manitoba | <p>“Sexual abuse is exposing a child to sexual contact, activity or behaviour, including: any sexual touching; [and/or] intercourse, exploitation or exposure. Some behavioural signs of sexual abuse could include but are not limited to: sexual knowledge or play inappropriate to age; sophisticated or unusual sexual knowledge; prostitution; poor peer relationships; delinquent or runaway; reports sexual assault by caretaker; change in performance in school; sleeping disorders; aggressive behavior; and self-harm (ex. cutting, suicide attempts). Some physical signs of sexual abuse could include but are not limited to: unusual or excessive itching in the genital or anal area; stained or bloody underwear; pregnancy; injuries to the vaginal or anal areas; sexually transmitted infections; difficult walking or sitting; pain when peeing; vaginal/penile discharge; excessive masturbation; [and] urinary tract infections” Source: Manitoba Child and Family Services (n.d., <i>Sexual Abuse</i>)</p> |
| Newfoundland and Labrador | <p>“Sexual Abuse: includes any sexual contact between an individual and a child/youth regardless of whether the sexual contact occurs by force, coercion, duress, and deception or whether the child/youth understands the sexual nature of the activity. Sexual contact includes sexual penetration, touching, harassment, invitation to sexual touching, sexual acts such as exposure, voyeurism, or sexually exploiting the child/youth by involving the child/youth in the sex trade or pornography.” Source: Newfoundland and Labrador, Department of Children, Seniors and Social Development (n.d., <i>How Do You Define</i>)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 20: Provincial and Territorial Definitions of Sexual Abuse

| Province/Territory | Definition of Sexual Abuse |
|-----------------------|--|
| Northwest Territories | <p>“involving a child in sexual touching or any form of sexual activity. Sexual abuse may also include forcing or allowing a child to watch or look at sexual activity, pornographic materials, or books, magazines or videos containing sexual material that is inappropriate or unsuitable for a child” Source: Northwest Territories (2012, p. 7)</p> <p>“A child needs protection where: (c) the child has been sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child; (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child.” Source: <i>Child and Family Services Act</i>, SNWT 1997, c.13, s 7.3 (c-d)</p> |
| Nova Scotia | <p>“[S]exual abuse” means (i) the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct, or (ii) the use of a child in, or exposure to, prostitution, pornography or any unlawful sexual practice.” Source: <i>Children and Family Services Act</i>, 1990, s 3 (1) (v)</p> |
| Nunavut | <p>“A child needs protection where: (c) the child has been sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child; (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child.” Source: <i>Child and Family Services Act</i>, SNWT (Nu) 1997, c.13, s 7.3 (c-d)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 20: Provincial and Territorial Definitions of Sexual Abuse

| Province/Territory | Definition of Sexual Abuse |
|----------------------|--|
| Ontario | <p>“Sexual abuse occurs when a child is used for the sexual gratification of an adult or an older child. The child may co-operate because he or she wants to please the adult or out of fear. It includes sexual intercourse, exposing a child’s private areas, indecent phone calls, fondling for sexual purposes, watching a child undress for sexual pleasure, and allowing/forcing a child to look at or perform in pornographic pictures or videos, or engage in prostitution.”</p> <p>Source: Ontario Association of Children’s Aid Societies (n.d.: <i>Physical Abuse</i>)</p> |
| Prince Edward Island | <p>“(g) the child has been harmed as a result of being sexually exploited for the purpose of prostitution and the parent has failed or been unable to protect the child; (h) the child is at substantial risk of being sexually exploited for the purpose of prostitution and the parent has failed or been unable to protect the child”</p> <p>Source: <i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 9 (g-h)</p> |
| Quebec | <p>“[S]exual abuse” refers to (1) a situation in which the child is subjected to gestures of a sexual nature by the child’s parents or another person, with or without physical contact, including any form of sexual exploitation, and the child’s parents fail to take the necessary steps to put an end to the situation; or (2) a situation in which the child runs a serious risk of being subjected to gestures of a sexual nature by the child’s parents or another person, with or without physical contact, including a serious risk of sexual exploitation, and the child’s parents fail to take the necessary steps to put an end to the situation”</p> <p>Source: <i>Youth Protection Act</i>, CQLR c P-34.1, s 38 (d) (1-2)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 20: Provincial and Territorial Definitions of Sexual Abuse

| Province/Territory | Definition of Sexual Abuse |
|--------------------|--|
| Saskatchewan | <p>“Sexual abuse [refers to] any action involving a child in sexual exploitation or sexual activity including touching, exposure, using a child in the making of/or viewing pornography” Source: Government of Saskatchewan (n.d., p. 3)</p> <p>“Physical indicators of sexual abuse include: “unusual or excessive itching in the genital or anal area; pregnancy or sexually transmitted infection; [and] injuries to the genital or anal areas (e.g., bruising, swelling or infection)” Source: Government of Saskatchewan (n.d., p. 3)</p> <p>“Behavioural indicators of sexual abuse include: age-inappropriate sexual play with toys, self, others (e.g., replication of explicit sexual acts); age-inappropriate, sexually explicit drawings and/or descriptions; bizarre, sophisticated or unusual sexual knowledge; involvement in sexual exploitation; cruelty to animals; fear of home, excessive fear of adults; [and] depression or other mental health challenges” Source: Government of Saskatchewan (n.d., p. 3)</p> |
| Yukon | <p>“[A] child has been or is likely to be sexually abused or exploited if the child has been or is likely to be (a) inappropriately exposed or subjected to sexual contact, activity or behaviour; including prostitution related activities; or (b) encouraged or counselled to engage in prostitution” Source: Child and Family Services Act, SY 2008, c 1, 21 (2) (a-b)</p> |

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Appendix K: Provincial and Territorial Terminology for Emotional Maltreatment

Each province and territory has unique legislation defining and describing responses to emotional maltreatment, also referred to as: emotional abuse; psychological abuse; emotional harm; emotionally injured; psychological ill treatment; or psychological abuse. Table 21 identifies terminology for emotional maltreatment used by provinces and territories. For detailed provincial and territorial definitions, see *Appendix L: Provincial and Territorial Definitions for Emotional Maltreatment*.

Table 21: Provincial and Territorial Terminology for Emotional Maltreatment

| Province/ Territory | Provincial and Territorial Terminology for Emotional Maltreatment |
|---------------------------|---|
| Alberta | <ul style="list-style-type: none"> emotional injury Source: Public Health Agency of Canada (2019, p. 18) |
| British Columbia | <ul style="list-style-type: none"> emotional harm Source: Public Health Agency of Canada (2019, pp. 18-19) |
| Manitoba | <ul style="list-style-type: none"> well-being of the child Source: Public Health Agency of Canada (2019, p. 18) |
| New Brunswick | <ul style="list-style-type: none"> emotional well-being of the child Source: Public Health Agency of Canada (2019, pp. 19-20) |
| Newfoundland and Labrador | <ul style="list-style-type: none"> emotional harm Source: Public Health Agency of Canada (2019, p. 19-20) |
| Northwest Territories | <ul style="list-style-type: none"> emotional harm mental, emotional or developmental condition Source: Public Health Agency of Canada (2019, pp. 19-20) |
| Nova Scotia | <ul style="list-style-type: none"> emotional abuse mental, emotional or developmental condition Source: Public Health Agency of Canada (2019, p. 21) |
| Nunavut | <ul style="list-style-type: none"> emotional harm mental, emotional or developmental condition emotional or mental well-being Source: Public Health Agency of Canada (2019, pp. 21-22) |
| Ontario | <ul style="list-style-type: none"> emotional harm mental, emotional or developmental condition Source: Public Health Agency of Canada (2019, p. 21) |

(Continued on Next Page)

Table 21: Provincial and Territorial Terminology for Emotional Maltreatment

| Province/ Territory | Provincial and Territorial Terminology for Emotional Maltreatment |
|---------------------|---|
|---------------------|---|

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

| | |
|----------------------|--|
| Prince Edward Island | <ul style="list-style-type: none"> • emotional harm • emotional condition or harm suffered Source: Public Health Agency of Canada (2019, pp. 23-24) |
| Quebec | <ul style="list-style-type: none"> • psychological ill-treatment Source: Public Health Agency of Canada (2019, p. 23) |
| Saskatchewan | <ul style="list-style-type: none"> • serious impairment of mental or emotional functioning • emotional harm Source: Public Health Agency of Canada (2019, pp. 23-24) |
| Yukon | <ul style="list-style-type: none"> • emotional harm • mental harm Source: Public Health Agency of Canada (2019, p. 24) |

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Appendix L: Provincial and Territorial Definitions for Emotional Maltreatment

Each province and territory has unique legislation defining and describing emotional maltreatment. Table 22 provides provincial and territorial definitions of emotional maltreatment. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.

Table 22: Provincial and Territorial Definitions for Emotional Maltreatment or Psychological Abuse

| Province/ Territory | Definitions of Emotional Maltreatment or Psychological Abuse |
|------------------------|--|
| Alberta | <p>“[A] child is emotionally injured (i) if there is impairment of the child’s mental or emotional functioning or development, and (ii) if there are reasonable and probable grounds to believe that the emotional injury is the result of (A) rejection, (A.1) emotional, social, cognitive or physiological neglect, (B) deprivation of affection or cognitive stimulation, (C) exposure to family violence or severe domestic disharmony, (D) inappropriate criticism, threats, humiliation, accusations or expectations of or toward the child, (E) the mental or emotional condition of the guardian of the child or of anyone living in the same residence as the child; (F) chronic alcohol or drug abuse by the guardian or by anyone living in the same residence as the child”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 1(1) (3a)</p> |
| British Columbia | <p>“[A] child is emotionally harmed if the child demonstrates severe (a) anxiety, (b) depression, (c) withdrawal, or (d) self-destructive or aggressive behaviour.”</p> <p>Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 13 (2)</p> <p>“Reason to believe that a child or youth needs protection from being emotionally harmed may arise due to emotional abuse from a parent. This may range from the parent ignoring to habitually humiliating the child or youth to withholding life-sustaining nurturing. Emotional abuse may occur separately from, or along with, other forms of abuse and neglect. Emotional abuse can include a pattern of: [s]capegoating; [r]ejection; [v]erbal attacks on the child; [t]hreats; [i]nsults; or humiliation. Emotional harm may also be caused by the child or youth living in a situation where there is domestic violence by or towards a person with whom the child or youth resides. Domestic violence may involve physical abuse, threats, verbal insults or psychological abuse such as stalking”</p> <p>Source: Government of British Columbia (2017, p. 4)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

| Province/Territory | Definitions of Emotional Maltreatment or Psychological Abuse |
|---------------------------------|---|
| British Columbia (Continued) | <p>“Physical Indicators [of emotional maltreatment include:] [b]ed wetting and/or frequent diarrhea; or [f]requent psychosomatic complaints, headaches, nausea, abdominal pains. Behavioural indicators [of emotional maltreatment include:] [m]ental or emotional development lags; [i]solated and has no friends or complains of social isolation; [b]ehaviours inappropriate for age; [f]ear of failure, overly high standards, reluctant to play; [f]ears consequences of actions, often leading to lying; [e]xtreme withdrawal or aggressiveness, mood swings; [o]verly compliant, too well-mannered; [e]xcessive neatness and cleanliness; [e]xtreme attention-seeking behaviours; [p]oor peer relationships; [s]evere depression, may be suicidal; [r]unaway attempts; [v]iolence is a subject for art or writing; [f]orbidden contact with other children; [s]hows little anxiety towards strangers; or [u]nusual severe anxiety or worries”</p> <p>Source: Government of British Columbia (2017, p. 28)</p> |
| Manitoba | <p>“Emotional abuse is usually a repeated pattern that includes: repeated exposure to alcohol or drug abuse; repeated verbal attacks, humiliation or rejection; repeated exposure to violence or fighting; forced isolation, restraint or causing fear”</p> <p>Source: Manitoba Child and Family Services (n.d.: <i>Emotional Abuse</i>)</p> <p>“Some behavioural signs of emotional abuse could include but are not limited to: depression; withdrawal or aggressive behavior; overly compliant; too neat and clean; habit disorders (sucking, biting, rocking, etc.); learning disorders; sleep disorders; unusual fearfulness; obsessive compulsive behavior; phobias; harming themselves; extreme behavior; suicide attempts; developmental delays”</p> <p>Source: Manitoba Child and Family Services (n.d.: <i>Emotional Abuse</i>)</p> <p>“Some physical signs of emotional abuse could include but are not limited to: bed-wetting; headaches; nausea; speech disorders; lags in physical development; [and] disruptive behavior”</p> <p>Source: Manitoba Child and Family Services (n.d.: <i>Emotional Abuse</i>)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

| Province/Territory | Definitions of Emotional Maltreatment or Psychological Abuse |
|---------------------------|---|
| New Brunswick | <p>“Emotional maltreatment [r]efers to both emotional abuse and emotional neglect. This might include repeated attacks on a child's sense of self-worth, insults, isolation, rejection, unrealistic expectations or constant criticism. It might also involve terrorizing a child such as threatening to kill the family pet. The law also considers children at risk of emotional abuse if they live in situations of family violence”</p> <p>Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> <p>“Signs of emotional abuse [include]: child is often alone (at home and around the school); child is passive or acts out aggressively; child has low self-esteem; [and] child is depressed or talks of suicide”</p> <p>Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> |
| Newfoundland and Labrador | <p>“the indicators of emotional harm exhibited or demonstrated by a child may include: depression; significant anxiety; significant withdrawal; self-destructive behaviour; aggressive behaviour; or delayed development”</p> <p>Source: <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3, s 10 (2) (a-f)</p> <p>“parental conduct or living situations that may lead to emotional harm or risk of emotional harm to the child may include: rejection; social deprivation; deprivation of affection; deprivation of cognitive stimulation; subjecting the child to inappropriate criticism, threats, humiliation, accusations or expectations; living in a situation where the mental or emotional health of a parent is negatively affecting the child; living in a situation where a parent is an abuser of alcohol or drugs; or living in a situation where there is violence”</p> <p>Source: <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3, s 10 (3) (a-h)</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

| Province/ Territory | Definitions of Emotional Maltreatment or Psychological Abuse |
|------------------------|---|
| Northwest Territories | <p>“emotional neglect [refers to] the child’s deeper needs for love and affection, a sense of belonging, guidance and stability are not being met” Source: Northwest Territories (2012, p. 7)</p> <p>“emotional abuse [refers to] anything that seriously hurts a child mentally or emotionally. This could include being exposed to constant ‘put-downs’ and verbal attacks, repeated rejection, or violence in the home” Source: Northwest Territories (2012, p. 7)</p> <p>“(e) the child has demonstrated severe anxiety, depression, withdrawal, self destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e), and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm; g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child’s development, and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition; (h) the child has been subject to a pattern of neglect that has resulted in physical or emotional harm to the child; (i) the child has been subject to a pattern of neglect and there is a substantial risk that the pattern of neglect will result in physical or emotional harm to the child; (j) the child has been exposed to domestic violence by or towards a parent of the child, the child has suffered physical or emotional harm from that exposure and the child’s parent fails or refuses to obtain services, treatment or healing processes to remedy or alleviate the harm; (k) the child has been exposed to domestic violence by or towards a parent of the child and there is a substantial risk that the exposure will result in physical or emotional harm to the child and the child’s parent fails or refuses to obtain services, treatment or healing processes to prevent the harm;</p> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

| Province/ Territory | Definitions of Emotional Maltreatment or Psychological Abuse |
|------------------------|---|
| Northwest Territories | (l) the child’s health or emotional or mental well-being has been harmed by the child’s use of alcohol, drugs, solvents or similar substances, and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (m) there is a substantial risk that the child’s health or emotional or mental well-being will be harmed by the child’s use of alcohol, drugs, solvents or similar substances, and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm” Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s3 and s 3 (e-m) |
| Nova Scotia | “[E]motional abuse” means acts that seriously interfere with a child’s healthy development, emotional functioning and attachment to others such as (i) rejection, (ii) isolation, including depriving the child from normal social interactions, (iii) deprivation of affection or cognitive stimulation, (iv) inappropriate criticism, humiliation or expectations of or threats or accusations toward the child, or (v) any other similar acts;” Source: <i>Children and Family Services Act</i> , 1990 s 3(1) (1a) (i-v) |
| Nunavut | (e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm; (g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child’s development and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;” |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

| Province/Territory | Definitions of Emotional Maltreatment or Psychological Abuse |
|----------------------|---|
| Nunavut | (h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's parent is unavailable, unable or unwilling to properly care for the child; (i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's parent is unavailable, unable or unwilling to properly care for the child" Source: <i>Child and Family Services Act, SNWT (Nu) 1997, c.13, s 7(3) (e-i)</i> |
| Ontario | "Emotional abuse is a pattern of behaviour that attacks a child's emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Emotional abuse includes constantly criticizing, teasing, belittling, insulting, rejecting, ignoring or isolating the child. It may also include exposure to domestic violence." Source: Ontario Association of Children's Aid Societies (n.d.: <i>Physical Abuse</i>) |
| Prince Edward Island | "(k) the child has suffered emotional harm inflicted by a parent, or by another person, where the parent knew or ought to have known that the other person was emotionally abusing the child and the parent failed to protect the child; (l) the child is at substantial risk of suffering emotional harm caused by a parent, or by another person, where the parent knew or ought to have known, that the other person was emotionally abusing the child and the parent failed to protect the child; (m) the child has suffered physical or emotional harm caused by being exposed to domestic violence by or towards a parent; (n) the child is at substantial risk of suffering physical or emotional harm caused by being exposed to domestic violence by or towards a parent; (o) the child requires specific medical, psychological or psychiatric treatment to cure, prevent or ameliorate the effects of a physical or emotional condition or harm suffered, and the parent does not, or refuses to, obtain treatment or is unavailable or unable to consent to treatment; (p) the child suffers from a mental, emotional or developmental condition that, if not addressed, could seriously harm the child and the parent does not or refuses to obtain treatment or is unavailable or unable to consent to services or treatment to remedy or ameliorate the effects of the condition" Source: <i>Child Protection Act, RSPEI 1988, c C-5.1, s 9 (k-p)</i> |

(Continued on Next Page)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect (continued)

Canadian Human Rights Tribunal Ruling 2019 CHRT 39

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

| Province/Territory | Definitions of Emotional Maltreatment or Psychological Abuse |
|--------------------|--|
| Quebec | <p>“[P]sychological ill-treatment” refers to a situation in which a child is seriously or repeatedly subjected to behaviour on the part of the child’s parents or another person that could cause harm to the child, and the child’s parents fail to take the necessary steps to put an end to the situation. Such behaviour includes in particular indifference, denigration, emotional rejection, excessive control, isolation, threats, exploitation, particularly if the child is forced to do work disproportionate to the child’s capacity, and exposure to conjugal or domestic violence;” Source: <i>Youth Protection Act</i>, CQLR c P-34.1, s 38 (2) (c)</p> |
| Saskatchewan | <p>“(ii) the child has suffered or is likely to suffer a serious impairment of mental or emotional functioning; (v) the child’s development is likely to be seriously impaired by failure to remedy a mental, emotional or developmental condition; or (vi) the child has been exposed to interpersonal violence or severe domestic disharmony that is likely to result in physical or emotional harm to the child” Source: <i>The Child and Family Services Act</i>, SS 1989-90, c C-7.2, s 11 (a) (ii, v, vi)</p> |
| Yukon | <p>“[A] child has been, or is likely to be, emotionally harmed by the conduct of a parent or other person if the parent or other person demonstrates a pattern of behaviour that is detrimental to the child’s emotional or psychological well-being.” Source: <i>Child and Family Services Act</i>, SY 2008, c 1, s 21 (3)</p> |

Appendix B. Summary of Process-Related Components of the Final Compensation Framework

| | |
|----------------------------------|--|
| Guiding Principles | <ul style="list-style-type: none"> • The Compensation process will be managed by a Central Administrator • The process will follow the principles of best interests of the child, procedural fairness, natural justice, cultural safety and the privacy of beneficiaries • The <u>administrative burden will be minimized for beneficiaries</u> • Standards for implementation and distribution will be set forth by a Guide (to be developed by the Parties) • Beneficiaries can opt out of the Compensation Process |
| Location of beneficiaries | <ul style="list-style-type: none"> • Location of beneficiaries guided by a <i>Notice Plan</i> that was developed by the Parties and is included in the Compensation Framework. It is divided into 2 phases: <ul style="list-style-type: none"> ○ Preparation phase: <ul style="list-style-type: none"> ▪ Development of a claim form that is clear and adapted for children/youth, people with disabilities, and remote communities ▪ Training provided to employees involved with processing applications and locating beneficiaries (e.g. phone line-operators and Navigators) on: 1) cultural safety/diversity, 2) working with children/youth, and 3) in-depth review of Claim Form and Notice Plan ▪ Provision of mental health supports and training to mental health support workers who will provide services within communities ▪ Preparation of financial literacy materials to support recipients who receive compensation ▪ Development and management of an Information Line by the AFN ○ Distribution Phase: <ul style="list-style-type: none"> ▪ Phase 1 - Multi-media campaign: Notice Plan distribution via print, social media, television, radio that accommodates the different needs of beneficiaries; launch of dedicated website by ISC and the Central Administrator; launch of support and information phone line ▪ Phase 2 – Distribution of posters and information packages: Distribution of information packages and posters to First Nations communities and organizations ▪ Phase 3 – Community notices: Distribution of notices on local radios, newspapers, and online ▪ Phase 4 – Ongoing information for the duration of the claim period: Maintenance of website and phone line • Collaboration with service providers to help identify beneficiaries: <ul style="list-style-type: none"> ○ Additional resources will be provided by ISC to service providers who will help identify beneficiaries (i.e. FNCFS agencies; health, early childhood, and social services providers in First Nations communities) ○ Other service providers will be asked to collaborate to identify beneficiaries, such as: nurses employed by ISC; service providers under the NIHB program; provincial/ territorial government ministries/organizations; Correctional Services Canada ○ The <i>Taxonomy of Compensation Categories</i> will be used to assist identification of compensation categories by service providers¹ • Collaboration with Ministers responsible for child and family services, and health and education, as well as self-governing First Nations governments will be required |
| Support to beneficiaries | <ul style="list-style-type: none"> • To reduce the risk of retraumatization, following supports funded by Canada: |

¹ Given the evolving interpretation of eligibility since the Taxonomy was drafted, we caution against using it to inform compensation eligibility.

Appendix B. Summary of process-related components of the Final Compensation Framework

| | |
|---|---|
| <p>throughout the compensation process</p> | <ul style="list-style-type: none"> ○ Toll-free support line to provide information on Compensation Process and available supports ○ Navigators to support beneficiaries and make referrals to mental health, cultural, and other supports ○ Mental health and cultural supports provided through First Nations organizations where possible at no charge to the beneficiaries ○ “Reasonable financial or other supports” to First Nations |
| <p>Timeline for the claims process</p> | <ul style="list-style-type: none"> ● Implementation Date: Once the order is no longer under judicial review or appeal, the Parties meet to determine the date of implementation within 15 business days ● Initial Claim Deadline: Claims received up to 24 months after the Notice Plan is posted on the compensation website, social media, and at least 4 national media sources ● First Extended Claims Deadline: Claims may be received 12 months after the Initial Claims Deadline if: <ul style="list-style-type: none"> ○ Community where: 1) implementation of Notice Plan or navigators is delayed; 2) consensus is that there needs to be more time to locate beneficiaries; 3) delay in child and family services’ response to request; 4) disruptions in Compensation Process due to unforeseen circumstances; 5) and/or other reasons agreed upon by the Parties ○ Beneficiaries who: 1) are unable to complete process because of medical or mental health reasons; 2) was a minor and no claim was made in their behalf; 3) did not receive a response to a request for information necessary to make a claim; 4) and/or other reasons agreed upon by the Parties ● Second Extended Claims Deadline: Claims may be received 6 months after the First Extended Claims Deadline if situations pursuant to the First Extended Claims Deadline are not resolved ● Post Claim Period: Guide will be developed before the Central Administrator finishes its work for claims that were unable to be made during the claim period |
| <p>Validation of compensation claims</p> | <ul style="list-style-type: none"> ● ISC needs to make any data relevant to identifying beneficiaries available to the Central Administrator for a period of at least 20 years ● Records produced by the beneficiary will be destroyed 5 years after payment ● Individuals identified by ISC, and FNCFS agencies, First Nations, provincial/ territorial governments/agencies, and professionals/service providers as meeting the requirements for compensation will be part of a Compensation List provided to the Central Administrator <ul style="list-style-type: none"> ○ Names on Compensation List will be deemed valid by the Central Administrator ○ If the name does not appear on the Compensation List, the Central Administrator will use the <i>Guide</i> (see Guiding Principles) to determine if the beneficiary is eligible <ul style="list-style-type: none"> ▪ For Jordan’s Principle compensation categories, the Claims Administrator will take into consideration cultural, linguistic, historical, and geographic factors that could impact eligibility ▪ “individual claims are required in all cases, even where more than one child in a community faced similar unmet needs due to the lack of access to the same or similar essential services” ● Caregiving parents and grandparents that sexually, physically, or psychologically abused their children will be identified and put on an Exclusion List. <ul style="list-style-type: none"> ○ Generally, both parents/grandparents would be denied compensation, unless: 1) a non-offending parent/grandparent was also victim of abuse by the other parent; 2) a non-offending parent/grandparent was absent from the home for extended periods for unavoidable reasons; or 3) a non-offending parent/grandparent suffers from a disability that prevented them from intervening or being aware of abuse |

Appendix B. Summary of Process-Related Components of the Final Compensation Framework (continued)

| | |
|---|--|
| | <ul style="list-style-type: none"> ○ The Central Administrator can refer parents/grandparents on the Exclusion list to services concerning trauma or behaviours related to child maltreatment |
| Processing of compensation claims | <ul style="list-style-type: none"> ● Two-level claims process: <ul style="list-style-type: none"> ○ First-level review of claims by trained first level reviewer that: 1) verifies the completeness of the information; 2) screens claims; and 3) approves them <ul style="list-style-type: none"> ▪ First level reviewer cannot reject claims ▪ Urgent requests (e.g. beneficiaries in palliative care or in educational or training programs) will be treated more quickly ○ Second-level review of completed claims that are not approved by the first-level reviewer by a second-level committee composed of at least 3 non-political and independent First Nations experts approved by the Parties with knowledge of First Nations child and family services and Jordan’s Principle <ul style="list-style-type: none"> ▪ The committee can work with other independent experts as needed ▪ If the committee denies a claim, a written and clear justification will need to be provided <ul style="list-style-type: none"> ● Potential beneficiaries can ask the committee to reconsider if new information is available, or appeal to an appeals body |
| Supports for beneficiaries relating to the payment of compensation | <ul style="list-style-type: none"> ● Method of receipt of compensation depends on the situation of the beneficiary: <ul style="list-style-type: none"> ○ If beneficiary is legally capable of managing their own finances: compensation paid directly to beneficiary ○ If beneficiary deceased or represented by someone who is responsible for their Estate: compensation paid directly to beneficiary’s Estate ○ If beneficiary not legally capable of managing their own finances: compensation held in a trust selected by the Parties (i.e. “Appointed Trustees”) pursuant to a Trust Agreement agreed upon by the Parties ● Financial literacy information will be offered to the beneficiary by the Central Administrator at no cost to the beneficiary and under no obligation to use them ● Compensation will not be treated as “income” by the CRA and will not impact the receipt of provincial/federal benefits/assistance/services |
| Monitoring of the Framework | <ul style="list-style-type: none"> ● Parties will meet with the Central Administrator every 3 months to monitor the implementation the the Compensation Process ● Additional needs not already identified that may arise during the compensation process will be addressed ● Parties will work to try to facilitate the processing of more complex claims |

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations

Four cycles of the Canadian Incidence Study of Reported Child Abuse and Neglect have been conducted: 1998, 2003, 2008 & 2019. In 2019, the study was renamed to the First Nations Canadian Incidence Study of Reported Child Abuse & Neglect (FN/CIS) and was a project of the Assembly of First Nations with core funding from a contribution agreement between the Assembly of First Nations and the Public Health Agency of Canada.

The FN/CIS-2019 Major Findings Report is available at <https://cwrp.ca/publications/denouncing-continued-overrepresentation-first-nations-children-canadian-child-welfare>. This report provides information on the degree of overrepresentation of First Nations children in the child welfare system. Métis and Inuit children are excluded from this analysis as per Ownership of, Control over, Access to, and Possession of research (OCAP) principles. To date, the research team has not been given instruction around analyses for Métis and Inuit children.

This Appendix provides a description of the rationale for the study, the sampling approach and the limitations to the study design. **It also provides an estimate of the number of investigations that took place on reserve in 2019 and an analysis of select child, family and characteristics associated with these investigations.**

Access to Data

The dataset used for these analyses was constructed using data from the Ontario Incidence Study of Reported Child Abuse and Neglect-2018; administrative data extracted directly from the Québec information system for the year 2019; and data collected directly from investigating workers in the rest of Canada in 2019.

The dataset resides at the University of Toronto under the governance of the First Nations Incidence Advisory Committee. It contains 403 variables. Datasets from prior cycles are also held at the University of Toronto. If you are interested in a secondary analysis of these data using this governance structure, please contact Barbara Fallon barbara.fallon@utoronto.ca. Only national estimates of child abuse and neglect investigations and their associated characteristics can be produced with the data set. **No participating agency/office, worker, office family or child can be identified using these data.**

Rationale

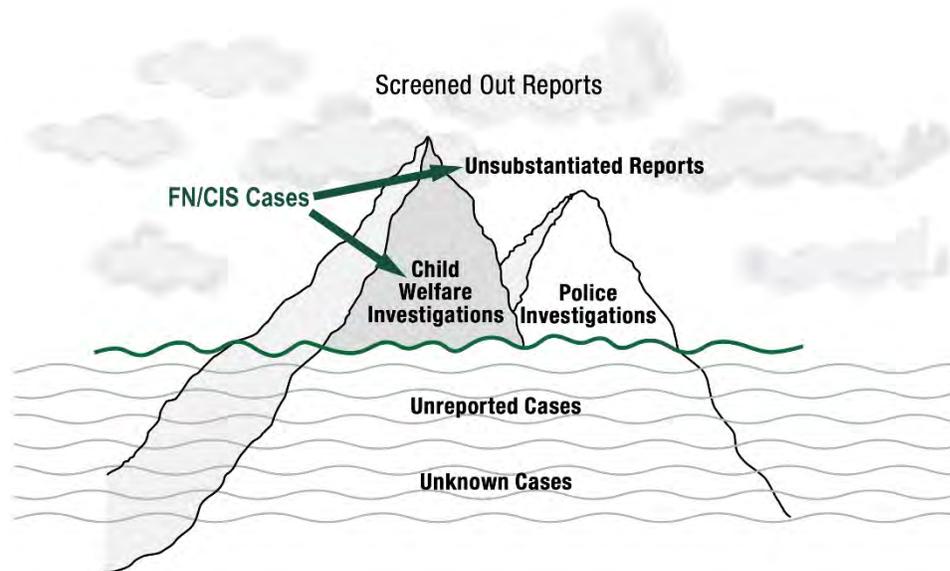
Responsibility for protecting and supporting children at risk of abuse and neglect falls under the jurisdiction of the 13 Canadian provinces and territories and a system of Indigenous child welfare agencies, which have increasing responsibility for protecting and supporting Indigenous children. Because of variations in the types of situations that each jurisdiction includes under its child welfare mandate, as well as differences in the way service statistics are kept, it is difficult to obtain a nation-wide profile of the children and families receiving child welfare services. The FN/CIS is designed to provide such a profile by collecting information on a periodic basis from every jurisdiction using a standardized set of definitions. With core funding from a contribution agreement between the Assembly of First Nations and the Public Health Agency of Canada, and additional funding provided by provincial governments in Ontario and Québec to allow for provincial estimates, the FN/CIS-2019 is the fourth nation-wide study of the incidence and characteristics of investigated child abuse and neglect across Canada.

The FN/CIS collected information directly from a national sample of child welfare workers at the point when they completed their initial investigation of a report of possible child abuse or neglect. The scope of the study is therefore limited to the type of information available to them at that point. As shown in the FN/CIS Iceberg

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

Model (Figure 1), the study only documented situations that were reported to and investigated by child welfare sites. The study **did not include** information about **unreported maltreatment** or information about cases that are **only investigated by the police**¹. Similarly, the FN/CIS did not include screened out cases (referrals that were not open for investigation). While the study reports on short-term outcomes of child welfare investigations, including substantiation status, initial placements in out-of-home care, and court applications, the study **did not track** longer-term **service events that occur beyond the initial investigation**.

Figure 1 - FN/CIS Iceberg Model*



*Adapted from (1) Trocmé, N., McPhee, D. et al. (1994). Ontario incidence study of reported child abuse and neglect. Toronto, ON: Institute for the Prevention of Child Abuse. and (2) Sedlak, A., J., & Broadhurst, D.D. (1996). Executive summary of the third national incidence study of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services.

Changes in investigation mandates and practices over the last twenty years have further complicated what types of cases fall within the scope of the FN/CIS. In particular, child welfare authorities are receiving many more reports about situations where the primary concern is that a child may be at risk of future maltreatment but where there are no specific concerns about a possible incident of maltreatment. Because the FN/CIS was designed to track investigations of alleged incidents of maltreatment, it is important to maintain a clear distinction between risk of future maltreatment, and investigations of maltreatment. The FN/CIS-2019 is the second study cycle to separately track both types of cases; however this has complicated comparisons with past cycles of the study.

In addition to variations in mandates and standards between jurisdictions, it is important to consider that these mandates and standards have been changing over time. From 1998 to 2003 the CIS found that rates of investigated maltreatment had nearly doubled (Trocmé, Fallon, MacLaurin et al., 2005)². Most of the available data point to changes in detection, reporting and investigation practices rather than an increase in the number of children being abused or neglected as the reasons for this doubling. Using the analogy of the

¹ In some jurisdictions cases of physical or sexual abuse involving extra-familial perpetrators, for example a babysitter are only investigated by police.

² Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., et al. (2005). Canadian Incidence Study of Reported Child Abuse & Neglect - 2003: Major Findings. Ottawa, ON Public Health Agency of Canada, 148 pages.

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

iceberg (Figure 1), there is no indication that the iceberg increased between 1998 and 2003, rather, it would appear that the detection line (water line on the iceberg model) dropped, thus leading to an increase in the number of reported and substantiated cases in 2003. The CIS-2003 report points in particular to four important changes: (1) an increase in reports made by professionals, (2) an increase in reports of emotional maltreatment and exposure to intimate partner violence, (3) a larger number of children investigated in each family, and (4) an increase in substantiation rates³. These changes are consistent with modifications to legislation and investigation standards in many provinces and territories where statutes and regulations were broadened to include more forms of maltreatment and investigation standards in some jurisdictions required that siblings of reported children be systematically investigated.

A fifth factor that may have also led to an increase in the number of reports was the unintentional inclusion of investigations conducted solely because of concerns about possible risk of future maltreatment. A file review of a sample of CIS-2003 cases conducted in preparation for the CIS-2008 identified a number of cases that actually involved risk-only investigations which had been included in the CIS-2003 because workers identified them as investigations involving incidents of alleged maltreatment. Unfortunately, because the CIS-2003 was not designed to track risk of future maltreatment cases, we cannot estimate the extent to which risk assessments may have contributed to the increase in cases between 1998 and 2003. The CIS-2008 and FN/CIS-2019 cycles of the study were designed to separately track risk of future maltreatment cases separately.

Investigating Maltreatment vs. Assessing Future Risk of Maltreatment

The primary objective of the FN/CIS is to document investigations of situations where there are concerns that a child may have already been abused or neglected. While investigating maltreatment is central to the mandate of child protection authorities, their mandates can also apply to situations where there is no specific concern about past maltreatment but where the risk of future maltreatment is being assessed.

The FN/CIS-2019 tracked risk of future maltreatment investigations and maltreatment investigations separately. Investigating workers were asked to complete a data collection instrument for both types of cases with slight variability in the types of questions asked. For cases involving alleged maltreatment, workers described the specific forms of maltreatment that were investigated and whether the maltreatment was substantiated. In cases that were only opened to assess future risk of maltreatment investigating workers were asked to indicate whether there was a significant risk of future maltreatment, but not to specify the forms of future maltreatment about which they may have had concerns. Specifying the form of future maltreatment being assessed was not feasible given that risk assessments are based on a range of factors including child strengths and vulnerabilities, caregiver addictions, caregiver mental health concerns, and sources of familial support and stress.

Forms of Maltreatment included in the FN/CIS-2019

The FN/CIS-2019 definition of child maltreatment includes 33 forms of maltreatment, subsumed under five categories of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence (see Appendix A: FN/CIS-2019 Guidebook). This classification reflects a fairly broad definition of child maltreatment and includes forms of maltreatment that are not specifically indicated in some provincial and territorial child welfare statutes (e.g., exposure to intimate partner violence). The FN/CIS-2019 tracked up to three forms of maltreatment for each investigation.

³ In addition to Chapter 9 from the CIS-2003 report, see Trocmé, N., MacLaurin, B., Fallon, B., Black, T., & Lajoie, J. (2005). Child Abuse and Neglect Investigations in Canada: Comparing 1998 and 2003 Data. CECW Information Sheet #26E. Montreal, QC: McGill University, School of Social Work.

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

A source of potential confusion in interpreting child maltreatment statistics lies in inconsistencies in the categories of maltreatment included in different statistics. Most child maltreatment statistics refer to both physical and sexual abuse, but other categories of maltreatment, such as neglect, emotional maltreatment, and exposure to intimate partner violence are not systematically included. There is even less consensus with respect to subtypes or forms of maltreatment.

Investigated Maltreatment vs. Substantiated Maltreatment

Child welfare statutes in most jurisdictions require that professionals working with children and the general public report all situations where they have concerns that a child may have been maltreated or where there is a risk of maltreatment. The investigation phase is designed to determine whether the child was in fact maltreated or not. Some jurisdictions use a two-tiered substantiation classification system that distinguishes between substantiated and unfounded cases, or verified and not verified cases. The FN/CIS uses a three-tiered classification system for investigated incidents of maltreatment, in which a "suspected" level provides an important clinical distinction in certain cases: those in which there is not enough evidence to substantiate maltreatment, but maltreatment cannot be ruled out⁴.

In reporting and interpreting maltreatment statistics, it is important to clearly distinguish between risk of future maltreatment investigations, maltreatment investigations, and substantiated cases of maltreatment.

Risk of Harm vs. Harm

Cases of maltreatment that draw public attention usually involve children who have been severely injured or, in the most tragic cases, have died as a result of maltreatment. In practice, child welfare workers investigate and intervene in many situations in which children have not yet been harmed but are at risk of harm. For instance, a toddler who has been repeatedly left unsupervised in a potentially dangerous setting may be considered to have been neglected, even if the child has not yet been harmed.

Provincial and territorial statutes cover children who have suffered demonstrable harm due to abuse or neglect, and children at risk of harm. Substantiation standards in all jurisdictions across Canada include situations where children have been harmed as a result of maltreatment as well as situations where there is no evidence of harm but where children are at substantial risk of harm as a result of maltreatment. The FN/CIS-2019 includes both types of situations in its definition of maltreatment. The study also gathers information about physical and emotional harm attributed to substantiated or suspected maltreatment.

There can be confusion around the difference between risk of harm and risk of maltreatment. A child who has been placed at risk of harm has experienced an event that endangered their physical or emotional health. Placing a child at risk of harm is considered a form of maltreatment. For example, neglect can be substantiated for an unsupervised toddler, regardless of whether or not harm occurs, because the parent is placing the child at substantial risk of harm. In contrast, risk of maltreatment refers to situations where a specific incident of maltreatment has not yet occurred, but circumstances, for instance parental substance abuse, indicate that there is a significant risk that maltreatment could occur in the future.

Study Limitations

Although every effort was made to make the forthcoming FN/CIS-2019 estimates precise and reliable, several limits inherent in the nature of the data collected must be taken into consideration:

- The weights used to derive annual estimates include counts of children investigated more than once during the year; therefore, the unit of analysis for the weighted estimates is a child investigation;

⁴ For more information on the distinction between these three levels of substantiation, please see: Trocme, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating between substantiated, suspected, and unsubstantiated maltreatment in Canada. *Child Maltreatment*, 14(1), 4 – 16.

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

- The national counts that will be presented in FN/CIS-2019 reports are weighted estimates. In some instances, sample sizes are too small to derive publishable estimates;
- The FN/CIS tracks information during approximately the first 45 days of case activity, however there are slight provincial and territorial differences in this length of time; service outcomes such as out-of-home placements and applications to court included only events that occurred during those first approximately 45 days;
- The FN/CIS only tracks reports investigated by child welfare sites and does not include reports that were screened out, cases that were investigated only by the police and cases that were never reported;
- The study is based on the assessments provided by the investigating child welfare workers and could not be independently verified.

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

Analyses of On Reserve Investigations involving First Nations children 0-17 years of age in Canada in 2019

Workers were asked to endorse the ethno-racial category that best describes the caregiver and to select "Other" if they wished to identify multiple ethno-racial groups and specify in the space provided.

If Indigenous, workers were asked to identify the following:

- a) **On/off reserve:** Identify if the caregiver is residing "on" or "off" reserve.
- b) **Indigenous status: First Nations status** (caregiver has formal Indian or treaty status, that is registered with Crown-Indigenous Relations and Northern Affairs Canada [formerly INAC]), **First Nations non-status, Métis, Inuit,** or **Other** (specify and use the *Comments* section if necessary).

Table 1 shows the proportion of investigations involving First Nations children that were conducted on and off reserve. Approximately one quarter of investigations involving First Nations children were conducted on reserve (24 percent).

Table 1 - Estimated Child Maltreatment-related Investigations involving First Nations Children conducted On and Off Reserve in 2019

| | n | % |
|---|--------|-----|
| Investigations On Reserve | 11,710 | 24 |
| Investigations Off Reserve | 36,745 | 76 |
| Total Investigations involving First Nations children | 48,455 | 100 |

Percentages are column percentages.

Child characteristics Associated with On Reserve Investigations in Canada in 2019

Table 2 - Estimated Child Maltreatment Investigations On Reserve: Child Age

| | n | % |
|--------------|-------|----|
| Under 1 year | 766 | 7 |
| 1 to 3 years | 2,082 | 18 |
| 4 to 7 years | 2,773 | 24 |

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

| | | |
|---------------------------------|--------|-----|
| 8 to 11 years | 2,711 | 23 |
| 12 to 15 years | 2,792 | 24 |
| 16 to 17 years | 586 | 5 |
| Total Investigations On Reserve | 11,710 | 100 |

Percentages are column percentages.

Workers were asked to consider 18 child functioning concerns and to endorse whether the concern was confirmed, suspected, no or unknown. Table 3 presents the frequency of these concerns where 'noted' means either suspected or confirmed.

The child functioning concerns noted most often by the investigating worker note were academic learning difficulties (18 percent), depression, anxiety or withdrawal (17 percent), and attachment issues (12 percent).

Table 3 - Estimated Child Maltreatment-related Investigations On Reserve: Child Functioning Concerns Noted

| | n | % |
|--|-------|----|
| Positive toxicology at birth | 705 | 6 |
| FASD | 655 | 6 |
| Failure to meet developmental milestones | 819 | 7 |
| Intellectual/developmental disability | 939 | 8 |
| Attachment issues | 1,434 | 12 |
| ADHD | 805 | 7 |
| Aggression/conduct issues | 1,260 | 11 |
| Physical disability | 163 | 1 |
| Academic/learning difficulties | 2,046 | 18 |
| Depression/anxiety/withdrawal | 1,967 | 17 |
| Self-harming behaviour | 914 | 8 |
| Suicidal thoughts | 777 | 7 |
| Suicide Attempts | 316 | 3 |
| Inappropriate sexual behaviour | 568 | 5 |
| Running (multiple incidents) | 475 | 4 |
| Alcohol abuse | 551 | 5 |
| Drug/solvent abuse | 421 | 4 |
| At least one child functioning issue | 4,542 | 39 |

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

| | | |
|---------------------------------|--------|-----|
| Total Investigations On Reserve | 11,710 | 100 |
|---------------------------------|--------|-----|

Percentages are column percentages. Columns do not add up to 100% because an investigating worker could note more than one child functioning concern.

Primary Caregiver Risk Factors Associated with On Reserve Investigations in Canada in 2019

Workers were asked to consider 9 caregiver functioning concerns and to endorse whether the concern was confirmed, suspected, no or unknown. Table 4 presents the frequency of these concerns and 'noted' means either suspected or confirmed.

The three most frequent risk factors noted for the primary caregiver for investigations involving First Nations children on reserve were alcohol abuse (35 percent), mental health issues (31 percent) and few social supports (29 percent).

Table 4 - Estimated Child Maltreatment-related Investigations On Reserve: Noted Primary Caregiver Risk Factors

| | n | % |
|--|--------|-----|
| Alcohol Abuse | 4,077 | 35 |
| Drug/Solvent Misuse | 3,295 | 28 |
| Cognitive Impairment | 654 | 6 |
| Mental Health Issues | 3,622 | 31 |
| Physical Health Issues | 969 | 8 |
| Few Social Supports | 3,425 | 29 |
| Victim of Intimate Partner Violence | 2,601 | 22 |
| Perpetrator of Intimate Partner Violence | 943 | 8 |
| History of Foster Care or Group Home | 1,867 | 16 |
| Total Investigations On Reserve | 11,710 | 100 |

Percentages are column percentages. Columns do not add up to 100% because an investigating worker could note more than one primary caregiver risk factor.

Household Risk Factors Associated with On Reserve Investigations in Canada in 2019

Several questions asked about the context for the investigation. Table 5 shows the proportion of investigations involving moves, home overcrowding, unsafe housing conditions and running out of money for necessities in the past six months.

One in five investigations on reserve indicated that the household had experienced a move in the past year (13 percent one move; 7 percent two or more moves). In 17 percent of on reserve investigations the worker

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

noted that the home was overcrowded. In 10 percent of investigations the worker noted that the household had run out of money in the past six months for food necessities.

Table 5 - Estimated Child Maltreatment-related Investigations On Reserve: Household Characteristics

| | n | % |
|--|--------|-----|
| Number of Moves in the Past Year | | |
| One | 1,483 | 13 |
| Two or more | 772 | 7 |
| Home Overcrowded | 2,008 | 17 |
| Unsafe Housing Conditions | 577 | 5 |
| Run out of Money in the past six months for: | | |
| Food | 1,139 | 10 |
| Housing | 310 | 3 |
| Utilities | 410 | 4 |
| Cell Phone | 961 | 8 |
| Transportation | 691 | 6 |
| Health/Medical Expenses | 165 | 2 |
| Total Investigations On Reserve | 11,710 | 100 |

Percentages are column percentages. Columns do not add up to 100% because an investigating worker could note more than one household characteristic.

Maltreatment Characteristics for On Reserve Investigations in Canada in 2019

Workers were asked to indicate what the overriding concern was for the investigation at its conclusion and whether the allegation or suspicion of maltreatment was substantiated. In the case of a risk-only investigation, workers were asked to indicate whether there was a confirmed risk of future maltreatment.

As shown in Table 6, neglect was the overriding concern for investigations that were conducted on reserve; 34 percent of investigations were focused on neglect followed by a concern of future risk of maltreatment (31 percent).

Forty-eight percent of investigations were either substantiated or had a finding of confirmed risk (not shown in table). Almost half the substantiated/confirmed investigations involved neglect (48 percent).

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

Table 6 - Estimated Child Maltreatment-related Investigations On Reserve: Primary Concern of Investigation and Substantiation

| Primary Type of Investigation | Investigated | | Substantiated/ Confirmed Risk | |
|---------------------------------|--------------|-----|----------------------------------|-----|
| | n | % | n | % |
| Physical Abuse | 1,037 | 11 | 575 | 10 |
| Sexual Abuse | 898 | 8 | 325 | 6 |
| Neglect | 3,966 | 34 | 2,487 | 45 |
| Emotional Maltreatment | 740 | 6 | 512 | 9 |
| Intimate Partner Violence | 1,447 | 12 | 1,025 | 18 |
| Risk Only | 3,623 | 31 | 644 | 12 |
| Total Investigations On Reserve | 11,710 | 100 | 5,568 | 100 |

Percentages are column percentages.

Select Service Disposition Outcomes Associated with On Reserve Investigations in Canada in 2019

Workers were asked to indicate whether the child was placed in out of home care and if so, the type of placement.

As shown in Table 7, 22 percent of investigations conducted on reserve resulted in an out of home placement. In eleven percent of investigations, the child was either placed in Kinship out of care (8 percent) or customary care (3 percent). Placement was being considered at the conclusion of the investigation in another 5 percent of on reserve investigations.

Table 7 - Estimated Child Maltreatment-related Investigations On Reserve involving Out-of-Home Placement

| Type of Placement | n | % |
|--|-------|----|
| Kinship Out of care | 980 | 8 |
| Customary care | 303 | 3 |
| Kinship in care | 858 | 7 |
| Foster care (non-kinship) | 403 | 3 |
| Group home/other | -- | -- |
| Subtotal: Placement in Out-of-Home Care during Investigation | 2,586 | 22 |
| Placement in Out-of-Home Care Considered | 528 | 5 |
| No Placement | 8,596 | 73 |

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

| | | |
|---------------------------------|--------|-----|
| Total Investigations On Reserve | 11,710 | 100 |
|---------------------------------|--------|-----|

'--' Estimate is < 100 investigations. Percentages are column percentages.

Workers were asked to indicate whether a referral(s) was made for any family member to an internal (provided by the agency/office) or external (other agencies/services) service(s).

As shown in Table 8, workers made a service referral in 50 percent of on reserve investigations.

Table 8 - Estimated Child Maltreatment-related Investigations On Reserve: External Service Referrals

| | n | % |
|--|--------|-----|
| External Service Referral made for Any Family Member | | |
| Yes | 5,882 | 50 |
| No | 5,829 | 50 |
| Total Investigations On Reserve | 11,710 | 100 |

Percentages are column percentages.

Methodological Notes

Estimation Procedures

Design

The study design was implemented for the purpose of point estimation and the estimation of variance. The population of agencies was stratified by size. Agencies were selected from each stratum using systematic random sampling in order to take agency size into consideration. The three months (corresponding to October, November, and December) were assumed to be a random sample of the 12 months comprising the calendar year for each agency selected. In each selected month, cases at large agencies were selected using simple random sampling. Please see the FNCIS-2019 for data extraction procedures for data included from the province of Quebec.

Weighting

The data collected from investigating workers for the FN/CIS-2019 are weighted to derive national, annual incidence estimates. Design weights are applied to each case selected in each sampled agency during the three-month case selection period. In order to increase the precision and accuracy of estimates for the overall agency volume for 2019, calibration factors based on known numbers of investigations were applied. This section provides a detailed description of the weighting procedures utilized for the FN/CIS-2019. Please note Table 3 below for notation used.

Table 1 – Weighting Notation

| | |
|---|---------|
| h | stratum |
| i | agency |

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

| | |
|------------|--|
| j | month |
| k | case |
| N_h | number of agencies in stratum h |
| n_h | number of selected agencies in stratum h |
| M_{hi} | number of months in the calendar year ($M_{hi} = 12$) |
| m_{hi} | number of selected months in the calendar year ($m_{hi} = 3$) |
| R_{hij} | number of cases in month j of agency l of stratum h |
| r_{hij} | number of selected cases in month j of agency l of stratum h |
| S_h | the sample of agencies in stratum h |
| S_{hi} | the sample of months for agency l in stratum h |
| S_{hij} | the sample of cases for month j of agency l in stratum h |
| y_{hijk} | the value of the variable of interest for case k of month j of agency l of stratum h |

Design Weights

A design weight will be assigned to each selected case of each sampled agency for the three months.

The design weight for case k in month j of agency l of stratum h is given by $d_{hijk} = \frac{N_h}{n_h} \frac{M_{hi}}{m_{hi}} \frac{R_{hij}}{r_{hij}}$.

Note that $\frac{M_{hi}}{m_{hi}} = 4$ for all strata h and selected agencies $i \in S_h$.

The Design-Based Estimator

The design-based estimator of the total $Y = \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk}$ is given by the following expression:

$$\hat{Y} = \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} y_{hijk}$$

The design-based variance of this estimator can be shown to be the following:

$$\begin{aligned} & \text{Var} \left(\sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} y_{hijk} \right) \\ &= \sum_h N_h (N_h - n_h) \frac{S_h^2}{n_h} + \sum_h \frac{N_h}{n_h} \sum_{i \in U_h} M_{hi} (M_{hi} - m_{hi}) \frac{S_{hi}^2}{m_{hi}} + \sum_h \frac{N_h}{n_h} \sum_{i \in U_h} \frac{M_{hi}}{m_{hi}} \sum_{j \in U_{hi}} R_{hij} (R_{hij} - r_{hij}) \frac{S_{hij}^2}{r_{hij}} \end{aligned}$$

$$\text{where } S_{hij}^2 = \frac{1}{R_{hij} - 1} \sum_{k \in U_{hij}} (y_{hijk} - \bar{Y}_{hij})^2 \quad \text{with } \bar{Y}_{hij} = \frac{1}{R_{hij}} \sum_{k \in U_{hij}} y_{hijk} = \frac{Y_{hij}}{R_{hij}}$$

$$S_{hi}^2 = \frac{1}{M_{hi} - 1} \sum_{j \in U_{hi}} (Y_{hij} - \bar{Y}_{hi})^2 \quad \text{with } \bar{Y}_{hi} = \frac{1}{M_{hi}} \sum_{j \in U_{hi}} Y_{hij} = \frac{Y_{hi}}{M_{hi}}$$

$$S_h^2 = \frac{1}{N_h - 1} \sum_{i \in U_h} (Y_{hi} - \bar{Y}_h)^2 \quad \text{with } \bar{Y}_h = \frac{1}{N_h} \sum_{i \in U_h} Y_{hi}$$

There are three terms in the variance formula that are important to consider for variance estimation:

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

S_{hij}^2 is the variance of the case values y_{hijk} within month j of agency i since \bar{Y}_{hij} is their population mean.

S_{hi}^2 is the variance of the monthly totals Y_{hij} in the calendar year of agency i if these totals were known for every month in the calendar year. Note that \bar{Y}_{hi} is simply the calendar year mean of these totals for agency i .

S_h^2 is the variance of the totals Y_{hi} over all agencies in stratum h if these totals were known for every agency i in the population. Note that \bar{Y}_h is simply the mean of these totals over all agencies in stratum h .

To obtain an estimate of this variance, each of the terms S_{hij}^2 , S_{hi}^2 and S_h^2 are replaced by their corresponding design-based estimates.

$$\hat{S}_{hij}^2 = \frac{1}{r_{hij} - 1} \sum_{k \in S_{hij}} (y_{hijk} - \hat{Y}_{hij})^2 \quad \text{with} \quad \hat{Y}_{hij} = \frac{1}{r_{hij}} \sum_{k \in S_{hij}} y_{hijk}$$

$$\hat{S}_{hi}^2 = \frac{1}{m_{hi} - 1} \sum_{j \in S_{hi}} (\hat{Y}_{hij} - \hat{Y}_{hi})^2 \quad \text{with} \quad \hat{Y}_{hij} = R_{hij} \hat{Y}_{hi} \quad \text{and} \quad \hat{Y}_{hi} = \frac{1}{m_{hi}} \sum_{j \in S_{hi}} \hat{Y}_{hij}$$

$$\hat{S}_h^2 = \frac{1}{n_h - 1} \sum_{i \in S_h} (\hat{Y}_{hi} - \hat{Y}_h)^2 \quad \text{with} \quad \hat{Y}_{hi} = M_{hi} \hat{Y}_h \quad \text{and} \quad \hat{Y}_h = \frac{1}{n_h} \sum_{i \in S_h} \hat{Y}_{hi}$$

Estimated design-based totals \hat{Y}_{hij} and \hat{Y}_{hi} are produced before calculating their respective means \hat{Y}_{hi} and \hat{Y}_h in the two terms \hat{S}_{hi}^2 and \hat{S}_h^2 . The resulting design-based formula for the estimated variance is the following:

$$V\hat{a}r(\hat{Y}) = \sum_h N_h (N_h - n_h) \frac{\hat{S}_h^2}{n_h} + \sum_h \frac{N_h}{n_h} \sum_{i \in U_h} M_{hi} (M_{hi} - m_{hi}) \frac{\hat{S}_{hi}^2}{m_{hi}} + \sum_h \frac{N_h}{n_h} \sum_{i \in U_h} \frac{M_{hi}}{m_{hi}} \sum_{j \in U_{hi}} R_{hij} (R_{hij} - r_{hij}) \frac{\hat{S}_{hij}^2}{r_{hij}}$$

where

$$\hat{S}_{hij}^2 = \frac{1}{r_{hij} - 1} \sum_{k \in S_{hij}} (y_{hijk} - \hat{Y}_{hij})^2 \quad \text{with} \quad \hat{Y}_{hij} = \frac{1}{r_{hij}} \sum_{k \in S_{hij}} y_{hijk}$$

$$\hat{S}_{hi}^2 = \frac{1}{m_{hi} - 1} \sum_{j \in S_{hi}} (\hat{Y}_{hij} - \hat{Y}_{hi})^2 \quad \text{with} \quad \hat{Y}_{hij} = R_{hij} \hat{Y}_{hi} \quad \text{and} \quad \hat{Y}_{hi} = \frac{1}{m_{hi}} \sum_{j \in S_{hi}} \hat{Y}_{hij}$$

$$\hat{S}_h^2 = \frac{1}{n_h - 1} \sum_{i \in S_h} (\hat{Y}_{hi} - \hat{Y}_h)^2 \quad \text{with} \quad \hat{Y}_{hi} = M_{hi} \hat{Y}_h \quad \text{and} \quad \hat{Y}_h = \frac{1}{n_h} \sum_{i \in S_h} \hat{Y}_{hi}$$

Calibration Weights

Given that the total number of cases R_h for the entire year across all agencies in stratum h is known, this number can be calibrated. The design-based estimate of R_h is given by the following expression:

$$\hat{R}_h = \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} = \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} \frac{N_h}{n_h} \frac{M_{hi}}{m_{hi}} \frac{R_{hij}}{r_{hij}}$$

In general, \hat{R}_h will not equal R_h , this calibration equation is determined to obtain calibration weights

$w_{hijk} = d_{hijk} g_{hijk}$ that satisfy the following:

$$\sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} w_{hijk} = R_h$$

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

The terms g_{hijk} are the adjustment factors or g-weights. It is shown below that these are all the same and equal to R_h/\hat{R}_h . It is clear from the general form of the calibration equation that the auxiliary variable in this case is simply $x_{hijk} = 1$. From the general form of the calibration weights, for each selected case $k \in S_{hij}$, the following is obtained:

$$\begin{aligned}
 w_{hijk} &= d_{hijk} g_{hijk} \\
 &= d_{hijk} \left\{ 1 + (R_h - \hat{R}_h) \left(\sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} \frac{N_h}{n_h} \frac{M_{hi}}{m_{hi}} \frac{R_{hij}}{r_{hij}} x_{hijk} x_{hijk} \right)^{-1} x_{hijk} \right\} \\
 &= d_{hijk} \left\{ 1 + (R_h - \hat{R}_h) \left(\sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} \frac{N_h}{n_h} \frac{M_{hi}}{m_{hi}} \frac{R_{hij}}{r_{hij}} \right)^{-1} \right\} \text{ since } x_{hijk} = 1 \\
 &= d_{hijk} \left\{ 1 + (R_h - \hat{R}_h) (\hat{R}_h)^{-1} \right\} \text{ by definition of } \hat{R}_h \\
 &= d_{hijk} \left\{ \frac{R_h}{\hat{R}_h} \right\}
 \end{aligned}$$

This means $g_{hijk} = R_h/\hat{R}_h$ for each selected case $k \in S_{hij}$. The adjustment factor is the same for every selected case in every month of every selected agency of stratum h .

The Calibration Estimator

The calibration equation is used in the derivation of the properties of the calibration estimator. A linear relationship is assumed between the variable of interest and the auxiliary variable.

$$y_{hijk} = x_{hijk} B_h + e_{hijk} \text{ for each } j \text{ and } k \text{ within a given } h$$

This linear relationship is not necessarily a model. Even though B_h is unknown, it can be regarded as a constant within each stratum h . Therefore, the residuals e_{hijk} are implicitly defined by the above representation through the difference $e_{hijk} = y_{hijk} - x_{hijk} B_h$. We do not need to know these residuals. We just need to know how to estimate them later when we consider the estimated variance of our calibration estimator.

The calibration estimator of the total $Y = \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk}$ is given by the following expression.

$$\begin{aligned}
 \hat{Y}_C &= \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} w_{hijk} y_{hijk} \\
 &= \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} w_{hijk} y_{hijk} \\
 &= \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} w_{hijk} (x_{hijk} B_h + e_{hijk}) \\
 &= \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} w_{hijk} (B_h + e_{hijk}) \\
 &= \sum_h B_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} w_{hijk} + \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} w_{hijk} e_{hijk} \\
 &= \sum_h B_h R_h + \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} w_{hijk} e_{hijk}
 \end{aligned}$$

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

The calibration equation in the above derivation is utilized for the estimator to reflect the calibration property. At this point, $\sum_h B_h R_h$ is a constant since each B_h is constant (although unknown) and R_h is constant and known. The variability in the estimator comes from the second term. This term can be further expanded to examine its properties:

$$\begin{aligned}
 & \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} w_{hijk} e_{hijk} \\
 &= \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} \left(1 + \left(\frac{R_h - \hat{R}_h}{\hat{R}_h} \right) \right) e_{hijk} \quad \text{since } w_{hijk} = d_{hijk} g_{hijk} = d_{hijk} \frac{\hat{R}_h}{R_h} \\
 &= \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk} + \sum_h \left(\frac{R_h - \hat{R}_h}{\hat{R}_h} \right) \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk} \\
 &= \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk} + \sum_h \left(\frac{R_h - \hat{R}_h}{\hat{R}_h} \right) \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} (y_{hijk} - x_{hijk} B_h) \quad \text{since } e_{hijk} = y_{hijk} - x_{hijk} B_h \\
 &= \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk} + \sum_h \left(\frac{R_h - \hat{R}_h}{\hat{R}_h} \right) \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} (y_{hijk} - B_h) \quad \text{since } x_{hijk} = 1 \\
 &= \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk} \\
 & \quad + \sum_h (R_h - \hat{R}_h) \left(\frac{1}{\hat{R}_h} \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} y_{hijk} - \frac{1}{\hat{R}_h} \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} B_h \right) \\
 &= \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk} + \sum_h (R_h - \hat{R}_h) (\hat{B}_h - B_h) \\
 & \quad \text{since } \hat{R}_h = \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} \\
 & \quad \text{and } \hat{B}_h = \left(\sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} x_{hijk} \right)^{-1} \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} y_{hijk} = \frac{1}{\hat{R}_h} \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} y_{hijk}
 \end{aligned}$$

Using this last expression, the estimator \hat{Y} is as follows:

$$\begin{aligned}
 \hat{Y}_C &= \sum_h B_h R_h + \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} w_{hijk} e_{hijk} \\
 &= \sum_h B_h R_h + \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk} + \sum_h (R_h - \hat{R}_h) (\hat{B}_h - B_h)
 \end{aligned}$$

The following observations can be made:

The first term $\sum_h B_h R_h$ is constant, so it has no variability due to sampling.

The middle term, $\sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk}$, has a form similar to the design-based estimator with e_{hijk} replacing y_{hijk} .

The last term, $\sum_h (R_h - \hat{R}_h) (\hat{B}_h - B_h)$, is a sum over the strata of the product of two random variables $(R_h - \hat{R}_h)$ and $(\hat{B}_h - B_h)$. Notably, \hat{R}_h is unbiased for R_h while \hat{B}_h is approximately unbiased for B_h .

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

Therefore, the random variable $(R_h - \hat{R}_h)(\hat{B}_h - B_h)$ will have an expected value close to 0 and the sum $\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)$ will also be close to 0. Furthermore, the random variable $\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)$ will be of lower order (or relatively smaller) than the middle term $\sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk}$ when the sample sizes are sufficiently large.

An approximation to the expected value of the variance is examined.

$$\begin{aligned}
 E(\hat{Y}_C) &= E\left(\sum_h B_h R_h + \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk} + \sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)\right) \\
 &= \sum_h B_h R_h + E\left(\sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk}\right) + E\left(\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)\right) \\
 &= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} e_{hijk} + E\left(\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)\right) \\
 &= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} (y_{hijk} - B_h) + E\left(\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)\right) \\
 &= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} (y_{hijk} - B_h) + E\left(\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)\right) \\
 &= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk} - \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} B_h + E\left(\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)\right) \\
 &= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk} - \sum_h B_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} 1 + E\left(\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)\right) \\
 &= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk} - \sum_h B_h R_h + E\left(\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)\right) \\
 &= \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk} + E\left(\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)\right)
 \end{aligned}$$

This shows that \hat{Y}_C is approximately unbiased for the population total $Y = \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk}$, where the bias is given by the expression $E\left(\sum_h (R_h - \hat{R}_h)(\hat{B}_h - B_h)\right)$. It is expected that this bias is close to 0 or relatively small in large samples. Therefore, this last term can be in the estimator \hat{Y}_C and work with its linearized form \hat{Y}_{Clin} given by the following expression.

$$\hat{Y}_{Clin} = \sum_h B_h R_h + \sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk}$$

The properties of estimator \hat{Y}_{Clin} should be similar to the properties of estimator \hat{Y}_C . \hat{Y}_{Clin} is unbiased for $Y = \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk}$ while \hat{Y}_C has a bias close to 0. It is expected that the variance of \hat{Y}_{Clin} is close to the variance of \hat{Y}_C . Since the first term is constant, the variance of \hat{Y}_{Clin} is simply the variance of

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations (continued)

$\sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk}$. Thus overall: $Var(\hat{Y}_C) \cong Var(\hat{Y}_{Clin}) = Var\left(\sum_h \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} e_{hijk}\right)$. The variance of

\hat{Y}_{Clin} has a familiar design-based look since the formula has the design weights instead of the calibration weights. We simply use e_{hijk} instead of y_{hijk} in the formula shown earlier for the variance of a 3-stage design under simple random sampling at each stage. The terms e_{hijk} are unknown but can be estimated from the sample.

To obtain the variance estimation, the following approach was applied.

In each stratum h , estimate B_h by \hat{B}_h was given by the following expression.

$$\hat{B}_h = \left(\sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} x_{hijk} \right)^{-1} \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} y_{hijk} = \frac{1}{\hat{R}_h} \sum_{i \in S_h} \sum_{j \in S_{hi}} \sum_{k \in S_{hij}} d_{hijk} y_{hijk}$$

In each stratum h , the following estimates of e_{hijk} for all units (cases) k were calculated:

$$\hat{e}_{hijk} = y_{hijk} - x_{hijk} \hat{B}_h$$

In each stratum h , product u_{hijk} for all units (cases) k was calculated:

$$u_{hijk} = g_{hijk} \hat{e}_{hijk} = \frac{R_h}{\hat{R}_h} \hat{e}_{hijk}$$

Now replace y_{hijk} by u_{hijk} in the design-based formula for the estimated variance. Calculate the corresponding components keeping in mind the ideas described earlier on their interpretation. At the end, you will get the required estimate for the variance of the calibration estimator.

To obtain the domain estimation of a total, first, y_{hijk} is replaced by a new domain dependent variable $y_{(d)hijk}$ with the following definition over all units (cases) in the sample.

$$y_{(d)hijk} = \begin{cases} y_{hijk} & \text{if } k \in U_d \\ 0 & \text{if } k \notin U_d \end{cases}$$

Then continue as before to produce the point estimate and the variance estimate.

Sample Error Estimation

Sampling error estimates were produced for annual investigation estimates. The error estimates do not account for any errors in determining the design and calibration weights, nor do they account for any other non-sampling errors that may occur, such as inconsistency or inadequacies in administrative procedures from agency to agency. The error estimates also cannot account for any variations due to seasonal effects. The accuracy of the annual estimates depends on the extent to which the sampling period is representative of the whole year.

Case Duplication

Although cases reported more than once during the three-month case sampling period were unduplicated, the weights used for FN/CIS-2019 annual estimates include an unknown number of "duplicate" cases, i.e.

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

children or families reported and opened for investigation two or more times during the year. Although each investigation represents a new incident of maltreatment, confusion arises if these investigations are taken to represent an unduplicated count of children. To avoid such confusion, the FN/CIS-2019 uses the term "child investigations" rather than "investigated children".

An estimate of how often maltreated children will be counted more than once can be derived from those jurisdictions that maintain separate investigation-based and child-based counts. The U.S. National Child Abuse and Neglect Data System (NCANDS), reports that for substantiated cases of child maltreatment, the six-month recurrence rate during 2016 was 5.1 per cent⁵. In a 12 month follow-up with 30 Ontario agencies, there was a 15.40% recurrence rate after an investigation closed⁶.

⁵ <https://www.acf.hhs.gov/sites/default/files/cb/cwo2016.pdf>

⁶ OCANDS 2013-2014, <http://www.oacas.org/wp-content/uploads/2016/08/Fact-Sheet-Service-Recurrence-SPI-4-and-5-FINAL-March-2016.pdf>

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present)

The following tables were created by the project team based on active agency lists that were provided to us by the FNCFS program at ISC. Agencies marked with an asterisk represent provincial (non-delegated) agencies.

Table D-1. List of provincial/delegated agencies in **Alberta** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|---|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Akamihk Child and Family Service Society | X | X | X | X | X | X | X | X | ✓ |
| Akamispatinaw Ohpikihawasowin Association (AKO) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X |
| Asikiw Mostos O'pikihawasin Society | X | X | X | X | X | X | X | X | ✓ |
| Athabasca Tribal Council Limited | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Bigstone Cree Nation Child & Family Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Blood Band | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kasohkewew Child & Wellness Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| KTC Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lesser Slave Lake Indian Regional Council | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Little Red River Cree Nation Mamawi Awasis Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mamowe Opikihawasowin Tribal Chief Child & Family Services West Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Minister of Finance* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| North Peace Tribal Council Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Piikani Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Saddle Lake Band | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Siksika Family Services Corporation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Stoney Nakoda Child & Family Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tribal Chief Child & Family Services Society East | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tsui T'ina Nation Child & Family Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Western Cree Tribal Council – Child, Youth & Family Enhancement Agency | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Whitefish Lake CFS | X | X | X | X | X | X | X | X | ✓ |
| Yellowhead Tribal Services Agency | ✓ | X | X | X | X | X | X | X | X |

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) (continued)

Table D-2. List of provincial/delegated agencies in **British Columbia** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 |
| Carrier Sekani Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Denisiqi Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Fraser Valley Aboriginal Children And Family Services Society (VACFSS) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Gitxsan Child and Family Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Heiltsuk Kaxla Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Knucwentwecw Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ktunaxa/Kinbasket Child and Family Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kwumut Lelum Child and Family Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lalum'utul'Smun'eem Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nezul Be Hunuyeh Child and Family Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nil/Tuo Child and Family Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nlha'7 Kapmx Child and Family Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Northwest Inter-Nation Family and Community Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Scw'Exmx Child and Family Services Society | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Secwepemc Child and Family Services Agency | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Spallumcheen Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Usma Nuu-chah-nulth Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ministry of Child and Family Development* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) (continued)

Table D-3. List of provincial/delegated agencies in **Manitoba** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|---|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Anishinaabe Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Awasis Agency of Northern Manitoba | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Cree Nation Child and Family Caring Agency | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dakota Ojibway Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Intertribal Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Island Lake First Nations Family Services | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kinonje Abinonjiag Nigan Inc. | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✓ |
| Kinosao Sipi Minisowin Agency | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nikan Awasisak Agency | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nisichawayasihk Cree Nation Family and Community Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Opaskwayak Cree Nation Child and Family Services Agency | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Peguis Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sagkeeng Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sandy Bay Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Southeast Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| West Region Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) (continued)

Table D-4. List of provincial/delegated agencies in **New Brunswick** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 |
| 4-Directions Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✗ | ✗ |
| Eel Ground Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✗ | ✗ |
| Eel River Bar Child & Family Services ¹ | ✓ | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✓ | ✓ |
| Elsipogtog Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Esgenoopetitj Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kingsclear Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mig'maq Child and Family Services of NB | ✗ | ✗ | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ |
| Oromocto Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Province of New Brunswick - Social Development* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| St. Mary's Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Woodstock Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

¹ Merged with 4-Directions CFS and Eel Ground CFS to start Mig'maq CFS of NB starting in 2018-2019 and then un-merged in 2020-2021 to present.

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) (continued)

Table D-5. List of provincial/delegated agencies in **Newfoundland & Labrador** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 |
| Miawpukek Family & Children's Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Province of Newfoundland & Labrador Child & Family Services* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Table D-6. List of provincial/delegated agencies in **Nova Scotia** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|---|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 |
| Mi'kmaw Family & Children's Services of Nova Scotia | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Table D-7. List of provincial/delegated agencies in **PEI** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|----------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 |
| Mi'kmaq Confederacy of PEI | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) (continued)

Table D-8. List of provincial/delegated agencies in **Ontario** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|--|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Akwesasne Child and Family Services - Ontario | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Anishinaabe Abinoojii Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dilico Anishinabek Family Care | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dnaagdawenmag Binnoojiiyag Child and Family Services | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ |
| Kina Gbezhgomi Child and Family Services | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kunuwanimano Child and Family Services | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Native Child and Family Services of Toronto | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Niijaansinaanik Child and Family Services | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✓ |
| Nogdawindamin Family and Community Services | ✗ | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ogwadeni:deo | ✗ | ✗ | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ |
| Payukotayno James & Hudson Bay Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tikinagan Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Weechi-It-Te-Win Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Brant Family and Children's Services* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Bruce Grey Child and Family Services* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Catholic Children's Aid Society of Hamilton* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Catholic Children's Aid Society of Toronto* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Chatham-Kent Children's Services* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Children's Aid Society London & Middlesex* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Children's Aid Society Nipissing & Parry Sound* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Children's Aid Society of Algoma* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Children's Aid Society of Oxford County* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Children's Aid Society of Simcoe County* | ✓ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Children's Aid Society of Toronto* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Dufferin Child & Family Services* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Durham Children's Aid Society* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

(continued on following page)

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) (continued)

Table D-8. List of provincial/delegated agencies in **Ontario** that are funded by ISC under the FNCFS program (FY2013-2014 to present) (continued)

| CFS Agency | 2013-2014 | 2014-2015 | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 | 2019-2020 | 2020-2021 | 2021-2022 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Family & Children's Services of Renfrew County* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family & Children's Services of St. Thomas and Elgin County* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family and Children's Services Niagara* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family and Children's Services of Frontenac, Lennox and Addington* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family and Children's Services of Guelph and Wellington County* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family and Children's Services of Lanark, Leeds and Grenville* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family and Children's Services of the Waterloo Region* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family, Youth, and Child Services of Muskoka* | ✓ | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ |
| Halton Children's Aid Society* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Highland Shores Children's Aid Society* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Huron-Perth Children's Aid Society* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Jewish Family & Child Services* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kawartha-Haliburton Children's Aid Society* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kenora-Rainy River Districts Child & Family Services* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| North Eastern Ontario Family and Children's Services* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Peel Children's Aid Society* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sarnia-Lambton Children's Aid Society* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Simcoe Muskoka Child, Youth Family Services* | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| The Children's Aid Society of Haldimand and Norfolk* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| The Children's Aid Society of Hamilton* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| The Children's Aid Society of Ottawa* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| The Children's Aid Society of the District of Thunder Bay* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| The Children's Aid Society of the Districts of Sudbury and Manitoulin* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| The Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Valoris For Children and Adults of Prescott-Russell* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Windsor-Essex Children's Aid Society* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| York Region Children's Aid Society* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) (continued)

Table D-9. List of provincial/delegated agencies in **Quebec** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|---|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Akwesasne Child and Family Services - Quebec | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Bande des Atikamekw d'Opitciwan | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Centre Jeunesse Abitibi-Témisgamingue* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Centre Jeunesse de l'Outaouais* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Centre Jeunesse des Laurentides* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Conseil de la Nation Atikamekw (CNA) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Conseil de la Première Nation des Innus Essipit | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Conseil des Innus de Pessamit | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Conseil des Montagnais de Natashquan | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Conseil des Montagnais du Lac St-Jean | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Grand Conseil Nation Waban-Aki inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Innu Takuaikan Uashat Mak Mani Utenam | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Kitigan Zibi Anishinabeg Nation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Le Regroupement Mamit-Innuat inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Listuguj Mi'gmaq Government | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Micmacs of Gesgapegiag | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mino Obigiwasin Services Enfance & Famille | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✓ |
| Mohawk Council of Kahnawake | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nation Huronne Wendat | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nation Innue Matitimekush-Lac-John | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) (continued)

Table D-10. List of provincial/delegated agencies in **Saskatchewan** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|---|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Agency Chiefs Child and Family Services Corp. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ahtahkakoop Child and Family Services Incorporated | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Awasisak Nikan | ✓ | ✗ | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ |
| Kanaweyimik Child & Family Services Inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Keyanow Child and Family Centre Inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lac La Ronge Indian Band Child & Family Services Agency Inc | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mistahi Sipiy Child and Family Services | ✓ | ✗ | ✗ | ✗ | ✗ | ✗ | ✗ | ✓ | ✓ |
| MLTC Child & Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Montreal Lake Child and Family Agency | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nechapanuk Centre Child and Family Services Inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Onion Lake Family Services Inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Peter Ballantyne Child & Family Services Inc | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| QBOW Child and Family Services Inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| STC Health & Family Services Inc | ✓ | ✓ | ✓ | ✓ | ✗ | ✗ | ✗ | ✗ | ✓ |
| Sturgeon Lake Child and Family Services Inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Touchwood Child and Family Services Inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Wahkotowin Child and Family Services Inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Yorkton Tribal Council Child and Family Services | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Yuthe Dene Sekwi Chu L A Koe Betsedi Inc. | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Ministry of Social Services* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Table D-11. List of provincial/delegated agencies in the **Yukon** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

| CFS Agency | Years funded by ISC under the FNCFS Program (FY2013-2014 to present) | | | | | | | | |
|---------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Government of Yukon | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present)

The following tables were created by the project team based on First Nations bands lists that were provided to us by the FNCFS program at ISC. Agencies in dark blue represent provincial (non-delegated) agencies

Table E-1. List of First Nations bands and associated agencies in Alberta (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | |
|----------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Louis Bull | Akamkispitinaw Ohpikihawasowin Association (AKO) Akamihk Child and Family Service Society | | | | | | | | Asikiw Mostos O'pikihawasin Society |
| Montana | | | | | | | | | Akamihk Child and Family Service Society |
| Athabasca Chipewyan First Nation | Athabasca Tribal Council Limited | | | | | | | | |
| Chipewyan Prairie First Nation | | | | | | | | | |
| Fort McKay First Nation | | | | | | | | | |
| Fort McMurray First Nation | | | | | | | | | |
| Mikisew Cree First Nation | | | | | | | | | |
| Bigstone Cree Nation | | | | | | | | | |
| Blood | Blood Band | | | | | | | | |
| Samson | Kasohkewew Child & Wellness Society | | | | | | | | |
| Loon River Cree | KTC Child & Family Services | | | | | | | | |
| Lubicon Lake | | | | | | | | | |
| Peerless Trout First Nation | | | | | | | | | |
| Woodland Cree First Nation | | | | | | | | | |
| Whitefish Lake | KTC Child & Family Services | | | | | | | | Whitefish Lake CFS |
| Driftpile Cree Nation | Lesser Slave Lake Indian Regional Council | | | | | | | | |
| Kapawe'no First Nation | | | | | | | | | |
| Sawridge First Nation | | | | | | | | | |
| Sucker Creek | | | | | | | | | |
| Swan River First Nation | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-1. List of First Nations bands and associated agencies in **Alberta** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Little Red River Cree Nation | Little Red River Cree Nation Mamawi Awasis Society | | | | | | | | |
| Beaver Lake Cree Nation | Mamowe Opikihawasowin Tribal Chief Child & Family Services West Society | | | | | | | | |
| Heart Lake | | | | | | | | | |
| Alexander | | | | | | | | | |
| Alexis Nakota Sioux Nation | | | | | | | | | |
| Cold Lake First Nation | Minister of Finance | | | | | | | | |
| Enoch Cree | | | | | | | | | |
| Ermineskin Tribe | | | | | | | | | |
| O'Chiese | | | | | | | | | |
| Paul | | | | | | | | | |
| Smith's Landing First Nation | | | | | | | | | |
| Sunchild First Nation | | | | | | | | | |
| Beaver First Nation | North Peace Tribal Council Child & Family Services | | | | | | | | |
| Dene Tha' | | | | | | | | | |
| Tallcree Tribal Government | | | | | | | | | |
| Piikani Nation | Piikani Child & Family Services | | | | | | | | |
| Saddle Lake Cree Nation | Saddle Lake Band | | | | | | | | |
| Siksika Nation | Siksika Family Services Corporation | | | | | | | | |
| Bearspaw | Stoney Nakoda Child & Family Services Society | | | | | | | | |
| Chiniki | | | | | | | | | |
| Stoney | | | | | | | | | |
| Wesley | | | | | | | | | |
| Frog Lake | Tribal Chief Child & Family Services Agency East | | | | | | | | |
| Kehewin Cree Nation | | | | | | | | | |
| Tsuut'ina Nation | Tsuu T'ina Nation Child & Family Services Society | | | | | | | | |
| Duncan's First Nation | Western Cree Tribal Council – Child, Youth & Family Enhancement Agency | | | | | | | | |
| Horse Lake First Nation | | | | | | | | | |
| Sturgeon Lake Cree Nation | | | | | | | | | |

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--------------------------------|--|--|--|--|--|--|--|--|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 | | | | | | | | | |
| Squamish | Ayas Men Men Child and Family Services | | | | | | | | | | | | | | | | | |
| Lake Babine Nation | | | | | | | | | | | | | | | | | | |
| Takla Nation | | | | | | | | | | | | | | | | | | |
| Nadleh Whuten | | | | | | | | | | | | | | | | | | |
| Stellat'en First Nation | | | | | | | | | | | | | | | | | | |
| Burns Lake | | | | | | | | | | | | | | | | | | |
| Cheslatta Carrier Nation | | | | | | | | | | Carrier Sekani Family Services | | | | | | | | |
| Saik'uz First Nation | | | | | | | | | | | | | | | | | | |
| Wet'suwet'en First Nation | | | | | | | | | | | | | | | | | | |
| Nee-Tahi-Buhn | | | | | | | | | | | | | | | | | | |
| Yekooche First Nation | | | | | | | | | | | | | | | | | | |
| Skin Tyee | | | | | | | | | | | | | | | | | | |
| Xeni Gwet'in First Nations Government | | | | | | | | | | | | | | | | | | |
| ?Esdilagh First Nation | | | | | | | | | | | | | | | | | | |
| Tsideldel First Nation | | | | | | | | | | Denisiqi Services Society | | | | | | | | |
| Yunesit'in Government | | | | | | | | | | | | | | | | | | |
| Ulkatcho | | | | | | | | | | | | | | | | | | |
| Toosey | | | | | | | | | | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|----------------------------|---|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Aitchelitz | Fraser Valley Aboriginal Children and Family Services Society (FVACFSS) | | | | | | | | |
| Kwantlen First Nation | | | | | | | | | |
| Shxwhá:y Village | | | | | | | | | |
| Skowkale | | | | | | | | | |
| Soowahlie | | | | | | | | | |
| Skwah | | | | | | | | | |
| Squiala First Nation | | | | | | | | | |
| Tzeachten | | | | | | | | | |
| Yakweakwoose | | | | | | | | | |
| Sumas First Nation | | | | | | | | | |
| Leq'á:mel First Nation | | | | | | | | | |
| Shxw'ow'hamel First Nation | | | | | | | | | |
| Skawahlook First Nation | | | | | | | | | |
| Chawathil | | | | | | | | | |
| Cheam | | | | | | | | | |
| Popkum First Nation | | | | | | | | | |
| Matsqui First Nation | Ministry of Child and Family Development | Fraser Valley Aboriginal Children and Family Services Society (FVACFSS) | | | | | | | |
| Yale First Nation | Ministry of Child and Family Development | Fraser Valley Aboriginal Children and Family Services Society (FVACFSS) | | | | | | | |
| Kispiox | Gitxsan Child and Family Services Society | | | | | | | | |
| Gitsegukla | | | | | | | | | |
| Gitwangak | | | | | | | | | |
| Gitanyow | | | | | | | | | |
| Glen Vowell | Heiltsuk Kaxla Society | | | | | | | | |
| Heiltsuk | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) *(continued)*

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|----------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Canim Lake | Knuwewtwekw Society | | | | | | | | |
| Soda Creek | | | | | | | | | |
| Williams Lake First Nation | | | | | | | | | |
| Stswecem'c Xgat'tem First Nation | | | | | | | | | |
| ?aqam | Ktunaxa/Kinbasket Child and Family Services Society | | | | | | | | |
| Tobacco Plains | | | | | | | | | |
| ?Akisq'nuk First Nation | | | | | | | | | |
| Shuswap | | | | | | | | | |
| Lower Kootenay | Kwumut Lelum Child and Family Services Society | | | | | | | | |
| Ts'uubaa-asatx | | | | | | | | | |
| Stz'uminus First Nation | | | | | | | | | |
| Halalt | | | | | | | | | |
| Lyackson | | | | | | | | | |
| Malahat Nation | | | | | | | | | |
| Snuneymuxw First Nation | | | | | | | | | |
| Nanoose First Nation | | | | | | | | | |
| Penelakut Tribe | | | | | | | | | |
| Qualicum First Nation | Lalum'utul'Smun'eem Child and Family Services | | | | | | | | |
| Cowichan | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|-----------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|
| Witset First Nation | | | | | | | | | |
| Gitanmaax | | | | | | | | | |
| Hagwilget First Nation Government | | | | | | | | | |
| Nuxalk Nation | | | | | | | | | |
| Kitasoo | | | | | | | | | |
| Wuikinuxv Nation | | | | | | | | | |
| Saulteau First Nations | | | | | | | | | |
| Fort Nelson First Nation | | | | | | | | | |
| Prophet River First Nation | | | | | | | | | |
| West Moberly First Nations | | | | | | | | | |
| Halfway River First Nation | | | | | | | | | |
| Blueberry River First Nation | | | | | | | | | |
| Doig River First Nation | | | | | | | | | |
| Tsleil-Waututh Nation | | | | | | | | | |
| Musqueam | | | | | | | | | |
| Sechelt | | | | | | | | | |
| Homalco | | | | | | | | | |
| Klahoose First Nation | | | | | | | | | |
| Tla'amin Nation | | | | | | | | | |
| N'Quatqua | | | | | | | | | |
| Lil'wat Nation | | | | | | | | | |
| Sts'ailes | | | | | | | | | |
| Kwikwetlem First Nation | | | | | | | | | |
| Douglas | | | | | | | | | |
| Skatin Nations | | | | | | | | | Ministry of Child and Family Development |
| Katzie | | | | | | | | | |
| New Westminster | | | | | | | | | |
| Samahquam | | | | | | | | | |
| Sq'ewlets | | | | | | | | | |
| Semiahmoo | | | | | | | | | |
| Kwaw-kwaw-Aplit | | | | | | | | | |
| Seabird Island | | | | | | | | | |
| Peters First Nation | | | | | | | | | |
| Tsawwassen First Nation | | | | | | | | | |
| Union Bar First Nation | | | | | | | | | |
| Bridge River | | | | | | | | | |
| Cayoose Creek | | | | | | | | | |
| Xaxli'p | | | | | | | | | |
| T'it'q'et | | | | | | | | | |
| Ts'kw'aylaxw First Nation | | | | | | | | | |
| Tsal'alh | | | | | | | | | |
| Osoyoos | | | | | | | | | |
| Penticton | | | | | | | | | |
| Lower Similkameen | | | | | | | | | |
| Upper Similkameen | | | | | | | | | |
| Westbank First Nation | | | | | | | | | |
| Tsay Keh Dene | | | | | | | | | |
| Kwadacha | | | | | | | | | |
| Lheidli T'enneh | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|----------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Okanagan | | | | | | | | | |
| McLeod Lake | | | | | | | | | |
| Campbell River | | | | | | | | | |
| Cape Mudge | | | | | | | | | |
| K'ómoks First Nation | | | | | | | | | |
| Kwikwasut'inuxw Haxwa'mis | | | | | | | | | |
| Kwakiutl | | | | | | | | | |
| Gwawaenuk Tribe | | | | | | | | | |
| Kwiakah | | | | | | | | | |
| Mamalilikulla First Nation | | | | | | | | | |
| Namgis First Nation | | | | | | | | | |
| Tlatlasikwala | | | | | | | | | |
| Quatsino | | | | | | | | | |
| Da'naxda'xw First Nation | | | | | | | | | |
| Tlowitsis Tribe | | | | | | | | | |
| Esquimalt | | | | | | | | | |
| Pacheedaht First Nation | | | | | | | | | |
| Nisga'a Village of Gingolx | | | | | | | | | |
| Nisga'a Village of New Aiyansh | | | | | | | | | |
| Nisga'a Village of Laxgalt'sap | | | | | | | | | |
| Nisga'a Village of Gitwinksihlkw | | | | | | | | | |
| Ashcroft | | | | | | | | | |
| Little Shuswap Lake | | | | | | | | | |
| Oregon Jack Creek | | | | | | | | | |
| Boothroyd | | | | | | | | | |
| Boston Bar First Nation | | | | | | | | | |
| High Bar | | | | | | | | | |
| Spuzzum | | | | | | | | | |
| Esk'etemc | | | | | | | | | |
| Lhtako Dene Nation | | | | | | | | | |
| Nazko First Nation | | | | | | | | | |
| Lhoosk'uz Dene Nation | | | | | | | | | |
| Gwa'Sala-Nakwaxda'xw | | | | | | | | | |

Ministry of Child and Family Development

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|----------------------------|--|-----------|-----------|--|-----------|-----------|-----------|--|-----------|
| Dzawada'enuxw First Nation | No formal agreement with an agency | | | Ministry of Child and Family Development | | | | | |
| Tahltan | Northwest Inter-Nation Family and Community Services Society | | | | | | | | |
| Iskut | | | | | | | | | |
| Tl'etinqox Government | Denisiqi Services Society | | | | | | | | |
| Nak'azdli Whut'en | Nezul Be Hunuyeh Child and Family Services Society | | | | | | | | |
| Tl'azt'en Nation | | | | | | | | | |
| Binche Whut'en | No formal agreement with an agency | | | | | | | Nezul Be Hunuyeh Child and Family Services Society | |
| Beecher Bay | Nil/Tuo Child and Family Services Society | | | | | | | | |
| Pauquachin | | | | | | | | | |
| Tsartlip | | | | | | | | | |
| Tsawout First Nation | | | | | | | | | |
| Tseycum | | | | | | | | | |
| Songhees Nation | | | | | | | | | |
| T'Sou-ke First Nation | | | | | | | | | |
| Cook's Ferry | Nlha'7 Kapmx Child and Family Services Society | | | | | | | | |
| Kanaka Bar | | | | | | | | | |
| Lytton | | | | | | | | | |
| Siska | | | | | | | | | |
| Skuppah | | | | | | | | | |
| Nicomen | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) *(continued)*

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|--------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Gitxaala Nation | Northwest Inter-Nation Family and Community Services Society | | | | | | | | |
| Metlakatla First Nation | | | | | | | | | |
| Lax Kw'alaams | | | | | | | | | |
| Gitga'at First Nation | | | | | | | | | |
| Haisla Nation | | | | | | | | | |
| Kitselas | | | | | | | | | |
| Kitsumkalum | | | | | | | | | |
| Coldwater | Scw'Exmx Child and Family Services Society | | | | | | | | |
| Lower Nicola | | | | | | | | | |
| Upper Nicola | | | | | | | | | |
| Shackan | | | | | | | | | |
| Nooaitch | Secwepemc Child & Family Services Agency | | | | | | | | |
| Adams Lake | | | | | | | | | |
| Bonaparte First Nation | | | | | | | | | |
| Skeetchestn | | | | | | | | | |
| Tk'emlúps te Secwépemc | | | | | | | | | |
| Neskonlith | | | | | | | | | |
| Simpcw First Nation | | | | | | | | | |
| Whispering Pines/Clinton | Spallumcheen Child and Family Services | | | | | | | | |
| Splatsin | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|--|---|-----------|-----------|-----------|-----------|-----------|------------------------------------|-----------|-----------|
| Mowachaht/Muchalaht | Usma Nuu-chah-nulth Child and Family Services | | | | | | | | |
| Ahousaht | | | | | | | | | |
| Tla-o-qui-aht First Nations | | | | | | | | | |
| Hesquiaht | | | | | | | | | |
| Ditidaht | | | | | | | | | |
| Huu-ay-aht First Nations | | | | | | | | | |
| Hupacasath First Nation | | | | | | | | | |
| Tseshaht | | | | | | | | | |
| Toquaht | | | | | | | | | |
| Uchucklesaht | | | | | | | | | |
| Ucluelet First Nation | | | | | | | | | |
| Ka:'yu:'k't'h'/Che:k:tlles7et'h' First Nations | | | | | | | | | |
| Nuchatlaht | | | | | | | | | |
| Ehattesaht | | | | | | | | | |
| Old Massett Village Council | Ministry of Child and Family Development | | | | | | No formal agreement with an agency | | |
| Skidegate | | | | | | | | | |

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-3. List of First Nations bands and associated agencies in **Manitoba** (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Lake Manitoba | Anishinaabe Child and Family Services | | | | | | | | |
| Pinaymootang First Nation | | | | | | | | | |
| Little Saskatchewan | | | | | | | | | |
| Lake St. Martin | | | | | | | | | |
| Dauphin River | | | | | | | | | |
| God's Lake First Nation | Awasis Agency of Northern Manitoba | | | | | | | | |
| Bunibonibee Cree Nation | | | | | | | | | |
| Manto Sipi Cree Nation | | | | | | | | | |
| Sayisi Dene First Nation | | | | | | | | | |
| York Factory First Nation | | | | | | | | | |
| Fox Lake | | | | | | | | | |
| Tataskweyak Cree Nation | | | | | | | | | |
| Shamattawa First Nation | | | | | | | | | |
| Barren Lands | | | | | | | | | |
| Northlands Denesuline First Nation | | | | | | | | | |
| War Lake First Nation | | | | | | | | | |
| Wuskwi Sipihk First Nation | Cree Nation Child and Family Caring Agency | | | | | | | | |
| Marcel Colomb First Nation | | | | | | | | | |
| Chemawawin Cree Nation | | | | | | | | | |
| Misipawistik Cree Nation | | | | | | | | | |
| Mathias Colomb | | | | | | | | | |
| Mosakahiken Cree Nation | | | | | | | | | |
| Sapotaweyak Cree Nation | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-3. List of First Nations bands and associated agencies in **Manitoba** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|---|---|-----------|-----------|--|-----------|-----------|-----------|-----------|---------------------------------|
| Roseau River Anishinabe First Nation Government | Dakota Ojibway Child and Family Services | | | | | | | | |
| Birdtail Sioux | | | | | | | | | |
| Long Plain | | | | | | | | | |
| Dakota Plains | | | | | | | | | |
| Canupawakpa Dakota First Nation | | | | | | | | | |
| Sioux Valley Dakota Nation | | | | | | | | | |
| Swan Lake | | | | | | | | | |
| Fisher River | Intertribal Child and Family Services | | | | | | | | |
| Kinonjeoshtegon First Nation | Intertribal Child and Family Services | | | | | | | | Kinonje Abinoonjiiag Nigan Inc. |
| Dakota Tipi | Intertribal Child and Family Services | | | Dakota Ojibway Child and Family Services | | | | | |
| Garden Hill First Nations | Island Lake First Nations Family Services | | | | | | | | |
| St. Theresa Point | | | | | | | | | |
| Wasagamack First Nation | | | | | | | | | |
| Red Sucker Lake | | | | | | | | | |
| Norway House Cree Nation | Kinosao Sipi Minisowin Agency | | | | | | | | |
| Cross Lake Band of Indians | Nikan Awasisak Agency | | | | | | | | |
| Nisichawayasihk Cree Nation | Nisichawayasihk Cree Nation Family and Community Services | | | | | | | | |
| O-Pipon-Na-Piwin Cree Nation | | | | | | | | | |
| Opaskwayak Cree Nation | Opaskwayak Cree Nation Child and Family Services | | | | | | | | |
| Peguis | Peguis Child and Family Services | | | | | | | | |
| Fort Alexander | Sagkeeng Child and Family Services | | | | | | | | |
| Sandy Bay | Sandy Bay Child and Family Services | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-3. List of First Nations bands and associated agencies in **Manitoba** (FY2013–2014 to present) *(continued)*

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|---|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Black River First Nation | Southeast Child and Family Services | | | | | | | | |
| Brokenhead Ojibway Nation | | | | | | | | | |
| Hollow Water | | | | | | | | | |
| Buffalo Point First Nation | | | | | | | | | |
| Berens River | | | | | | | | | |
| Bloodvein | | | | | | | | | |
| Little Grand Rapids | | | | | | | | | |
| Poplar First River Nation | | | | | | | | | |
| Pauingassi First Nation | | | | | | | | | |
| O-Chi-Chak-Ko-Sipi First Nation | | | | | | | | | |
| Ebb and Flow | | | | | | | | | |
| Skownan First Nation | | | | | | | | | |
| Pine Creek | | | | | | | | | |
| Waywayseecappo First Nation Treaty Four – 1874 | | | | | | | | | |
| Keeseekoowenin | | | | | | | | | |
| Rolling River | | | | | | | | | |
| Tootinaowaziibeeng Treaty Reserve | | | | | | | | | |
| Gambler First Nation | | | | | | | | | |

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-4. List of First Nations bands and associated agencies in **New Brunswick** (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | |
|---------------------------------|--|-----------|-----------|-----------|---------------------------------------|---------------------------------------|---------------------------------------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Buctouche MicMac | 4-Directions Child & Family Services | | | | | Mi'gmaq Child & Family Services of NB | | | |
| Fort Folly | | | | | | | | | |
| Indian Island | | | | | | | | | |
| Metepenagiag Mi'kmaq Nation | | | | | | | | | |
| Pabineau | | | | | | | | | |
| Eel Ground | Eel Ground Child & Family Services | | | | | | | | |
| Eel River Bar First Nation | Eel River Bar Child & Family Services | | | | Mi'gmaq Child & Family Services of NB | | Eel River Bar Child & Family Services | | |
| Elsipogtog First Nation | Elsipogtog Child & Family Services | | | | | | | | |
| Esgenoopetitj First Nation | Esgenoopetitj Child & Family Services | | | | | | | | |
| Kingsclear | Kingsclear Child & Family Services | | | | | | | | |
| Oromocto First Nation | Oromocto Child & Family Services | | | | | | | | |
| Madawaska Maliseet First Nation | Province of New Brunswick – Social Development | | | | | | | | |
| Tobique | | | | | | | | | |
| Saint Mary's | St. Mary's Child & Family Services | | | | | | | | |
| Woodstock | Woodstock Child & Family Services | | | | | | | | |

Table E-5. List of First Nations bands and associated agencies in **Newfoundland & Labrador** (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | |
|-------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Mushuau Innu First Nations | Province of Newfoundland & Labrador Child & Family Services | | | | | | | | |
| Sheshatshiu Innu First Nation | | | | | | | | | |
| Miawpukek | Miawpukek Family & Childrens Services | | | | | | | | |

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-6. List of First Nations bands and associated agencies in **Nova Scotia** (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | |
|-------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Acadia | Mi'kmaw Family & Children's Services of Nova Scotia | | | | | | | | |
| Paqtnkek Mi'kmaw Nation | | | | | | | | | |
| Annapolis Valley | | | | | | | | | |
| Bear River | | | | | | | | | |
| Potlotek First Nation | | | | | | | | | |
| Eskasoni | | | | | | | | | |
| Pictou Landing | | | | | | | | | |
| Sipekne'katik | | | | | | | | | |
| Membertou | | | | | | | | | |
| Millbrook | | | | | | | | | |
| Wagmatcook | | | | | | | | | |
| We'koqma'q First Nation | | | | | | | | | |
| Glooscap First Nation | | | | | | | | | |

Table E-7. List of First Nations bands and associated agencies in **PEI** (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | |
|--------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Abegweit | Mi'kmaq Confederacy of PEI | | | | | | | | |
| Lennox Island | | | | | | | | | |

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | |
|----------------------------------|--|-----------|-----------|-----------|-----------|--------------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Niisaachewan Anishinaabe Nation | Anishinaabe Abinoojii Family Services | | | | | | | | |
| Eagle Lake | | | | | | | | | |
| Grassy Narrows First Nation | | | | | | | | | |
| Wabaseemoong Independent Nations | | | | | | | | | |
| Northwest Angle No.33 | | | | | | | | | |
| Anishinabe of Wauzhushk Onigum | | | | | | | | | |
| Shoal Lake No.40 | | | | | | | | | |
| Wabauskang First Nation | | | | | | | | | |
| Wabigoon Lake Ojibway Nation | | | | | | | | | |
| Naotkamegwanning | | | | | | | | | |
| Washagamis Bay | | | | | | | | | |
| Mississaugas of the Credit | | | | | | | | | |
| Six Nations of the Grand River | | | | | | | | | |
| Bay of Quinte Mohawk | Brant Family and Children's Services | | | | | Ogwadeni:Deo | | | |
| Tuscarora | | | | | | | | | |
| Oneida | | | | | | | | | |
| Onondaga Clear Sky | | | | | | | | | |
| Bearfoot Onondaga | | | | | | | | | |
| Upper Cayuga | | | | | | | | | |
| Lower Cayuga | | | | | | | | | |
| Konadaha Seneca | | | | | | | | | |
| Niharondasa Seneca | | | | | | | | | |
| Delaware | | | | | | | | | |
| Lower Mohawk | | | | | | | | | |
| Walker Mohawk | | | | | | | | | |
| Upper Mohawk | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|--------------------------------------|--|-----------|---|--|-----------|---|--|-----------|--|
| Chippewas of Nawash First Nation | Bruce Grey Child and Family Services | | | | | | | | |
| Saugeen | | | | | | | | | |
| Moravian of the Thames | Chatham-Kent Children's Services | | | | | | | | |
| Chippewas of the Thames First Nation | Children's Aid Society London & Middlesex | | | | | | | | |
| Munsee-Delaware Nation | | | | | | | | | |
| Oneida Nation of the Thames | | | | | | | | | |
| Wasauksing First Nation | Children's Aid Society Nipissing & Parry Sound | | | | | | | | Nijaansinaanik Child and Family Services |
| Shawanaga First Nation | | | | | | | | | |
| Magnetawan | | | | | | | | | |
| Dokis | | | | | | | | | |
| Henvey Inlet First Nation | | | | | | | | | |
| Nipissing First Nation | Children's Aid Society Nipissing & Parry Sound | | | | | | | | |
| Temagami First Nation | | | | | | | | | |
| Sagamok Anishnawbek | Children's Aid Society of Algoma | | | Children's Aid Society of Sudbury and Manitoulin | | Nogdawindamin Family and Community Services | | | |
| Batchewana First Nation | Children's Aid Society of Algoma | | | | | | | | |
| Garden River First Nation | | | | | | | | | |
| Mississauga | | | | | | | | | |
| Serpent River | | | | | | | | | |
| Thessalon | | | | | | | | | |
| Michipicoten | Children's Aid Society of Algoma | | | Dilico Anishinabek Family Care | | | | | |
| Chippewas of Rama First Nation | Children's Aid Society of Simcoe County | | Simcoe Muskoka Child, Youth Family Services | | | | Dnaagdawenmag Binnoojiiyag Child and Family Services | | |
| Beausoleil | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|---|--|---|-----------|---------------------------------------|-----------|--|--|-----------|-----------|
| Long Lake No.58 First Nation | Dilico Anishinabek Family Care | | | | | | | | |
| Ginoogaming First Nation | | | | | | | | | |
| Fort William | | | | | | | | | |
| Gull Bay | | | | | | | | | |
| Whitesand | | | | | | | | | |
| Pays Plat | | | | | | | | | |
| Biigtigong Nishnaabeg | | | | | | | | | |
| Red Rock | | | | | | | | | |
| Pic Mobert | | | | | | | | | |
| Biinjitiwaabik Zaaging Anishinaabek | | | | | | | | | |
| Mississaugas of Scugog Island First Nation | Durham Children's Aid Society | | | | | | Dnaagdawenmag Binnoojiiyag Child and Family Services | | |
| Algonquins of Pikwakanagan First Nation | Family & Children's Services of Renfrew County | | | | | | | | |
| Wahta Mohawk | Family, Youth and Child Services of Muskoka | Simcoe Muskoka Child, Youth Family Services | | | | Dnaagdawenmag Binnoojiiyag Child and Family Services | | | |
| Moose Deer Point | Family, Youth and Child Services of Muskoka | Simcoe Muskoka Child, Youth Family Services | | | | Dnaagdawenmag Binnoojiiyag Child and Family Services | | | |
| Alderville First Nation | Highland Shores Children's Aid | | | | | | Dnaagdawenmag Binnoojiiyag Child and Family Services | | |
| Mohawks of the Bay of Quinte | Highland Shores Children's Aid | | | | | | | | |
| Curve Lake | Kawartha-Haliburton Children's Aid Society | | | | | | | | |
| Hiawatha First Nation | Kawartha-Haliburton Children's Aid Society | | | | | | Dnaagdawenmag Binnoojiiyag Child and Family Services | | |
| Animakee Wa Zhing #37 | Kenora-Rainy River Districts Child & Family Services | | | Anishinaabe Abinoojii Family Services | | | | | |
| Iskatewizaagegan #39 Independent First Nation | Kenora-Rainy River Districts Child & Family Services | | | | | | | | |
| Animbiigoo Zaagi'igan Anishinaabek | No formal agreement with agency | | | | | Dilico Anishinabek Family Care | | | |
| Bingwi Neyaashi Anishinaabek | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 | | | | | | | |
|-------------------------------------|---|-----------|--|-----------|---|--|-----------|-----------|-----------|--|--|--|--|--|--|--|
| Missanabie Cree | No formal agreement with agency | | Kunuwanimano Child and Family Services | | | | | | | | | | | | | |
| Flying Post | No formal agreement with agency | | | | | Kunuwanimano Child and Family Services | | | | | | | | | | |
| Taykwa Tagamou Nation | North Eastern Ontario Family and Children's Services | | Kunuwanimano Child and Family Services | | | | | | | | | | | | | |
| Constance Lake | | | | | | | | | | | | | | | | |
| Matachewan | | | | | | | | | | | | | | | | |
| Wahgoshig First Nation | | | | | | | | | | | | | | | | |
| Albany | Payukotayno James & Hudson Bay Family Services | | | | | | | | | | | | | | | |
| Attawapiskat | | | | | | | | | | | | | | | | |
| Moose Cree First Nation | | | | | | | | | | | | | | | | |
| Weenusk | | | | | | | | | | | | | | | | |
| Kashechewan | | | | | | | | | | | | | | | | |
| Walpole Island | | | | | | | | | | | | | | | | |
| Chippewas of Kettle and Stony Point | Sarnia-Lambton Children's Aid Society | | | | | | | | | | | | | | | |
| Aamjiwnaang | The Children's Aid Society of the Districts of Sudbury and Manitoulin | | | | | | | | | | | | | | | |
| Zhiibaahaasing First Nation | | | | | | | | | | | | | | | | |
| Wikwemikong | | | | | | | | | | | | | | | | |
| Sheguiandah | | | | | | | | | | | | | | | | |
| Sheshegwaning | | | | | | | | | | Kina Gbezhgomi Child and Family Services | | | | | | |
| Aundeck-Omni-Kaning | | | | | | | | | | | | | | | | |
| M'Chigeeng First Nation | | | | | | | | | | | | | | | | |
| Whitefish River | | | | | | | | | | | | | | | | |
| Chapleau Cree Nation | | | | | | | | | | | | | | | | |
| Mattagami | | | | | | | | | | Kunuwanimano Child and Family Services | | | | | | |
| Brunswick House | | | | | | | | | | | | | | | | |
| Chapleau Ojibway | | | | | | | | | | | | | | | | |
| Atikameksheng Anishnawbek | The Children's Aid Society of the Districts of Sudbury and Manitoulin | | | | Nogdawindamin Family and Community Services | | | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|------------------------------|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|
| Wahnapiatae | The Children's Aid Society of the Districts of Sudbury and Manitoulin | | | | | | | | Nijaansinaanik Child and Family Services |
| Eabametoong First Nation | Tikinagan Child and Family Services | | | | | | | | |
| Martin Falls | | | | | | | | | |
| Mishkeegogamang | | | | | | | | | |
| North Caribou Lake | | | | | | | | | |
| Lac Seul | | | | | | | | | |
| Wapekeka | | | | | | | | | |
| Bearskin Lake | | | | | | | | | |
| Pikangikum | | | | | | | | | |
| Kitchenuhmaykoosib Inninuwig | | | | | | | | | |
| Kasabonika Lake | | | | | | | | | |
| Sandy Lake | | | | | | | | | |
| Kingfisher | | | | | | | | | |
| Muskrat Dam Lake | | | | | | | | | |
| Sachigo Lake | | | | | | | | | |
| Fort Severn | | | | | | | | | |
| Cat Lake | | | | | | | | | |
| Wunnumin | | | | | | | | | |
| Poplar Hill | | | | | | | | | |
| Deer Lake | | | | | | | | | |
| North Spirit Lake | | | | | | | | | |
| Neskantaga First Nation | | | | | | | | | |
| Webequie | | | | | | | | | |
| Nibinamik First Nation | | | | | | | | | |
| Aroland | | | | | | | | | |
| Ojibway Nation of Saugeen | | | | | | | | | |
| Slate Falls Nation | | | | | | | | | |
| Kee-Way-Win | | | | | | | | | |
| McDowell Lake | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|---|---|-----------|-----------|-----------|-----------|-----------|--|-----------|-----------|
| Big Grassy | Weechi-It-Te-Win Family Services | | | | | | | | |
| Anishnabeg of Naongashiing | | | | | | | | | |
| Couchiching First Nation | | | | | | | | | |
| Lac La Croix | | | | | | | | | |
| Naicatchewenin | | | | | | | | | |
| Nigigoosiminikaaning First Nation | | | | | | | | | |
| Rainy River First Nations | | | | | | | | | |
| Ojibways of Onigaming First Nation | | | | | | | | | |
| Seine River First Nation | | | | | | | | | |
| Mitaanjigamiing First Nation | | | | | | | | | |
| Chippewas of Georgina Island | York Region Children's Aid Society | | | | | | Dnaagdawenmag Binnoojiiyag Child and Family Services | | |
| No formal agreement with a band/community | Akwasasne Child and Family Services – Ontario | | | | | | | | |

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-9. List of First Nations bands and associated agencies in **Quebec** (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | |
|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Mohawks of Akwesasne | Akwesasne Child and Family Services – Quebec | | | | | | | | |
| Atikamekw d'Opitciwan | Bande des Atikamekw d'Opitciwan | | | | | | | | |
| Conseil de la Première Nation Abitibiwinni | Centre Jeunesse Abitibi-Témisgamingue | | | | | | | | |
| Communauté anicinape de Kitcisakik | | | | | | | | | |
| Nation Anishnabe du Lac Simon | | | | | | | | | |
| Timiskaming First Nation | | | | | | | | | |
| Kebaowek First Nation | | | | | | | | | |
| Long Point First Nation | | | | | | | | | |
| Algonquins of Barriere Lake | Centre Jeunesse de l'Outaouais | | | | | | | | |
| Mohawks of Kanesatake | Centre Jeunesse des Laurentides | | | | | | | | |
| Conseil des Atikamekw de Wemotaci | Conseil de la Nation Atikamekw (CNA) | | | | | | | | |
| Les Atikamekw de Manawan | | | | | | | | | |
| Innu Essipit | Conseil de la Première Nation des Innus Essipit | | | | | | | | |
| Bande des Innus de Pessamit | Conseil des Innus de Pessamit | | | | | | | | |
| Première Nation des Innus de Nutashquan | Conseil des Montagnais de Natashquan | | | | | | | | |
| Première Nation des Pekuakamiulnuatsh | Conseil des Montagnais du Lac St-Jean | | | | | | | | |
| Première Nation des Abénakis de Wôlinak | Grand Conseil Nation Waban-Aki inc. | | | | | | | | |
| Odanak | | | | | | | | | |
| Innu Takuaikan Uashat Mak Mani-Utenam | Innu Takuaikan Uashat Mak Mani Utenam | | | | | | | | |
| Kitigan Zibi Anishinabeg | Kitigan Zibi Anishinabeg Nation | | | | | | | | |
| Les Innus de Ekuanitshit | Le Regroupement Mamit-Innuat inc. | | | | | | | | |
| Montagnais de Unamen Shipu | | | | | | | | | |
| Montagnais de Pakua Shipi | | | | | | | | | |

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-9. List of First Nations bands and associated agencies in **Quebec** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|------------------------------------|------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Listuguj Mi'gmaq Government | Listuguj Mi'gmaq Government | | | | | | | | |
| Micmacs of Gesgapegiag | Micmacs of Gesgapegiag | | | | | | | | |
| Mohawks of Kahnawá:ke | Mohawk Council of Kahnawake | | | | | | | | |
| Nation Huronne Wendat | Nation Huronne Wendat | | | | | | | | |
| La Nation Innu Matimekush-Lac John | Nation Innue Matitimekush-Lac-John | | | | | | | | |

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-10. List of First Nations bands and associated agencies in **Saskatchewan** (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | |
|---|--|---|-----------|------------------------------------|-----------|-----------|----------------|--|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Big River | Agency Chiefs Child and Family Services Corp. | | | | | | | Mistahi Sipi Child and Family Services | |
| Pelican Lake | Agency Chiefs Child and Family Services Corp. | | | | | | | | |
| Witchehan Lake | | | | | | | | | |
| Ahtahkakoop | Ahtahkakoop Child and Family Services Incorporated | | | | | | | | |
| Moosomin | Kanaweyimik Child & Family Services Inc | | | | | | | | |
| Red Pheasant | | | | | | | | | |
| Saulteaux | | | | | | | | | |
| Sweetgrass | | | | | | | | | |
| Little Pine | Keyanow Child and Family Centre Inc. | | | | | | | | |
| Lucky Man | | | | | | | | | |
| Poundmaker | | | | | | | | | |
| Mosquito, Grizzly Bear's Head, Lean Man First Nations | Keyanow Child and Family Centre Inc. | Kanaweyimik Child & Family Services Inc | | | | | | | |
| Lac La Ronge | Lac La Ronge Indian Band Child & Family Services Agency Inc. | | | | | | | | |
| Thunderchild First Nation | Ministry of Social Services | | | | | | Awasisak Nisan | | |
| Wahpeton Dakota Nation | Ministry of Social Services | | | QBOW Child and Family Services Inc | | | | | |
| Okanese | Ministry of Social Services | | | | | | | | |
| Big Island Lake Cree Nation | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-10. List of First Nations bands and associated agencies in **Saskatchewan** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|--------------------------------|--|-----------|--|--------------------------------|-------------------------------------|-----------|-----------|-----------|-----------|
| Canoe Lake Cree First Nation | MLTC Child & Family Services | | | | | | | | |
| Flying Dust First Nation | | | | | | | | | |
| Makwa Sahgaiehcan First Nation | | | | | | | | | |
| Ministikwan Lake Cree Nation | | | | | | | | | |
| Buffalo River Dene Nation | | | | | | | | | |
| English River First Nation | | | | | | | | | |
| Clearwater River Dene | | | | | | | | | |
| Waterhen Lake | | | | | | | | | |
| Birch Narrows First Nation | | | | | | | | | |
| Montreal Lake | Montreal Lake Child and Family Agency | | | | | | | | |
| Cumberland House Cree Nation | Nechapanuk Centre Child and Family Services Inc. | | | | | | | | |
| Red Earth | | | | | | | | | |
| Shoal Lake Cree Nation | | | | | | | | | |
| Beardy's and Okemasis | No formal agreement with agency | | | QBOW Child and Family Services | | | | | |
| Onion Lake Cree Nation | Onion Lake Family Services Inc. | | | | | | | | |
| Peter Ballantyne Cree Nation | Peter Ballantyne Child & Family Services Inc | | | | | | | | |
| Muscowpetung | QBOW Child and Family Services Inc. | | Touchwood Child and Family Services Inc. | | QBOW Child and Family Services Inc. | | | | |
| Standing Buffalo | QBOW Child and Family Services Inc. | | | | | | | | |
| Wood Mountain | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) (continued)

Table E-10. List of First Nations bands and associated agencies in **Saskatchewan** (FY2013–2014 to present) (continued)

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|------------------------------|--|-----------|-----------|-----------|---|-----------|-----------|------------------------------------|-----------|
| Muskoday First Nation | STC Health and Family Services Inc | | | | Ministry of Social Services | | | STC Health and Family Services Inc | |
| Whitecap Dakota First Nation | | | | | Agency Chiefs Child and Family Services Corp. | | | | |
| One Arrow First Nation | | | | | Ministry of Social Services | | | STC Health and Family Services Inc | |
| Mistawasis Nêhiyawak | | | | | | | | | |
| Muskeg Lake Cree Nation #102 | | | | | Ministry of Social Services | | | | |
| Yellow Quill | | | | | Ministry of Social Services | | | | |
| Kinistin Saulteaux Nation | | | | | Ministry of Social Services | | | STC Health and Family Services Inc | |
| Sturgeon Lake First Nation | Sturgeon Lake Child and Family Services Inc | | | | | | | | |
| Pasqua First Nation #79 | Touchwood Child and Family Services Inc. | | | | | | | | |
| Day Star | | | | | | | | | |
| Fishing Lake First Nation | | | | | | | | | |
| George Gordon First Nation | | | | | | | | | |
| Muskowekwan | | | | | | | | | |
| Kawacatoose | | | | | | | | | |
| James Smith | Wahkotowin Child and Family Services Inc. | | | | | | | | |
| Cowessess | Yorkton Tribal Council Child and Family Services | | | | | | | | |
| Kahkewistahaw | | | | | | | | | |
| Ochapowace | | | | | | | | | |
| Zagime Anishinabek | | | | | | | | | |
| White Bear | | | | | | | | | |
| Cote First Nation 366 | | | | | | | | | |
| Keeseekoose | | | | | | | | | |
| The Key First Nation | | | | | | | | | |

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-10. List of First Nations bands and associated agencies in **Saskatchewan** (FY2013–2014 to present) *(continued)*

| First Nations Band | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
|-------------------------------|--|-----------|-----------|-----------|-----------|-------------------------------------|-----------|-----------|-----------|
| Carry The Kettle | Yorkton Tribal Council Child and Family Services | | | | | Ministry of Social Services | | | |
| Little Black Bear | Yorkton Tribal Council Child and Family Services | | | | | | | | |
| Nekaneet | | | | | | | | | |
| Peepeekisis Cree Nation No.81 | | | | | | | | | |
| Star Blanket Cree Nation | | | | | | | | | |
| Ocean Man | | | | | | | | | |
| Pheasant Rump Nakota | | | | | | | | | |
| Piapot | Yorkton Tribal Council Child and Family Services | | | | | QBOW Child and Family Services Inc. | | | |
| Hatchet Lake | Yuthe Dene Sekwi Ch L A Koe Betsedi Inc | | | | | | | | |

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-11. List of First Nations bands and associated agencies in the **Yukon** (FY2013–2014 to present)

| First Nations Band | Associated CFS Agency (FY2013–2014 to present) | | | | | | | | |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 2013–2014 | 2014–2015 | 2015–2016 | 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2020–2021 | 2021–2022 |
| Aishihik | Government of Yukon | | | | | | | | |
| Carcross/Tagish First Nation | | | | | | | | | |
| Little Salmon/Carmacks First Nation | | | | | | | | | |
| Champagne | | | | | | | | | |
| Tr'ondëk Hwëch'in | | | | | | | | | |
| First Nation of Nacho Nyak Dun | | | | | | | | | |
| Vuntut Gwitchin First Nation | | | | | | | | | |
| Ross River Dena Council | | | | | | | | | |
| Selkirk First Nation | | | | | | | | | |
| Teslin Tlingit Council | | | | | | | | | |
| Kwanlin Dun First Nation | | | | | | | | | |
| Taku River Tlingit | | | | | | | | | |
| Liard First Nation | | | | | | | | | |
| Kluane First Nation | | | | | | | | | |
| Dease River | | | | | | | | | |
| White River First Nation | | | | | | | | | |
| Ta'an Kwach'an | | | | | | | | | |

Appendix F. FNCFS IMS – Data Field Descriptions

Source: Unmodified information from ISC staff

| Field | Definition |
|--|---|
| Province or Territory for Reporting | Identifies in which province the recipient operates. |
| Agency Name | Name of the agency responsible for the delivery of child and family services. |
| Funding Recipient Number | 4 digit number assigned to the First Nation, Agency, Tribal Council or Province. |
| Submission Type | This identifies if the Data Collection Instrument submitted is an Original, Supplemental, Amendment, or Resubmission. |
| Reporting Period | Identifies the reporting period of the report. |
| Fiscal Year | Identifies the fiscal year of the report. |
| IRS Number/Temporary Non Registered Number | <p>The Indian Registry System (IRS) number of the child placed in protective care. A valid Indian Registry System number is comprised of 10 digits and in the format #####. If the child is not registered, leave blank and a temporary number for First Nations Child and Family Services purposes (for agencies in regions where available) will be generated. Notification of this temporary number will be provided to the recipient.</p> <p>Temporary Non-Registered Number: This is 13 characters long, assigned to all children in care who are not yet registered as a Status Indian as defined by the <i>Indian Act</i>. For further information on the temporary non-registered number, refer to the Child Information Section in the Data Collection Instruments User Guide.</p> |
| Child's Family Name | The last name of the child who has been placed in care. |
| Child's Given Name | The first name of the child who has been placed in care. |
| Date of Birth (YYYY-MM-DD) | The child's date of birth in the format 'Year Month Day'. |
| Gender (M/F/X/NR) | The gender of the child who has been placed in care. |
| Child Welfare/Legal Status | Status assigned to the child as per provincial/territorial legislation (e.g. temporary care, voluntary care, permanent care). |
| Provider Name | This refers to the name of the care provider as identified by the Province/Territory where the child was placed into care (i.e. foster home or group home, etc.). For placement expenses only. Not a mandatory field. |
| Number of Days in Care (Billable) | The total number of billable days as defined by the pay period of the expense. |
| Placement Type | Refers to the placement of a child (e.g. group home, foster home, institutional care, kinship care). |
| Start Pay Date (YYYY-MM-DD) | The first day when the expense incurred, in the format 'Year Month Day'. |
| End Pay Date (YYYY-MM-DD) | The last day when the expense incurred, in the format 'Year Month Day'. |

Appendix F. FNCFS IMS – Data Field Descriptions (continued)

| Field | Definition |
|-----------------------------------|---|
| Care Cost | The total placement type cost based on the start pay date, end pay date and the placement type rate. |
| Additional Child Cost Type | <p>This refers to any additional costs over and above the basic/regular maintenance rate associated with the provision of services for a child in care. Eligible expenditures are set out in the First Nations Child and Family Services Program National Guidelines and must be within Indigenous Services Canada authorities, reasonably comparable to those provided by the Province/Territory and not fundable through other sources.</p> <p>The Categories are:</p> <ul style="list-style-type: none"> - Child Care Support - Therapy/Assessment Not Covered by Non-insured health benefits for First Nations and Inuit - Family Connection - Health and Well Being Not Covered by Non-insured health benefits for First Nations and Inuit - Education Related Expenses Not Covered by First Nations Education - Legal - Placement Costs - Recreation Allowance - Vacation Allowance - Transportation - Clothing - Other - Not Applicable |
| Additional Child Cost | This field is to provide the amount paid for the additional child cost that is outside of the basic/regular maintenance rate. |
| Additional Child Cost Description | This field is to provide additional description of the additional child costs associated with the provision of services for a child in care. Not a mandatory field for all additional child costs. |
| Post Adoption Subsidy Expense(s) | Post-adoption subsidies and supports are to the adoptive parents and/or supports including counseling services and support for children with special needs to facilitate permanent placement. Not a mandatory field. |
| Expense Cost | This field is to provide the amount paid for the post adoption subsidy expense. |
| Expense Description | This field is to provide a description of the post adoption subsidy expense. |

Appendix G. FNCFS IMS – Drop Down List Values

Source: Unmodified information from ISC staff

FNCFS IMS – DMS – Drop Down List Values (as of June 2021)

| Data Field | Province / Territory | Value |
|-------------|----------------------|--|
| Agency Name | Alberta | 9229 AKO Child & Family Services 8289 Kasohkowew Child and Wellness Society (2012) 9326 Yellowhead Tribal Services Agency 0462 Saddle Lake Wahkohtohwin Child Care Society 9098 Tribal Chief Child & Family Services East 9094 Mamowe Opikihawasowin Tribal Chief Child & Family Services West Society 0435 Blood Tribe Child Protection Services 3028 Piikani Child and Family Services 0430 Siksika Family Services Corporation 7867 Stoney Nakoda Child and Family Services Society 9273 Tsuu T'ina Nation Child & Family Services Society 1029 Athabasca Tribal Council Child & Family Services 9250 Bigstone Cree Nation Child and Family Services Society 9424 KTC Child & Family Services 1025 Lesser Slave Lake Indian Regional Council 0447 Little Red River Cree Nation Mamawi Awasis Society 1026 North Peace Tribal Council Child and Family Services 1030 Western Cree Tribal Council - Child, Youth and Family Enhancement Agency 9801 Minister of Finance 5475 Whitefish Lake CFS 0439 Asikiw Mostos O'pikihawasin Society 5717 Akamihk Child and Family Service Society |
| Agency Name | Manitoba | 3004 Nisichawayasihk Cree Nation Family and Community Services 3477 Opaskwayak Cree Nation Child and Family Services Agency 4871 Sandy Bay Child and Family Services 7815 Nikan Awasisak Agency 9315 Anishinaabe Child and Family Services 9316 West Region Child and Family Services 9317 Southeast Child and Family Services 9318 Awasis Agency of Northern Manitoba 9319 Sagkeeng Child and Family Services 9322 Dakota Ojibway Child and Family Services 9340 Cree Nation Child and Family Caring Agency 9342 Intertribal Child and Family Services 9412 Island Lake First Nations Family Services |

Appendix G. FNCFS IMS – Drop Down List Values (continued)

| Data Field | Province / Territory | Value |
|-------------|----------------------|---|
| | | 9603 Peguis Child and Family Services 9604 Kinosao Sipi Minisowin Agency 5729 Kinonje Abinoonjiiag Nigan Inc. |
| Agency Name | Yukon | 8134 Government of Yukon |
| Agency Name | Ontario | 3625 CHILDREN'S AID SOCIETY OF ALGOMA 3625 BRANT FAMILY AND CHILDREN'S SERVICES 3625 CHATHAM-KENT CHILDREN'S SERVICES 3625 DILICO ANISHINABEK FAMILY CARE 3625 DUFFERIN CHILD & FAMILY SERVICES 3625 DURHAM CHILDREN'S AID SOCIETY 3625 FAMILY & CHILDREN'S SERVICES OF ST. THOMAS AND ELGIN COUNTY 3625 THE CHILDREN'S AID SOCIETY OF HALDIMAND AND NORFOLK 3625 HALTON CHILDREN'S AID SOCIETY 3625 CATHOLIC CHILDREN'S AID SOCIETY OF HAMILTON 3625 THE CHILDREN'S AID SOCIETY OF HAMILTON 3625 JEWISH FAMILY & CHILD SERVICES 3625 KAWARTHA-HALIBURTON CHILDREN'S AID SOCIETY 3625 CHILDREN'S AID SOCIETY LONDON & MIDDLESEX 0159 AKWESASNE CHILD AND FAMILY SERVICES - QUEBEC 3625 FAMILY, YOUTH AND CHILD SERVICES OF MUSKOKA 3625 FAMILY AND CHILDREN'S SERVICES NIAGARA 3625 THE CHILDREN'S AID SOCIETY OF OTTAWA 3625 CHILDREN'S AID SOCIETY OF OXFORD COUNTY 3625 CHILDREN'S AID SOCIETY NIPISSING & PARRY SOUND 3625 PAYUKOTAYNO JAMES & HUDSON BAY FAMILY SERVICES 3625 PEEL CHILDREN'S AID SOCIETY 3625 VALORIS FOR CHILDREN AND ADULTS OF PRESCOTT-RUSSELL 3625 FAMILY & CHILDREN'S SERVICES OF RENFREW COUNTY 3625 SARNIA-LAMBTON CHILDREN'S AID SOCIETY 3625 CHILDREN'S AID SOCIETY OF SIMCOE COUNTY 3625 THE CHILDREN'S AID SOCIETY OF THE UNITED COUNTIES OF STORMONT, DUNDAS AND GLENGARRY 3625 THE CHILDREN'S AID SOCIETY OF THE DISTRICTS OF SUDBURY AND MANITOULIN 3625 THE CHILDREN'S AID SOCIETY OF THE DISTRICT OF THUNDER BAY 3625 TIKINAGAN CHILD AND FAMILY SERVICES 3625 CHILDREN'S AID SOCIETY OF TORONTO 3625 CATHOLIC CHILDREN'S AID SOCIETY OF TORONTO |

Appendix G. FNCFS IMS – Drop Down List Values (continued)

| Data Field | Province / Territory | Value |
|-------------|----------------------|---|
| | | 3625 FAMILY AND CHILDREN'S SERVICES OF THE WATERLOO REGION 3625 WEECHI-IT-TE-WIN FAMILY SERVICES 3625 FAMILY AND CHILDREN'S SERVICES OF GUELPH AND WELLINGTON COUNTY 3625 WINDSOR-ESSEX CHILDREN'S AID SOCIETY 3625 YORK REGION CHILDREN'S AID SOCIETY 3625 ANISHINAABE ABINOOJII FAMILY SERVICES 3625 HURON-PERTH CHILDREN'S AID SOCIETY 3625 NATIVE CHILD AND FAMILY SERVICES OF TORONTO 3625 KENORA-RAINY RIVER DISTRICTS CHILD & FAMILY SERVICES 3625 AKWESASNE CHILD AND FAMILY SERVICES - ONTARIO 3625 HIGHLAND SHORES CHILDREN'S AID 3625 FAMILY AND CHILDREN'S SERVICES OF FRONTENAC, LENNOX AND ADDINGTON 3625 BRUCE GREY CHILD AND FAMILY SERVICES 3625 NORTH EASTERN ONTARIO FAMILY AND CHILDREN'S SERVICES 3625 FAMILY AND CHILDREN'S SERVICES OF LANARK, LEEDS AND GRENVILLE 3625 KINA GBEZHGOMI CHILD AND FAMILY SERVICES 3625 KUNUWANIMANO CHILD AND FAMILY SERVICES 3625 SIMCOE MUSKOKA CHILD, YOUTH FAMILY SERVICES 3625 NOGDAWINDAMIN FAMILY AND COMMUNITY SERVICES 3625 OGWADENI:DEO 3625 DNAAGDAWENMAG BINNOOJIIYAG CHILD AND FAMILY SERVICES 3625 NIIJAANSINAANIK CHILD AND FAMILY SERVICES |
| Agency Name | Quebec | 0050 Nation Huronne Wendat 0051 Listuguj Mi'GMAQ Government 0052 Micmacs of Gesgapegiag 0070 Mohawks of Kahnawa:ke Band 0073 Kitigan Zibi Anishinabeg Nation 0076 Conseil des Montagnais du Lac St-Jean 0079 Conseil des Atikamekw d'Opitciwan 0080 Innu Takuaikan Uashat Mak Mani Utenam 0083 Conseil des Montagnais de Natashquan 0085 Conseil des Innus de Pessamit 0086 Conseil de la Première Nation des Innus Essipit 0087 Nation Innue Matimekush-Lac-John 1064 Conseil de la Nation Atikamekw (CNA) 1106 Grand Conseil de la Nation Waban Aki Inc 1140 Le Regroupement Mamit-Innuat inc. |

Appendix G. FNCFS IMS – Drop Down List Values (continued)

| Data Field | Province / Territory | Value |
|-------------|----------------------|---|
| | | 9060 Centre Jeunesse des Laurentides 9061 Centre Jeunesse de l'Abitibi-Témiscamingue 9062 Centre Jeunesse de l'Outaouais 9387 MINO OBIGIWASIN SERVICES ENFANCE & FAMILLE |
| Agency Name | Saskatchewan | 9217 MLTC Child & Family Services 9246 Kanaweyimik Child & Family Services Inc 9236 Onion Lake Family Services Inc. 9088 KEYANOW CHILD AND FAMILY CENTRE INC. 9295 Peter Ballantyne Child & Family Services Inc 9227 Lac La Ronge Indian Band Child & Family Services Agency Inc. 9357 Montreal Lake Child and Family Agency 6272 Sturgeon Lake Child and Family Family Services Inc. 3037 Nechapanuk Centre Child and Family Services Inc. 3469 Wahkotowin Child and Family Services Inc. 9190 Touchwood Child and Family Services Inc. 9248 Qu'Appelle Child and Family Services Inc. 9329 Yorkton Tribal Council Child and Family Services Incorporated 9356 Ahtahkakoop Child and Family Services Incorporated 9358 Agency Chiefs Child and Family Services Corp. 9542 STC Health & Family Services Inc 32388 STC Health & Family Services Inc 9544 Yuthe Dene Sekwi Chu L A Koe Betsedi Inc. 9422 Ministry of Social Services 9468 Mistahi Sipyi Child and Family Services 8933 Awasisak Nikan |
| Agency Name | BC | 8501 Heiltsuk Kaxla Society 0555 Ayas Men Men Child and Family Services 0600 Spallumcheen Child and Family Services 0642 Lalum'utul'Smun'eem Child and Family Services 1071 Usma Nuu-chah-nulth Child and Family Services 3146 Nezul Be Hunuyeh Child And Family Services Society 3396 Denisiqi Services Society 3519 Secwepemc Child & Family Services Agency 3565 Ktunaxa/Kinbasket Child And Family Service Society 7382 Fraser Valley Aboriginal Children And Family Services Society (FVACFSS) 8026 Carrier Sekani Family Services 9132 Kwumut Lelum Child And Family Services Society |

Appendix G. FNCFS IMS – Drop Down List Values (continued)

| Data Field | Province / Territory | Value |
|----------------------------|---------------------------|--|
| | | 9278 Nilha'7 Kapmx Child And Family Services Society 9306 Knucwentwecw Society 9568 Nil/Tuo Child And Family Services Society 9586 Northwest Inter-Nation Family And Community Services Society 9633 Gitxsan Child And Family Services Society 9908 Scw'Exmx Child And Family Services Society 9090 Ministry of Children and Family Development (MCFD) 3604 Haida Family and Child Services Society 0631 K'wak'walat'si (Namgis) Child and Family Services |
| Agency Name | New Brunswick | 0003 Elsipogtog Child & Family Services 0005 Esgenooetitj Child & Family Services 0007 Eel Ground Child & Family Services 0008 Eel River Bar Child & Family Services 3099 4-Directions Child & Family Services 0011 Kingsclear Child & Family Services 0012 Oromocto Child & Family Services 0015 St. Mary's Child & Family Services 9137 Province of New Brunswick - Social Development 0017 Woodstock Child & Family Services 8826 Mi'gmaq Child and Family Services of New Brunswick Inc. |
| Agency Name | Newfoundland and Labrador | 0047 Miawpukek Family & Childrens Services 3484 Province of Newfoundland & Labrador Child & Family Services |
| Agency Name | Prince Edward Island | 3283 Mi'kmaq Confederacy of PEI |
| Agency Name | Nova Scotia | 9006 Mi'kmaw Family & Childrens Services of Nova Scotia |
| Child Welfare/Legal Status | Alberta | (CA) - Custody Agreement (ICO) - Interim Custody Order (EA) - Emergency Apprehension (TGO) - Temporary Guardianship Order (PGO)- Permanent Guardianship Order (CAG) - Custody Agreement with Guardian Permanent Guardianship Agreement Initial Custody (CAC) - Custody Agreement with Child (SIL) - Supported Independent Living (SFP) - Supports for Permanency (SFAA) – Supports for Financial Assistance Agreement Private Guardianship Order |

Appendix G. FNCFS IMS – Drop Down List Values (continued)

| Data Field | Province / Territory | Value |
|----------------------------|----------------------|--|
| | | Adoption Order |
| Child Welfare/Legal Status | Manitoba | Permanent Ward (PW) Volunteer Surrender of Guardianship (VSG) Temporary Ward (TW) Voluntary Placement Agreement (VPA) Transitional Planning Apprehension (APPR) |
| Child Welfare/Legal Status | Yukon | Temporary Care & Custody Permanent Care & Custody Voluntary Care & Custody Adopted |
| Child Welfare/Legal Status | Ontario | Permanent Voluntary Temporary Voluntary - Adoption Consent Temporary - Child or Youth in Interim Society Care Temporary - Continued Care and Support for Youth Permanent - Child or Youth in Extended Society Care Voluntary - Voluntary Youth Service Agreement Voluntary - Customary Care |
| Child Welfare/Legal Status | Quebec | Temporary (T) Voluntary (V) Permanent (P) |
| Child Welfare/Legal Status | Saskatchewan | (Section 7) - Emergency Care (Section 8) - Interim Care - Child Under 12 (Section 9) - Agreement for Residential Services (Section 10) - Agreements re: Child over 16 years (Section 17) - Apprehension (Section 18) - Apprehension persons aged 16 and 17 (Section 35) - Interim Orders (Section 37(1)(b)) - With Person of Sufficient Interest (Section 37(1)(c)) - Temporary Ward (Section 37 (2))- Permanent Ward (Section 37 (3)) - Long Term Care (Section 46)- Permanent Ward - Voluntary Committal (Section 56) - Extension of Support |

Appendix G. FNCFS IMS – Drop Down List Values (continued)

| Data Field | Province / Territory | Value |
|----------------------------|---------------------------|---|
| Child Welfare/Legal Status | BC | V – Voluntary Care Ward T – Temporary Ward P – Permanent (Crown)Ward/Continuing Care Order N/A – None of the above (Out of Care) |
| Child Welfare/Legal Status | New Brunswick | Permanent (P) Temporary (T) Voluntary (V) |
| Child Welfare/Legal Status | Newfoundland and Labrador | Permanent (P) Temporary (T) Voluntary (V) |
| Child Welfare/Legal Status | Prince Edward Island | Permanent (P) Temporary (T) Voluntary (V) |
| Child Welfare/Legal Status | Nova Scotia | Permanent (P) Temporary (T) Voluntary (V) |
| Placement Type | Alberta | Foster Home – Children (FC-Child) Foster Care – Agency Foster Care Group Home – Children (GH-Child) Institutional Care Children (IC – Child) Kinship Care (KC) Independent Living |
| Placement Type | Manitoba | Foster Care Group Home |
| Placement Type | Yukon | Foster Home Group Home Institutional Care Kinship Care |
| Placement Type | Ontario | Foster Home Group Home Kinship Care Institutional Care |
| Placement Type | Quebec | Institution – Other (IC-other) Foster Homes - Child Care (FC-Child) Foster Homes – Tutorship (FC-Tutor) Foster Homes - Intermediate Resources (FC-Inter Resource) Foster Homes – Other (FC Other) |

Appendix G. FNCFS IMS – Drop Down List Values (continued)

| Data Field | Province / Territory | Value |
|----------------|----------------------|---|
| | | Group Homes – Other (GH Other) Kinship Care (KC) Aboriginal - Regular Accredited - CISSS/CIUSSS Kinship Care - Not evaluated Tutorship - CISSS/CIUSSS Kinship - CISSS/CIUSSS Aboriginal – Kinship Care Under evaluation - CISSS/CIUSSS Tutorship - FNCFS Agency 100% Tutorship - FNCFS Agency 60% Intermediate Resources Special Authorization Clair foyer Group Home - Mamo Group Home - Kitciminokik Group Home - BMAYS Akwesasne Group Home CISSS Bas-St-Laurent CIUSSS Sag.-Lac-St-Jean CIUSSS Capitale Nationale CIUSSS Mauricie-CentreduQc CIUSSS Estrie CIUSSS Centre-Est-Mtl CIUSSS Ouest-Mtl-Batshaw CISSS Outaouais CISSS Abitibi-Témiscaming. CISSS Côte-Nord (CPRCN) CISSS Gaspésie et Gignu CISSS Chaudière-Appalaches CISSS Laval CISSS Lanaudière CISSS Laurentides CISSS Montérégie-Est Foyers Mishta et Pishimuss |
| Placement Type | Saskatchewan | Kinship Care - Alternate Care (KC-Alternate) Kinship Care - Person of Sufficient Interest (KC-Person Suf Int) Foster Care |

Appendix G. FNCFS IMS – Drop Down List Values (continued)

| Data Field | Province / Territory | Value |
|----------------|---------------------------|--|
| | | Foster Care - Emergency Foster Home (FC-Emerge) Foster Care - Therapeutic Foster Home (FC-Therapeutic) Group Home (GH) Institution Care (IC) Place of Safety (PoS) Stabilization / Assessment Center |
| Placement Type | BC | FR - Foster Regular/Restricted Foster F1 - Foster Level 1 Foster F2 - Foster Level 2 Foster F3 - Foster Level 3 Foster FIL - Foster Independent Living G - Group Home I - Institutional Care K5 - Kinship Care Section 5 Family Support Services (Respite) K8 - Kinship Care Section 8 Extended Family Program K12 - Kinship Care Section 12.2 Youth Agreements KO - Kinship Care Section 35(2)(d)/41(1)(b) Custody to a person other than a parent K54 - Kinship Care Section 54.1 Transfer of Custody |
| Placement Type | New Brunswick | Foster Care Kinship Care Group Home Care Institution Care |
| Placement Type | Newfoundland and Labrador | Foster Care Kinship Care Group Home Care Institution Care Foster Care - Island Foster Care - Labrador Foster Care - Remote Labrador Kinship Care - Island Kinship Care - Labrador Kinship Care - Remote Labrador |
| Placement Type | Prince Edward Island | Foster Care Kinship Care Group Home Care Institution Care |
| Placement Type | Nova Scotia | Foster Care |

Appendix G. FNCFS IMS – Drop Down List Values *(continued)*

| Data Field | Province / Territory | Value |
|------------|----------------------|---|
| | | Kinship Care Group Home Care Institution Care |

Appendix H. FNCFS IMS – Review of Data Quality

Source: Unmodified information from ISC staff

| Data Field | Is the data field mandatory? (Yes/No) | Format of data field (drop-down, text, date, etc.) <i>If drop-down, please specify response options</i> | Formula used to measure calculated data fields (Days in Care) | Known data accuracy issues (Yes/No) <i>If yes, please specify</i> | Rules used to ensure accuracy <i>When available</i> | Data completeness (% missing entries) <i>For non-mandatory fields</i> | Data validity (% invalid entries) <i>Invalid entries: those not included in list of responses or not in right format</i> | Data usability (% unknown entries) <i>For data fields that have "unknown" as a response option</i> |
|--|---------------------------------------|--|---|---|---|--|---|---|
| Province or Territory for Reporting | Yes | Yukon British Columbia Alberta Saskatchewan Manitoba Ontario Quebec New Brunswick Newfoundland and Labrador Prince Edward Island Nova Scotia | Not applicable for this field | No | Data Field is based on the Drop down list. | Not applicable for a Mandatory field. | None | None |
| Agency Name | Yes | Please refer to: FNCFS IMS - DMS - Drop Down List Values | Not applicable for this field | No | Data Field is based on the Drop down list. | Not applicable for a Mandatory field. | None | None |
| Funding Recipient Number | Yes | Based on agency name. Please refer to: FNCFS IMS - DMS - Drop Down List Values | Not applicable for this field | No | Data Field is based on the Drop down list. | Not applicable for a Mandatory field. | None | None |
| Submission Type | Yes | Response options: Original, Resubmission, Amendment, Supplemental | Not applicable for this field | No | Data Field is based on the Drop down list. | Not applicable for a Mandatory field. | None | None |
| Reporting Period | Yes | Drop-down List: April, May, June, July, August, September, October, November, December, January, February, March, Q1, Q2, Q3, Q4 | Not applicable for this field | No | Data Field is based on the Drop down list. | Not applicable for a Mandatory field. | None | None |
| Fiscal Year | Yes | Response options: YYYY-YYYY | Not applicable for this field | No | Data Field is based on the Drop down list. | Not applicable for a Mandatory field. | None | None |
| IRS Number/Temporary Non Registered Number | Yes | Populated based on the IRS database or Populated based the FNCFS IMS/DMS database | Not applicable for this field | No | Populated based on the IRS database or Populated based the FNCFS IMS/DMS database | Not applicable for a Mandatory field. | None | None |
| Child's Family Name | Yes | Populated based on the IRS database or Populated based the FNCFS IMS/DMS database | Not applicable for this field | Child details for non-registered children are submitted by the agencies and reviewed by the regions. We have discovered that when the child is registered, a small percentage of the child details is not an exact match with IRS. Please note: when a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child. | When a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child. | Not applicable for a Mandatory field. | None | None |

Appendix H. FNCFS IMS – Review of Data Quality (continued)

| Data Field | Is the data field mandatory? (Yes/No) | Format of data field (drop-down, text, date, etc.) <i>If drop-down, please specify response options</i> | Formula used to measure calculated data fields (Days in Care) | Known data accuracy issues (Yes/No) <i>If yes, please specify</i> | Rules used to ensure accuracy <i>When available</i> | Data completeness (% missing entries) <i>For non-mandatory fields</i> | Data validity (% invalid entries) <i>Invalid entries: those not included in list of responses or not in right format</i> | Data usability (% unknown entries) <i>For data fields that have "unknown" as a response option</i> |
|----------------------------|--|--|---|---|---|--|---|---|
| Child's Given Name | Yes | Populated based on the IRS database or Populated based the FNCFS IMS/DMS database | Not applicable for this field | Child details for non-registered children are submitted by the agencies and reviewed by the regions. We have discovered that when the child is registered, a small percentage of the child details is not an exact match with IRS. Please note: when a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child. | When a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child. | Not applicable for a Mandatory field. | None | None |
| Date of Birth | Yes | Date: YYYY-MM-DD | Not applicable for this field | Non-registered child details are submitted by the agencies. We have discovered that when the child is registered, a small percentage of the child details is not an exact match with IRS. Please note: when a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child. | When a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child. | Not applicable for a Mandatory field. | None | None |
| Gender | Yes | Response options: M/F/X/NR | Not applicable for this field | Child details for non-registered children are submitted by the agencies and reviewed by the regions. We have discovered that when the child is registered, a small percentage of the child details is not an exact match with IRS. Please note: when a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child. | When a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child. | Not applicable for a Mandatory field. | None | None |
| Child Welfare/Legal Status | Yes for placement expenses Yes for additional cost expenses Yes for post adoption subsidy expenses | Please refer to: FNCFS IMS - DMS - Drop Down List Values | | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. | Not applicable for a Mandatory field. | None | None |

Appendix H. FNCFS IMS – Review of Data Quality (continued)

| Data Field | Is the data field mandatory? (Yes/No) | Format of data field (drop-down, text, date, etc.) <i>If drop-down, please specify response options</i> | Formula used to measure calculated data fields (Days in Care) | Known data accuracy issues (Yes/No) <i>If yes, please specify</i> | Rules used to ensure accuracy <i>When available</i> | Data completeness (% missing entries) <i>For non-mandatory fields</i> | Data validity (% invalid entries) <i>Invalid entries: those not included in list of responses or not in right format</i> | Data usability (% unknown entries) <i>For data fields that have "unknown" as a response option</i> |
|-----------------------------------|---|--|---|---|--|--|---|---|
| Provider Name | No for placement expenses N/A for additional cost expenses (this field is not submitted for an additional cost expense) N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense) | Text | Not applicable for this field | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review. | 21.83% | None. This field is populated or blank | None. This field is populated or blank |
| Number of Days in Care (Billable) | Yes for placement expenses N/A for additional cost expenses (this field is not submitted for an additional cost expense) N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense) | Calculated value | Based on the Start Pay Date and the End Pay Date (all dates are inclusive) = End Pay Date minus Start Pay Date plus 1 | Not applicable for this field | Data Field is a calculated value. | Not applicable for a Mandatory field. | None | None |
| Placement Type | Yes for placement expenses Yes for additional cost expenses N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense) | Please refer to: FNCFS IMS - DMS - Drop Down List Values | Not applicable for this field | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review. | Not applicable for a Mandatory field. | None | None |
| Start Pay Date | Yes for placement expenses Yes for additional cost expenses Yes for post adoption subsidy expenses | Date: YYYY-MM-DD | Not applicable for this field | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review. | Not applicable for a Mandatory field. | None | None |

Appendix H. FNCFS IMS – Review of Data Quality (continued)

| Data Field | Is the data field mandatory? (Yes/No) | Format of data field (drop-down, text, date, etc.) <i>If drop-down, please specify response options</i> | Formula used to measure calculated data fields (Days in Care) | Known data accuracy issues (Yes/No) <i>If yes, please specify</i> | Rules used to ensure accuracy <i>When available</i> | Data completeness (% missing entries) <i>For non-mandatory fields</i> | Data validity (% invalid entries) <i>Invalid entries: those not included in list of responses or not in right format</i> | Data usability (% unknown entries) <i>For data fields that have "unknown" as a response option</i> |
|----------------------------|---|---|---|---|--|--|---|---|
| End Pay Date | Yes for placement expenses Yes for additional cost expenses Yes for post adoption subsidy expenses | Date: YYYY-MM-DD | Not applicable for this field | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review. | Not applicable for a Mandatory field. | None | None |
| Care Cost | Yes for placement expenses N/A for additional cost expenses (this field is not submitted for an additional cost expense) N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense) | \$0.00 | Not applicable for this field | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review. | Not applicable for a Mandatory field. | None | None |
| Additional Child Cost Type | N/A for placement expenses (this field is not submitted for a placement expense) Yes for additional cost expenses N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense) | Child Care Support Clothing Therapy/Assessment Family Connection Health and Well Being not Covered by NIHB Education Related Expenses not Covered by FN Program Legal Placement costs Recreation Allowance Vacation Allowance Transportation Other Not Applicable | Not applicable for this field | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, a region often does not update the field based on the results of the compliance review. | Not applicable for a Mandatory field. | None | None |

Appendix H. FNCFS IMS – Review of Data Quality (continued)

| Data Field | Is the data field mandatory? (Yes/No) | Format of data field (drop-down, text, date, etc.) <i>If drop-down, please specify response options</i> | Formula used to measure calculated data fields (Days in Care) | Known data accuracy issues (Yes/No) <i>If yes, please specify</i> | Rules used to ensure accuracy <i>When available</i> | Data completeness (% missing entries) <i>For non-mandatory fields</i> | Data validity (% invalid entries) <i>Invalid entries: those not included in list of responses or not in right format</i> | Data usability (% unknown entries) <i>For data fields that have "unknown" as a response option</i> |
|--|---|---|---|---|--|---|--|--|
| Additional Child Cost | N/A for placement expenses Yes for additional cost expenses N/A for post adoption subsidy expenses | \$0.00 | Not applicable for this field | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, a region may not update the field based on the compliance review. | Not applicable for a Mandatory field. | None | None |
| Additional Child Cost Description | N/A for placement expenses (this field is not submitted for a placement expense) No for additional cost expenses N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense) | Text | Not applicable for this field | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review. | 11.66% | None. This field is populated or blank | None. This field is populated or blank |
| Post-Adoption Subsidy Expense(s) | | | | | | | | |
| Expense Cost | N/A for placement expenses (this field is not submitted for a placement expense) N/A for additional cost expenses (this field is not submitted for an additional cost expense) Yes for post adoption subsidy expenses | \$0.00 | Not applicable for this field | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review. | Not applicable for a Mandatory field. | None | None |

Appendix H. FNCFS IMS – Review of Data Quality (continued)

| Data Field | Is the data field mandatory? (Yes/No) | Format of data field (drop-down, text, date, etc.) <i>If drop-down, please specify response options</i> | Formula used to measure calculated data fields (Days in Care) | Known data accuracy issues (Yes/No) <i>If yes, please specify</i> | Rules used to ensure accuracy <i>When available</i> | Data completeness (% missing entries) <i>For non-mandatory fields</i> | Data validity (% invalid entries) <i>Invalid entries: those not included in list of responses or not in right format</i> | Data usability (% unknown entries) <i>For data fields that have "unknown" as a response option</i> |
|---------------------|--|--|---|--|--|--|--|--|
| Expense Description | N/A for placement expenses (this field is not submitted for a placement expense) N/A for additional cost expenses (this field is not submitted for an additional cost expense) No for post adoption subsidy expenses | Text | Not applicable for this field | A review of the case file for the child would be needed to determine if this is accurate. | During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review. | 3.94% | None. This field is populated or blank | None. This field is populated or blank |
| Net New Admission | No for placement expenses N/A for additional cost expenses (this field is not submitted for an additional cost expense) N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense) | Response options: Yes or No or Blank | Not applicable for this field | Yes - Known Data Accuracy Issues. This field was introduced by the FNCFS Program in the middle of FY 13-14 as a non-mandatory field. The majority of the agencies did not report using this field. Also, agencies reported this field incorrectly. The regions do not use this field. The regions do not review this field. | This field was introduced by the FNCFS Program in the middle of FY 13-14 as a non-mandatory field. The majority of the agencies did not report using this field. Also, agencies reported this field incorrectly. The regions do not review this field. | This field was introduced by the FNCFS Program in the middle of FY 13-14 as a non-mandatory field. The majority of the agencies did not report using this field. Also, agencies reported this field incorrectly. The regions do not review this field. | This field was introduced by the FNCFS Program in the middle of FY 13-14 as a non-mandatory field. The majority of the agencies did not report using this field. Also, agencies reported this field incorrectly. The regions do not review this field. | This field was introduced by the FNCFS Program in the middle of FY 13-14 as a non-mandatory field. The majority of the agencies did not report using this field. Also, agencies reported this field incorrectly. The regions do not review this field. |

Appendix I. Overview of the Availability and Quality of Child Maintenance Data Held by the FNCFS Program at ISC From FY 2013-2014 to Present

The data dictionary for the FNCFS IMS is available in Appendix F and the associated drop-down response options can be found in Appendix G. The project team created a template requesting information regarding the availability, completeness, and accuracy of the specified data fields. This template was shared with ISC staff familiar with the administrative data system currently in use (from fiscal year 2013-2014 onwards). Responses to this template are available in Appendix H. Using these documents, the project team has provided an overview of the availability of data held in the IMS as they relate to the CHRT compensation categories in the table below.

Data quality was assessed using three considerations:

- **Data availability** is an assessment of whether a data field is available and whether it can be retrieved.
- **Data completeness** is an assessment of the comprehensiveness and wholeness of data. Low completeness means that there is missing, or the “unknown” category is widely endorsed data.
- **Data accuracy** is an assessment of whether the data value is consistently interpreted as intended

In addition to an evaluation of data quality, we also determined the **applicability** of data – the ability of the variable to determine or assist with operationalizing the compensation classes.

Table I.1 Availability in FNCFS IMS data (FY 2013-2014 to present) to help identify eligible claimants under the child welfare compensation categories

| First Nations Child and Family Services Program at ISC – Review of data availability from FY 2013-2014 to present | | | | | |
|---|--------------------------------------|---|-----------------|--|------------------------------|
| Data system used: Information Management System (IMS) | | | | | |
| Type of information needed | Information of interest | Availability Is the information available as a data field? | Completeness | Accuracy | Summary Issues identified |
| Can the child in out-of-home placement be identified? | Child Name (Family Name, Given Name) | Yes | Mandatory field | Some inconsistencies noted for a small % of non-registered children when they become registered ¹ | Minor accuracy issue |
| | Child Date of Birth | Yes | Mandatory field | Some inconsistencies noted for a small % of non-registered children when they become registered ¹ | Minor accuracy issue |
| | Child Indian Registration Number | Yes | Mandatory field | No | No issues identified |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

¹ When a non-registered child is assigned an IRS number, all of the child details (e.g. name, DOB, gender) from IRS are assigned to the child. At this point in time, if there were errors in the name or DOB, they are noted and corrected by syncing with the government registration file.

Appendix I. Overview of the Availability and Quality of Child Maintenance Data Held by the FNCFS Program at ISC from FY 2013-2014 to Present (continued)

Table I.1 Availability in FNCFS IMS data (FY 2013-2014 to present) to help identify eligible claimants under the child welfare compensation categories (continued)

| Type of information needed | Information of interest | Availability Is the information available as a data field? | Completeness | Accuracy | Summary Issues identified |
|---|--|--|-----------------|--|--|
| Is the child First Nations? | Child's First Nations identity | Yes: all children in IMS are First Nations (with status or eligible for status) ² | N/A | Some practice differences ³ | Minor accuracy and applicability issue |
| Child lives on-reserve? | Child residence on/off reserve | Yes: all children in IMS should be "ordinarily resident on reserve" ⁴ | N/A | Some regional and practice differences ⁵ | Minor accuracy issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | No | N/A | N/A | Info. not available |
| | Caregiver Indian Registration Number | No | N/A | N/A | Info. not available |
| Is the caregiver First Nations? | Caregiver's First Nations identity | No | N/A | N/A | Info. not available |
| When was the child placed? | Dates of Start/End placement | Yes, through Start pay date and End pay date ⁶ | Mandatory field | Accuracy cannot be determined unless case files reviewed | Potential accuracy issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✗ No information available | ? Information not provided | Applicability issue

(continued on following page)

2 The definition of **First Nations child** used by the FNCFS program at ISC is the following: "First Nation Child" refers to an Indian Child that is registered or eligible to be registered (under the *Indian Act*). The Social Programs National Manual also makes reference to specific communities of First Nations that may not (at the time) have a recognized reserve and to whom services were provided none the less. As such, this definition **does not include** "individuals who have been recognized as citizens by their First Nations" but are not eligible for status

3 There are times when the experiences of children and families do not neatly 'fit' into pre defined categories. Regions/agencies, in these cases, may make decisions on a case-by-case basis.

4 The residence of a child who comes into the care of a mandated child welfare authority is derived from the residency of the child's parent or guardian at the time the child is taken into care. Individuals who are off reserve for the purpose of obtaining educational, medical or social services not available on reserve because there is no reasonably comparable service available are considered ordinarily resident on-reserve. Definition of **Ordinarily Resident on Reserve** from the Social Programs National Manual (Sec 2.1.16): "For the purpose of providing child and family services, "ordinarily resident on reserve" means that an individual: 1) lives at a civic address on reserve; or 2) in the case of children in joint custody, lives more than 50% of the time on reserve; or 3) stays on the reserve and has no usual home elsewhere."

5 Regions, in concert with the agency, determine eligibility according to program guidelines. For example, in Manitoba it is where the child is taken into care that determines who funds services. Furthermore, ISC recognizes that the circumstances of children and families are diverse and this requires flexibility. That is, there have been special circumstances for supporting individuals living in some non-reserve communities or who are members of land-less Indian Bands as being "ordinarily resident on reserve" for the purpose of being eligible to receive programs and services.

6 It is important to note that this information is tied to expenses, it therefore cannot be used to determine if a child moved between different placements during one "spell in care."

Appendix I. Overview of the Availability and Quality of Child Maintenance Data Held by the FNCFS Program at ISC from FY 2013-2014 to Present *(continued)*

Table I.1 Availability in FNCFS IMS data (FY 2013-2014 to present) to help identify eligible claimants under the child welfare compensation categories *(continued)*

| Type of information needed | Information of interest | Availability Is the information available as a data field? | Completeness | Accuracy | Summary Issues identified |
|---|--|--|-----------------|--|---|
| Child placed outside of their home and community? | Caregiver's address at time of removal | No | N/A | N/A | ✘ Info. not available |
| | Address of placement | No | N/A | N/A | ✘ Info. not available |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Partial: for all ISC regions, except for MB, info. is provided on whether child placed in kinship care | Mandatory field | Accuracy cannot be determined unless case files reviewed | ○ Potential accuracy issue and minor applicability issue |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | No | N/A | N/A | ✘ Info. not available |
| | Substantiation or verification level (maltreatment and risk) | No | N/A | N/A | ✘ Info. not available |
| | Alleged perpetrator | No | N/A | N/A | ✘ Info. not available |
| | Reason for placement | No | N/A | N/A | ✘ Info. not available |
| Child placed in order to receive essential services? | Child placed to receive essential services | No | N/A | N/A | ✘ Info. not available |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ○ Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013)

In order to determine the availability of data fields collected prior to FY 2013-2014, **sample child maintenance reporting forms** used by the different ISC regions' FNCFS staff between fiscal year 2005-2006 and fiscal year 2012-2013 were provided to the project team for their assessment and documentation. We have summarized the data fields available in reporting forms that relate to the CHRT compensation categories in the Tables below. It is important to note that these tables only provide information on the availability of certain data fields. They do not provide any information on the *completeness* (i.e., the percentage of missing child maintenance reports and missing data values), nor the accuracy of the information (i.e., the extent to which the information is correctly reports the information). The project team has asked for more details regarding the completeness and accuracy of data prior to fiscal year 2013-2014, which was not provided to us in time for this report. Furthermore, no information was provided to the project team regarding child maintenance forms prior to FY 2005-2006.

Alberta ISC Region

Table J.1 Data fields available in sample FNCFS child maintenance reports provided by Alberta ISC region (FY2005-2006 to FY2012-2013)

| Fiscal Year | Child's Name | Child Indian Registration Number | Child Date of Birth | Child or Parent Residence on Reserve | Parent/Guardian Name | Type of Care | Placement Start Date | Placement End Date | Cost Description | Other Support Costs |
|-------------|----------------------------|----------------------------------|---------------------|--------------------------------------|----------------------|--|----------------------|--------------------|------------------|--|
| 2005-2006 | Form not located by Region | | | | | | | | | |
| 2006-2007 | Form not located by Region | | | | | | | | | |
| 2007-2008 | Available | Partial: Treaty/Band Number | Available | Not available | Not available | Available (Type of Service) | Available | Available | Available | Available, but no info on support type |
| 2008-2009 | Available | Partial: Treaty/Band Number | Available | Not available | Not available | Available (Type of Service/ Description ¹) | Available | Available | Available | Available, but no info on support type |
| 2009-2010 | Available | Partial: Treaty/Band Number | Available | Not available | Not available | Available (Type of Service/ Description ¹) | Available | Available | Available | Available, but no info on support type |
| 2010-2011 | Available | IRS No. | Available | Available | Not available | Available (Care Type ²) | Available | Available | Available | Available, but no info on support type |
| 2011-2012 | Available | IRS No. | Available | Available | Not available | Available (Care Type ²) | Available | Available | Available | Available, but no info on support type |
| 2012-2013 | Available | IRS No. | Available | Available | Not available | Available (Care Type ²) | Available | Available | Available | Available, but no info on support type |

1 **Type of Service/Description – response options:** Foster Care (Children); Kinship Care; Supports for Permanency; Group Home (Children); Institutional Care (Children)

2 **Care Type – response options:** F (Foster Home); G (Group Home); I (Institutional Care); P (Post-Adoption Subsidy); K (Kinship Care)

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) *(continued)*

Atlantic ISC Region

Table J.2 Data fields available in sample FNCFS child maintenance reports provided by Atlantic ISC region (FY2005-2006 to FY2012-2013)

| Fiscal Year | Child's Name | Child Indian Registration Number | Child Date of Birth | Child or Parent's Residence on Reserve | Parent/Guardian Name | Type of Care | Placement Start Date | Placement End Date | Cost Description | Other Support Cost |
|-------------|------------------------|----------------------------------|---------------------|--|----------------------|--------------------------|-------------------------------|-------------------------------|---------------------------------|----------------------|
| 2005-2006 | Available | Partial: Band No. | Not available | Not available | Not available | Not available | Available (Start Date) | Not available | Available ³ | Not available |
| 2006-2007 | Available (Client) | Not available | Not available | Not available | Not available | Not available | Not available | Not available | Available ⁴ | Not available |
| 2007-2008 | Not available | Partial: FN Number | Not available | Not available | Not available | Not available | Not available | Not available | Available ⁵ | Other |
| 2008-2009 | Partial: Client Number | Not available | Not available | Not available | Not available | Not available | Not available | Not available | Available ⁶ | Other (Amount, Code) |
| 2009-2010 | Available | Available | Available | Not available | Not available | Available (Type FF Care) | Available (Date of Admission) | Available (Date of Discharge) | Only information on maintenance | Special Needs |
| 2010-2011 | Client Number | Not available | Not available | Not available | Not available | Not available | Not available | Not available | Available ⁷ | Not available |
| 2011-2012 | Available | Available | Not available | Not available | Available | Available ⁸ | Not available | Not available | Available ⁹ | Not available |
| 2012-2013 | Available (client) | Not available | Not available | Not available | Not available | Not available | Not available | Not available | Available ¹⁰ | Not available |

3 **Cost description – response options:** Regular Maintenance; Special Allow.; Seasonal Allow.; Psych Couns.; Daycare; Babysitting Serv.; Misc Amt.; Misc Description (M) (M1=Meal Tickets; M2=Formula/Milk; M3=Emergency Grocery; M4=Relief Care; M5=Tutoring; M6=Bed; M7=Educational Books; M8=Baby Items; M9=Emergency Clothes; M10=Medication; M11=Emergency Babysitting; M12=Recreation; M13=Legal Document Delivery; M14=1st Placement; M15=Family Support/Parental Assistance; M16=Birth Certificate Document; M17=High-speed Vibe; M18=Dental Cost; M19=Medical Fees; M20=Holding Fee); Travel; Travel Description (T) (T1=Day Care; T2=Dental; T3=Parental/Family Visit; T4=Medical/Optometrlist; T5=Mental Health; T6=School; T7=Family Court; T8=Food Bank; T9=Recreational; T10=AA/Self Help; T11=Emergency Shelter; T12=Moving Expenses)

4 **Cost description – response options:** Regular Maintenance; Basic Clothing; Seasonal; Parent Aid, Family Suppt., PA/Relief; Babysitter, Daycare, Childcare; Early Intervention, YIW (Youth In Care Worker), EIC; TA, Tutor; Medical (Assessment; Counselling/Psych Service; Eye Exams, Dental, Glasses); Travel (To Doctor; Other); Bed, Dresser, Table, Chairs; Recreation (Hockey, Karate, Bikes); Miscellaneous (Emergency Serv., Food Misc., Life Skills Dev.)

5 **Cost description – response options:** Regular Allowance; Special Services; Basic Clothing; Seasonal Allowance; Respite Care; Transportation

6 **Cost description – response options:** Regular Maintenance; Clothing; Seasonal; Parent Aid; Respite; Supervised Visits; Emergency Services; Babysitting; Counselling; Assess.; Rec; Travel

7 **Cost description – response options:** Regular Maintenance; Basic Clothing; Seasonal; Case Aid; Medical Amount; Transportation Amount; Service to Child Amount

8 **Type of care – response options:** Foster Homes (Children); Group Homes (Children); Institutional Care (Children); Kinship Care (Children); X Post-Adoption Subsidy (Children)

9 **Cost description – response options:** Regular Maintenance; Basic Clothing; Seasonal Allowance; Special Service Allowance; Travel Special Purpose; Travel Description; Recreation; Misc. Amount; Miscellaneous Description

10 Regular Maintenance; Basic Clothing; Seasonal; Parent Aid, Family Suppt., PA/Relief; Babysitter, Daycare, Childcare; Early Intervention, YIW (Youth In Care Worker), EIC; TA, Tutor; Medical (Assessment; Counselling/Psych Service; Eye Exams, Dental, Glasses); Travel (To Doctor; Other); Bed, Dresser, Table, Chairs; Recreation (Hockey, Karate, Bikes); Miscellaneous (Emergency Serv., Food Misc., Life Skills Dev.)

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) (continued)

BC ISC Region

Table J.3 Data fields available in sample FNCFS child maintenance reports provided by British Columbia ISC region (FY2005-2006 to FY2012-2013)

| Fiscal Year | Child's Name | Child Indian Registration Number | Child Date of Birth | Child or Parent's Residence on Reserve | Parent/Guardian Name | Type of Care | Placement Start Date | Placement End Date | Cost Description | Other Support Cost |
|-------------|--------------|----------------------------------|---------------------|--|----------------------|-------------------------|-------------------------------------|--|-------------------------|--------------------|
| 2005-2006 | Available | Available | Available | Available ¹¹ | Available | Not available | Available (Date admitted into care) | Available (Discharge or Transfer ¹²) | Not available | Not available |
| 2006-2007 | Available | Available | Available | Available ¹¹ | Available | Available ¹³ | Available | Available (Discharge or Transfer ¹²) | Not available | Not available |
| 2007-2008 | Available | Available | Available | Available ¹¹ | Available | Available ¹⁴ | Available | Available (Discharge or Transfer ¹²) | Not available | Not available |
| 2008-2009 | Available | Available | Available | Available ¹¹ | Available | Available ¹⁴ | Available | Available (Discharge or Transfer ¹²) | Not available | Not available |
| 2009-2010 | Available | Available | Available | Available ¹¹ | Available | Available ¹⁴ | Available | Available (Discharge or Transfer ¹²) | Not available | Not available |
| 2010-2011 | Available | Available | Available | Available ¹¹ | Available | Available ¹⁴ | Available | Available (Discharge or Transfer ¹²) | Not available | Not available |
| 2011-2012 | Available | Available | Available | Available ¹¹ | Available | Placement type | Available | Available (Discharge or Transfer ¹²) | Available ¹⁵ | Not available |
| 2012-2013 | Available | Available | Available | Available ¹¹ | Available | Placement type | Available | Available (Discharge or Transfer ¹²) | Available ¹⁵ | Not available |

11 **Child or parent's residence on reserve** – Address/Residence of Parent with whom the child is ordinarily resident at the time of admission to care: Address (Number, Street, Apartment); City; Province/Territory; Postal Code; Is this an on-reserve address? (Y/N); if YES, indicate Band Name, Band Number, Reserve Number; NO, check the reason for the parent's absence from reserve and identify the length of time: Obtaining health services (Insert date moved from reserve); Attending substance abuse treatment centre, shelter, community care home (Insert program/institution that parent is in), Serving a criminal sentence imposed by a court; Attending an educational or training program full time (Insert length of time)

12 **Placement end date** – *DISCHARGE: Complete only if the child was in your care and has now been discharged from being in care (not being transferred to the Province of BC or another FNCFS Agency). The above-named child was discharged on (INSERT DATE) and our Agency is requesting stop payment on that date; *TRANSFER: Complete only if the child is being transferred to the Province of BC or another FNCFS Agency. The above-named child's case was transferred to (the Province of BC or name of FNCFS Agency): (INSERT AUTHORITY) on the following date (INSERT DATE): and our Agency is requesting stop payment on that date

13 **Type of care** – Foster Care; Group Care; Institutional Care

14 **Type of care** – Foster Care; Group Care; Institutional Care; Section 8; Section 35 (2) (d); Section 41 (1) (b); Section 54.1; Section 12.2; Section 5; Adoption

15 **Cost description** – Additional Child Cost Type

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) (continued)

Manitoba ISC Region

Table J.4 Data fields available in sample FNCFS child maintenance reports provided by Manitoba ISC region (FY2005-2006 to FY2012-2013)

| Fiscal Year | Child's Name | Child Indian Registration Number | Child Date of Birth | Child or Parent's Residence on Reserve | Parent/Guardian Name | Type of Care | Placement Start Date | Placement End Date | Cost Description | Other Support Cost |
|-------------|--------------|----------------------------------|---------------------|--|----------------------|-------------------------|----------------------|------------------------------------|--|-------------------------|
| 2005-2006 | Available | Treaty number | Available | Not available | Not available | Available ¹⁶ | Available | Available | Partial: Basic maintenance ¹⁷ | Available ¹⁸ |
| 2006-2007 | Available | Treaty number, Band number | Available | Not available | Available | Not available | Available | Available | Partial: Maintenance | Available ¹⁹ |
| 2007-2008 | Available | Treaty number, FN name | Available | Not available | Available | Not available | Available | Available | Not available | Available ²⁰ |
| 2008-2009 | Available | Available | Available | Not available | Available | Not available | Available | Available | Not available | Available ²¹ |
| 2009-2010 | Available | Available | Available | Not available | Available | Not available | Available | Available | Partial: Maintenance | Not available |
| 2010-2011 | Available | Available | Available | Not available | Available | Not available | Available | Potentially available: Expiry date | Available ²² | Available ²³ |
| 2011-2012 | Available | Available | Available | Not available | Available | Not available | Available | Potentially available: Expiry date | Available ²⁴ | Available ²⁵ |
| 2012-2013 | Available | Available | Available | Not available | Available | Available ²⁶ | Available | Potentially available: Expiry date | Available ²⁷ | Available ²⁸ |

16 **Type of care** – Care Category/Age Group: South (0-10, 11+, 18+); Road Access (0-10; 11+); No Road Access (0-10, 11+); Group Home (0-10, 11+); Other Placements (0-10, 11+); Foster Home Placement: South (0-10, 11+); Road (0-10, 11+); No Road (0-10, 11+)

17 **Cost description** – Approved Amount, Total

18 **Other support cost** – Special Needs; Foster Parent Training Functions

19 **Other support cost** – Prior Period (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other) (0-10) Regular Rate (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other); (11+) Regular Rate (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other); (0-10) Special Rate (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other); (11+) Special Rate (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other), Group Homes (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other); Other Care (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other)

20 **Other support cost** – Fee for Service; Respite; Home Visits; Other (Specify); Special Needs

21 **Other support cost** – Travel; Legal; Other; Foster Parent Training; F/P Compensation Plan; Adoption Subsidies; Family Visit

22 **Cost description** – Actual Basic Maintenance (Emergency Foster, Foster Parent, Agency Allowance)

23 **Other support cost** – Extra Supports; Change of Placement & Readmission; Special Needs; Pych Assess.

24 **Cost description** – Total Basic Maintenance

25 **Other support cost** – Federal Only (Foster Parent Training); Special Needs; Total Support Services

26 **Type of care** – Foster Home (Children); Group Home (Children)

27 **Cost description** – Regular Maintenance; Basic Clothing; Seasonal; Parent Aid, Family Suppt., PA/Relief; Babysitter, Daycare, Childcare; Early Intervention, YIW (Youth In Care Worker), EIC; TA, Tutor; Medical (Assessment; Counselling/Psych Service; Eye Exams, Dental, Glasses); Travel (To Doctor; Other); Bed, Dresser, Table, Chairs; Recreation (Hockey, Karate, Bikes); Miscellaneous (Emergency Serv., Food Misc., Life Skills Dev.)

28 **Other support cost** – Agency Allowance; Activities; Gifts; Special Needs

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) (continued)

Ontario ISC Region

Table J.5 Data fields available in sample FNCFS child maintenance reports provided by Ontario ISC region (FY2005-2006 to FY2012-2013)²⁹

| Fiscal Year | Child's Name | Child Indian Registration Number | Child Date of Birth | Child or Parent's Residence on Reserve | Parent/Guardian Name | Type of Care | Placement Start Date | Placement End Date | Cost Description | Other Support Cost |
|-------------|-------------------------|----------------------------------|-------------------------------|---|---|---|---|-------------------------------|------------------|--------------------|
| 2005-2006 | Available on both forms | Available on both forms | Available in Eligibility Form | Available in Eligibility Form ³⁰ | Available in Eligibility Form ³¹ | Available in Eligibility Form ³² | Available in Quarterly Report ³³ | Available in Quarterly Report | Not available | Not available |
| 2006-2007 | Available on both forms | Available on both forms | Available in Eligibility Form | Available in Eligibility Form ³⁰ | Available in Eligibility Form ³¹ | Available in Eligibility Form ³² | Available in Quarterly Report ³³ | Available in Quarterly Report | Not available | Not available |
| 2007-2008 | Available on both forms | Available on both forms | Available in Eligibility Form | Available in Eligibility Form ³⁰ | Available in Eligibility Form ³¹ | Available in Eligibility Form ³² | Available in Quarterly Report ³³ | Available in Quarterly Report | Not available | Not available |
| 2008-2009 | Available on both forms | Available on both forms | Available in Eligibility Form | Available in Eligibility Form ³⁰ | Available in Eligibility Form ³¹ | Available in Eligibility Form ³² | Available in Quarterly Report ³³ | Available in Quarterly Report | Not available | Not available |
| 2009-2010 | Available on both forms | Available on both forms | Available in Eligibility Form | Available in Eligibility Form ³⁰ | Available in Eligibility Form ³¹ | Available in Eligibility Form ³² | Available in Quarterly Report ³³ | Available in Quarterly Report | Not available | Not available |
| 2010-2011 | Available on both forms | Available on both forms | Available in Eligibility Form | Available in Eligibility Form ³⁰ | Available in Eligibility Form ³¹ | Available in Eligibility Form ³² | Available in Quarterly Report ³³ | Available in Quarterly Report | Not available | Not available |
| 2011-2012 | Available on both forms | Available on both forms | Available in Eligibility Form | Available in Eligibility Form ³⁰ | Available in Eligibility Form ³¹ | Available in Eligibility Form ³² | Available in Quarterly Report ³³ | Available in Quarterly Report | Not available | Not available |
| 2012-2013 | Available on both forms | Available on both forms | Available in Eligibility Form | Available in Eligibility Form ³⁰ | Available in Eligibility Form ³¹ | Available in Eligibility Form ³² | Available in Quarterly Report ³³ | Available in Quarterly Report | Not available | Not available |

²⁹ Two forms were provided to the project team for Ontario Region: *Sample Quarterly Report (aka Maintenance Report) Version 1* ("Quarterly Report") applicable to FY 2005-2006 to 2012-2013 and *FNCFS IMS – ON Determination of Eligibility for Federal _ Ontario Cost Sharing V1* ("Eligibility Form") applicable to FY 2005-2006 to 2012-2013.

³⁰ **Residence (child and parents) – response options:** On Reserve (O); On Crown Land/Unincorporated Territory (C); Municipality (but less than 12 months off-reserve) (M); Municipality (but greater than 12 months off-reserve) (M+); Address

³¹ At minimum, one must be provided: Name of Mother and/or Father; If no information available for mother/father, provide information for next of kin/guardian

³² **Type of care – response options:** Foster/Group/Institutional

³³ **Admission Date** (if the child was admitted to care in a previous quarter, use the original admission date.)

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) (continued)

Quebec ISC Region

Table J.6 Data fields available in sample FNCFS child maintenance reports provided by Quebec ISC region (FY2005-2006 to FY2012-2013)

| Fiscal Year | Child's Name | Child Indian Registration Number | Child Date of Birth | Child or Parent's Residence on Reserve | Parent/Guardian Name | Type of Care | Placement Start Date | Placement End Date | Cost Description | Other Support Cost |
|-------------|--------------|----------------------------------|---------------------|--|----------------------|-----------------------|----------------------|--------------------|------------------|--------------------|
| 2005-2006 | Nom & prénom | No. registre | Date naissance | Not available | Not available | Service ³⁴ | Début placement | Fin placement | Not available | Not available |
| 2006-2007 | Nom & prénom | No. registre | Date naissance | Not available | Not available | Service | Début placement | Fin placement | Not available | Not available |
| 2007-2008 | Nom & prénom | No. registre | Date naissance | Not available | Not available | Service | Début placement | Fin placement | Not available | Not available |
| 2008-2009 | Nom & prénom | No. registre | Date naissance | Not available | Not available | Service | Début placement | Fin placement | Not available | Not available |
| 2009-2010 | Nom & prénom | No. registre | Date naissance | Not available | Not available | Service | Début placement | Fin placement | Not available | Not available |
| 2010-2011 | Nom & prénom | No. registre | Date naissance | Not available | Not available | Service | Début placement | Fin placement | Not available | Not available |
| 2011-2012 | Nom & prénom | No. registre | Date naissance | Not available | Not available | Service | Début placement | Fin placement | Not available | Not available |
| 2012-2013 | Nom & prénom | No. registre | Date naissance | Not available | Not available | Service | Début placement | Fin placement | Not available | Not available |

³⁴ Response options unclear

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) (continued)

Saskatchewan ISC Region

Table J.7 Data fields available in sample FNCFS child maintenance reports provided by Saskatchewan ISC region (FY2005-2006 to FY2012-2013)³⁵

| Fiscal Year | Child's Name | Child Indian Registration Number | Child Date of Birth | Child or Parent's Residence on Reserve | Parent/Guardian Name | Type of Care | Placement Start Date | Placement End Date | Cost Description | Other Support Cost |
|-------------|-------------------------|--|-------------------------|--|------------------------|--|---------------------------------------|---------------------------------------|---|--|
| 2005-2006 | Available in ICFS Form | Band Name and No. (10 digit) | Available in ICFS Form | Available in ICFS Form | Available in ICFS Form | Available in ICFS form ³⁶ | Not available | Not available | Not available | Not available |
| 2006-2007 | Available in ICFS Form | Band Name and No. (10 digit) | Available in ICFS Form | Available in ICFS Form | Available in ICFS Form | Available in ICFS Form ³⁶ | Not available | Not available | Not available | Not available |
| 2007-2008 | Available in both forms | Available in both forms ^{37,38} | Available in both forms | Available in ICFS Form | Available in ICFS Form | Available in both forms ^{36,39} | Available in Monthly Invoice | Available in Monthly Invoice | Partial: Basic Maintenance in Monthly Invoice | Partial: Info. on Total Special Needs in Monthly Invoice |
| 2008-2009 | Available in ICFS Form | Band Name and No. (10 digit) | Available in ICFS Form | Available in ICFS Form | Available in ICFS Form | Available in ICFS Form ³⁶ | Information not legible ⁴⁰ | Information not legible ⁴⁰ | Information not legible ⁴⁰ | Information not legible ⁴⁰ |
| 2009-2010 | Available in both forms | Available in both forms | Available in both forms | Available in ICFS Form | Available in ICFS Form | Available in both forms ^{36,39} | Available in Monthly Invoice | Available in Monthly Invoice | Partial: Basic Maintenance in Monthly Invoice | Partial: Info. on Total Special Needs in Monthly Invoice |
| 2010-2011 | Available in both forms | Available in both forms | Available in both forms | Available in ICFS Form | Available in ICFS Form | Available in both forms ^{36,39} | Available in Monthly Invoice | Available in Monthly Invoice | Partial: Basic Maintenance in Monthly Invoice | Partial: Info. on Total Special Needs in Monthly Invoice |
| 2011-2012 | Available in both forms | Available in both forms | Available in both forms | Available in ICFS Form | Available in ICFS Form | Available in both forms ^{36,39} | Available in Monthly Invoice | Available in Monthly Invoice | Partial: Basic Maintenance in Monthly Invoice | Partial: Info. on Total Special Needs in Monthly Invoice |
| 2012-2013 | Available in both forms | Available in both forms | Available in both forms | Available in ICFS Form | Available in ICFS Form | Available in both forms ^{36,39} | Available in Monthly Invoice | Available in Monthly Invoice | Partial: Basic Maintenance in Monthly Invoice | Partial: Info. on Total Special Needs in Monthly Invoice |

35 *Two forms were provided to the project team for Saskatchewan Region: *Monthly Invoice Summary* ("Monthly Invoice") for FY 2007-2008 and FY 2009-2010 to 2012-2013 and *ICFS Child Care Notification Form* ("ICFS Form") applicable to FY 2005-2006 to 2012-2013.

36 *In ICFS Form: Placement Type– response options:* Place of Safety, Alternate Care Home, Emergency Foster Home, Foster Home, Therapeutic Foster Home, Room & Board Placement, Group Home, Stabilization/Assessment Centre, Institutional Care, Person of Sufficient Interest, Other

37 *In ICFS Form:* Band Name and No. (10 digit)

38 *In Monthly Invoice:* Band/Family Member Number (10 Digits)

39 *In Monthly Invoice: Type of Care (circle):* P=Person of Interest; F=Foster Care; G=Group Home; I=Institutional Care; A=Alternative Care Giver

40 Monthly Invoice Form for this fiscal year was illegible

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) (continued)

Yukon ISC Region

Table J.8 Data fields available in sample FNCFS child maintenance reports provided by Yukon ISC region (FY2005-2006 to FY2012-2013)

| Fiscal Year | Child's Name | Child Indian Registration Number | Child Date of Birth | Child or Parent's Residence on Reserve | Parent/Guardian Name | Type of Care | Placement Start Date | Placement End Date | Cost Description | Other Support Cost |
|-------------|----------------------------|----------------------------------|---------------------|--|----------------------|---------------|----------------------|--------------------|-------------------------|-------------------------|
| 2005-2006 | Form not located by region | | | | | | | | | |
| 2006-2007 | Available | Not available | Available | Not available | Not available | Not available | Not available | Not available | Not available | Not available |
| 2007-2008 | Available | Not available | Available | Not available | Not available | Not available | Not available | Not available | Not available | Not available |
| 2008-2009 | Available | Not available | Available | Not available | Not available | Not available | Not available | Not available | Not available | Not available |
| 2009-2010 | Available | Not available | Available | Not available | Not available | Not available | Not available | Not available | Not available | Not available |
| 2010-2011 | Available | Not available | Available | Not available | Not available | Not available | Not available | Not available | Not available | Available ⁴¹ |
| 2011-2012 | Available | Not available | Available | Not available | Not available | Not available | Not available | Not available | Not available | Available ⁴¹ |
| 2012-2013 | Available | Available | Available | Not available | Not available | Not available | Not available | Not available | Available ⁴² | Not available |

⁴¹ **Other Support Costs – response options:** Rent/Respite/Child Care; Travel; Clothing Allowance; Birthday/Christmas Allowance; CIC Costs; Ineligible Expenses

⁴² **AANDC Categories:** Child Care Support; Clothing; Family Connection; Foster Basic; Foster Special

Appendix K. FNCFS – Child Maintenance Data Overview – Prior to FY 2013-2014

Source: Unmodified information from ISC staff

Overview:

- Prior to 2013-14, there was no national information management system for child maintenance data. As such, there are significant limits regarding the child maintenance data available from 1991 to 2012-2013 and the availability of data varies across the regions.
- Limits on information collected prior to the implementation of a national information management system includes:
 - Legacy systems have been decommissioned and the data they stored may be difficult to retrieve.
 - Precise information may not have been captured in early years, making it difficult to determine items such as the number of placements and time in care. Manual counts may be required.
 - Reports have been archived and are now stored off-site.
 - Older records or closed files would be subjected to Treasury Board and Departmental policies regarding physical records retention, and therefore may have been disposed of in accordance with those policies.

| Region | Description | Data Source (e.g., existing data base, case file review, etc.) |
|-----------|--|---|
| SK Region | <ul style="list-style-type: none"> • Historical child maintenance data is available from the decommissioned SK regional system. • Approximate start date of data is 1995. • Data is based on FNCFS agencies that were operational and delegated at that time. • The Province of Saskatchewan has access to data through their own database for FN children in care not serviced by a delegated agency. | <ul style="list-style-type: none"> • SK region decommissioned database (accessible to NCR in an electronic format – MS Excel spreadsheets). <ul style="list-style-type: none"> ○ Regional consultation needed for details of the data • Province of SK database • Archived reports offsite |
| BC Region | <ul style="list-style-type: none"> • BC FNCFS data (from delegated agencies) is available from 2011-2012 in an electronic format. • BC data (from the Province - MCFD) is available from 2012-2013 in an electronic format. • BC FNCFS data (from delegated agencies) from 1996-1997 to 2010-2011 was collected in a regional dBase system. • BC data (from the Province - MCFD) from 2011-2012 was collected in a regional dBase system. • Records prior to 2010-2011 may not be accessible in an electronic format. | <ul style="list-style-type: none"> • BC regional system • BC regional dBase system (decommissioned) • GCDOCS (as scanned documents) • Archived paper records (TBD by Information Management (IM) team) |
| ON Region | <ul style="list-style-type: none"> • Historical data are available from fiscal year 2000-2001 and forward. • Prior to 1998, the Ontario Region did not have a centralized approach to capturing and maintaining data. | <ul style="list-style-type: none"> • ON region database • MS Excel spreadsheets in GCDOCS |

Date Modified: 1/7/2022 7:50:00 PM
GCDOCS # 89214024

Appendix K. FNCFS – Child Maintenance Data Overview – Prior to FY 2013-2014 (continued)

| Region | Description | Data Source (e.g., existing data base, case file review, etc.) |
|-----------|---|--|
| YT Region | <ul style="list-style-type: none"> Historical data are available in spreadsheets, scanned documents, hard copies and in various template formats. A limited number of reports are available in an electronic format. | <ul style="list-style-type: none"> ON region database (Older electronic file format) Comprehensive Integrated Document Management (CIDM) Offsite archived reports (hard copies) |
| QC Region | <ul style="list-style-type: none"> Historical child maintenance data is available from the early to mid-2000s in the QC regional decommissioned database. Data from 1991 to 1995-1996 are available as hard copy files. | <ul style="list-style-type: none"> QC region decommissioned database (accessible to NCR in an electronic format – MS Excel spreadsheets). <ul style="list-style-type: none"> Regional consultation needed for details of the data Archived paper records |
| AT Region | <ul style="list-style-type: none"> Historical child maintenance data is available between 2005 to 2013. Limited data available between 1991 to 2004. This includes paper copies for earlier years and electronic files (scanned PDF or MS Excel in GCIMS or GCDOCS). | <ul style="list-style-type: none"> Archived paper records (Library and Archive Canada) Archived paper records (Regional Office) Comprehensive Integrated Document Management (CIDM) Electronic files in GCDOCS |
| MB Region | <ul style="list-style-type: none"> Historical child maintenance data starting approximately in 07/08 may have records on an agency-by-agency basis identifying each child. Prior to 07/08, would need to be retrieved from archived records (National Archives). | <ul style="list-style-type: none"> Archived paper records (National Archives) Electronic files |

Date Modified: 1/7/2022 7:50:00 PM
GCDOCS # 89214024

Appendix K. FNCFS – Child Maintenance Data Overview – Prior to FY 2013-2014 (continued)

| Region | Description | Data Source (e.g., existing data base, case file review, etc.) |
|-----------|---|---|
| | <ul style="list-style-type: none"> A large volume of paper records, scanned paper records and a limited number of electronic files (MS Excel spreadsheet) may exist. | |
| AB Region | <ul style="list-style-type: none"> Historical data is captured in paper records (including fax), MS Excel spreadsheets, TIFs and scanned PDFs. (Some reports are available in more than one format). Electronic-retention was not available for a number of historical fiscal years. Not all data was saved due to the sensitivity of the information (names and details of children). | <ul style="list-style-type: none"> Archived paper records GCDOCS Grants and Contribution Information Management System (GCIMS) |

Please note:

Comprehensive Integrated Document Management (CIDM) system is the former document management system used by the Department.

GCDOCS is the Government of Canada's solution for information management of electronic and paper documents and records.

DBase is a database management system (DBMS) that runs on a Windows platform.

Appendix L. Data Expungement in the Field of Child Welfare

Expungement of Data in the Field of Child Welfare Literature Scan



UNIVERSITY OF
TORONTO

POLICY BENCH
Fraser Mustard Institute for
Human Development

October 2020

Policy Bench
Fraser Mustard Institute of Human Development

Policy Bench Co-Leads:

Barbara Fallon, Ph.D.
Professor
Factor-Inwentash Faculty of Social
Work
University of Toronto

Steven Miller, M.D.
Head of Neurology
Division of Neurology
The Hospital for Sick Children

Policy Bench Advisory Committee:

Catherine Birken, M.D.
Staff Pediatrician
Pediatric Medicine
The Hospital for Sick Children

Steven Miller, M.D.
Head of Neurology
The Hospital for Sick Children

Avram Denburg, M.D.
Staff Oncologist and Clinical Scientist
The Hospital for Sick Children

Faye Mishna, Ph.D.
Professor
Factor-Inwentash Faculty of
Social Work
University of Toronto

Barbara Fallon, Ph.D.
Professor
Factor-Inwentash Faculty of Social
Work
University of Toronto

Marla Sokolowski, Ph.D.
Professor
Department of Cell and Systems
Biology
University of Toronto

Jennifer Jenkins, Ph.D.
Professor
Department of Applied Psychology
and Human Development
University of Toronto

Suzanne Stewart, Ph.D.
Professor
Ontario Institute for Studies in
Education
University of Toronto

Joel Levine, Ph.D.
Professor
Department of Biology
University of Toronto

Principal Researchers:

Genevieve Sansone, Ph.D.
Research Associate
Factor-Inwentash Faculty of Social
Work
University of Toronto

Sima Sajedinejad, M.D, MPH, PhD.
Research Associate
Factor-Inwentash Faculty of
Social Work
University of Toronto

Recommended Citation: Sansone, G., Sajedinejad, S., Sistovaris, M., Fallon, B., Miller, S., Birken, C., Denburg, A., Jenkins, J., Levine, J., Mishna, F., Sokolowski, M. and Stewart, S. (2020). *Expungement of Data in the Field of Child Welfare*. Toronto, Ontario: Policy Bench, Fraser Mustard Institute of Human Development, University of Toronto.

Cover Image Credit: Free for commercial use with no attribution required. Pixabay.com

File Number: LS 2020-no. 2

Table of Contents

| | |
|--|-----------|
| Acronyms..... | ii |
| Executive Summary..... | iii |
| 1.0 Introduction..... | 1 |
| 1.1 <i>Why does the issue warrant attention?</i> | 3 |
| 2.0 Background..... | 3 |
| 2.1 <i>Overview of the process for reporting and tracking child abuse</i> ...3 | |
| 2.2 <i>Purpose and use of child abuse databases or registries</i> | 5 |
| 2.3 <i>Comparison of child abuse registries and other registries</i> | 6 |
| 2.4 <i>Child abuse databases in Canada</i> | 7 |
| 2.5 <i>Child abuse registries in the United States</i> | 8 |
| 3.0 Debate Surrounding the Expungement of Data | 13 |
| 3.1 <i>Arguments in support of expungement</i> | 13 |
| 3.2 <i>Arguments against expungement</i> | 15 |
| 4.0 Court Cases in the United States | 18 |
| 5.0 Objectives | 20 |
| 6.0 Research Methods | 21 |
| 6.1 <i>Keywords/Search Terms</i> | 21 |
| 6.2 <i>Data Sources</i> | 21 |
| 6.3 <i>Search Strategy</i> | 22 |
| 6.4 <i>Literature Selection, Data Extraction and Synthesis</i> | 22 |
| 7.0 Results of the Literature Scan | 23 |
| 8.0 Conclusions..... | 24 |
| 8.1 <i>Limitations of this research</i> | 25 |
| 8.2 <i>Future research</i> | 25 |
| 8.3 <i>Implications for policy</i> | 25 |
| References..... | 31 |
| Appendix A – Child Abuse Registries and Policies in Canada | 35 |
| Appendix B – Sources of Information (Peer Reviewed)..... | 41 |
| Appendix C – Sources of Information (Grey Literature)..... | 42 |
| Endnotes for Appendix A | 43 |

Acronyms

| | |
|--------|--|
| BRC | Building Research Capacity |
| CACI | Child Abuse Central Index (California) |
| CAPTA | Child Abuse Prevention and Treatment Act |
| CAR | Child Abuse Register (Ontario) |
| CAS | Children's Aid Society |
| CIS | Canadian Incidence Study of Reported Child Abuse and Neglect |
| CPIN | Child Protection Information Network (Ontario) |
| CPS | Child Protective Services |
| CYSFA | Child, Youth and Family Services Act (Ontario) |
| LS | Literature scan |
| OCANDS | Ontario Child Abuse and Neglect Data System |
| OIS | Ontario Incidence Study |
| PI | Performance indicator |
| US | United States |

Executive Summary

Issue: The impact of data expungement in the field of child welfare.

Background: Child welfare agencies maintain records of all reports of child maltreatment and their outcomes in their information systems for the purposes of investigation, treatment, and prevention of child abuse and neglect. In some Canadian provinces and in most US states, case information on alleged child abuse is also added to a registry that may be accessible to other groups or agencies, including employers. While these systems are essential for protecting children from harm, the potential consequences faced by families and individuals after being added to a child welfare information system or registry have resulted in calls for reform. One proposed policy option to strengthen protections for individuals accused of child abuse is to enhance procedures for the expungement or removal of case records from the registry or from the local agency's information system entirely, if the case is determined to be either unfounded or false. This issue is of importance because any changes to data expungement laws would have implications not only for children and adults involved in child welfare investigations, but also for research and evaluation of child welfare services.

Methods: A scan of existing peer reviewed and grey literature was carried out to identify, collect and synthesize research evidence exploring the issue of data expungement for child abuse cases. The process involved a series of steps including the identification of key words/search terms and relevant data sources; the development of search strategies; an extensive search of the literature; screening and data extraction; and a synthesis of the literature. Search terms included: expungement; child welfare; child abuse/maltreatment; and registry. Search strategies were developed to meet the parameters of each database and were refined throughout the process as results were reviewed. Pertinent information was extracted from the literature and summarized throughout the report.

Findings: The results of the literature scan revealed a limited number of published articles that addressed the issue of data expungement from child welfare databases, and none from Canada; the majority of research was exploratory and has largely focused on the topic of child abuse registries in the US. Findings showed that there is currently wide variation in legislation across jurisdictions in terms of when cases of reported child abuse are added to an information system or registry, and circumstances or timeframes under which they can be expunged. As a result, there remains a lack of agreement among researchers and courts as to what procedures and systems for maintaining child abuse records would best serve to balance the rights and needs of both children and adults. For example, while child abuse information systems serve an important function of identifying and protecting children from the risk of abuse or maltreatment, they may also have serious negative consequences for the individual accused of child abuse, including barriers to employment and other opportunities - with a disproportionate burden on certain groups (e.g. people of lower income, minorities, and women). There is a need for more research to compare and evaluate data expungement policies and their outcomes (e.g. rates of rereports, and any harms suffered by children and families) in order to gain a better understanding of the impact of such policies for both child welfare services and the families that require these services, and to help to inform future policies in Canada.

Expungement of Data in the Field of Child Welfare

Expungement of Data in the Field of Child Welfare Literature Scan

1.0 Introduction

In the United States (US) and Canada, reports of alleged child abuse and neglect are maintained in an administrative database and/or registry¹ following an investigation by child welfare services. In general, the main purpose of these systems is to provide information to assist child welfare workers and agencies in the investigation, treatment, and prevention of child abuse and maltreatment (Child Welfare Information Gateway, 2018a). However, the process of investigating and assessing the risk of child abuse may be inherently imprecise and subjective, leading to potential bias and penalization against individuals and families. Therefore, it is important for child welfare workers to have access to as much accurate information as possible in making assessments of harm or the need for protection.

While child abuse registries are one important resource for child welfare agencies to consult when investigating a report of alleged child abuse, the information in registries may also be accessible to other individuals or groups, such as potential employers in health or child care fields or potential foster parents, as part of a screening process to ensure the safety of any children who would be in contact with the individual in question. Due to the potential negative impact on the alleged perpetrator of being listed on a child abuse registry, there is considerable debate on the standards and procedures used to maintain case records, and the rights of an individual to correct or remove their record from a child abuse registry.

¹ All child protective services use a record-keeping system or informational database to track reports of alleged child abuse and investigation and their outcomes. This system may be used for internal purposes only, or the information may also be entered into a state or province-wide registry, which may be accessible to other agencies or groups.

Expungement of Data in the Field of Child Welfare

Data expungement refers to the removal of old, inaccurate, or false records from a child abuse registry or database.² Expungement law can vary by jurisdiction and can also depend on case status. In most cases, if the alleged abuse has been confirmed or “substantiated”³ (whether by a court of law or by a child protective service worker or agency), the record is included in the database or registry and can only be expunged once the child who was the subject of the abuse is over a certain age⁴ (Child Welfare Information Gateway, 2018b). If the case is determined to be unsubstantiated or unfounded, the record may not be added to the system at all, or it may be automatically expunged from the database after a certain time period according to local regulations, or if the accused individual successfully requests the removal of their name. However, procedures for expunction of records are typically complicated and lengthy, and there have been several court cases in the US to determine the legal rights of alleged abusers who wish to have their record expunged.

In Ontario, current regulations require child welfare agencies to follow established guidelines and procedures when an allegation of child abuse is received. This includes consulting the provincial information system for any previous reports or referrals that may indicate the child is at risk of maltreatment and in need of protection. If a report of child abuse is determined to be ‘verified’, it is also added to the province’s Child Abuse Register

² This report considers the issue of expungement of information from both registries (i.e. removal of an individual’s name from a child abuse registry so that it is not accessible to anyone outside of the state child protective services agency) and from databases entirely (i.e. the destruction of all information about a case record from the system so that it is not even accessible to child protective service workers).

³ States and provinces vary in the terms used to classify results of child abuse investigations. The classification of “substantiated” is usually given to a report when a determination has been made that abuse or neglect likely did occur. Other common terms for substantiated may include “founded,” “indicated,” “verified”, or “confirmed”. Similarly, when abuse has not been confirmed, a classification of “unsubstantiated”, “unfounded”, “not indicated”, “not verified”, or “unconfirmed” may be given. If no determination or decision can be made, the case may be considered “inconclusive”.

⁴ Typically, the age of adulthood is 18 years, but the specific age may vary by jurisdiction.

Expungement of Data in the Field of Child Welfare

(CAR).⁵ New privacy regulations implemented in January 2020 allow individuals the right to access their records of personal information and to request corrections.⁶

This literature scan will provide an overview of child abuse registries and the procedures for adding and removing reports to information systems across the US and Canada. Any research evidence on data expungement will be reviewed to help inform future policy and practice.

1.1 Why does the issue warrant attention?

There is currently a wealth of administrative data in Ontario and across Canada that could help to advance knowledge of child welfare services and their impact and provide valuable information to guide policymakers and practitioners. Any changes to data expungement laws for child abuse cases would thus have widespread consequences both for child welfare services and child maltreatment research and should only be done with great care. Understanding the potential risks and benefits that these changes may pose to both adults and children and youth is important before they are enacted.

2.0 Background

2.1 Overview of the process for reporting and tracking child abuse

In Canada and the US, all members of the public, including professionals and officials, have a duty to report suspected child abuse or neglect in order to protect the welfare of

⁵ Cases must meet the criteria for abuse established by the *Child and Family Services Act (CYFSA)* in order to be added to the registry; this is, the child has suffered physical, sexual, or emotional harm. Therefore, cases of child neglect are not added unless they also meet these criteria.

⁶ An amendment to Ontario's *CYFSA*, entitled "Part X", governs the collection, use, and disclosure of personal information by the Ministry and service providers (i.e. children's aid societies). The legislation allows individuals to access their records subject to certain exceptions, such as when there is a legal privilege, court order, or another Act that prohibits disclosure; or if granting the access could result in risk or serious harm or identification of another individual.

Expungement of Data in the Field of Child Welfare

children.⁷ When a report or referral about a child that may need protective services is received, the first step for the child welfare worker or agency is to assess the information and determine the appropriate response. At this stage, the worker may gather information from other sources, including the provincial or state database containing names of children and families with previous case records or who have previously or are currently receiving services.⁸ After considering all available information about the child, family, and situation, including any previous patterns of child welfare involvement and other key factors such as vulnerability of the child or safety threats, the worker may decide to open an investigation; refer the family or child for other services; or take no further action (ie. the case is screened out and not opened for investigation).⁹ If an investigation is warranted, the worker follows the established procedures and guidelines under their local regulations (i.e. the Ontario Child Protection Standards, 2016), which may include observation and interviews with the child, family members, or other possible witnesses.¹⁰ The investigation results in a decision or classification of the case depending on whether the worker has determined based on the evidence that the alleged abuse likely did occur, and whether the child or family is in need of protective services. The case outcome must be documented and notified to the child and family or individual in question.

In most US states and in some provinces, there may be an additional step of adding certain cases (i.e. those that have been verified or substantiated) to a register or registry containing information about the individual who committed the abuse and other case details. Further information on these registries is provided in the following sections. However, regardless of whether a centralized registry is in place, all investigated reports of

⁷ In most states, professionals who interact with children are required by law to report known or suspected child abuse, and in some states, any person is required to report, with penalties for failing to report. (Hollenbeck, 2001)

⁸ For example, in Ontario, this database is called the FastTrack Information System. When Children's Aid Societies receive a report of suspected child abuse, they are required to search this database for information that may help determine whether the child is in need of protection. For non-Indigenous agencies, screening workers will look for an existing record in CPIN (Child Protection Information Network).

⁹ In Ontario, the Eligibility Spectrum is a tool used at this stage, which was designed to assist child welfare workers in making decisions about eligibility for service when they receive a report or referral. The Spectrum has been in use since the 1990s and was last updated in 2016.

¹⁰ In Ontario, the investigation also includes a safety assessment and a risk assessment, which is used to inform case decision making and service provision (Ministry of Children and Youth Services, 2016).

Expungement of Data in the Field of Child Welfare

child abuse and neglect and their outcomes are generally documented and some or all of the information is maintained in the agency's database for use by child welfare services.¹¹

2.2 Purpose and use of child abuse databases or registries

The databases of child abuse reports and investigations maintained by child welfare agencies serve a number of important purposes. While their primary purpose is to aid child welfare investigations and protect children from maltreatment, the records may also be used for statistical or research purposes, to improve child welfare services, and to provide background checks for volunteer or employed positions that involve access to or contact with children (Huntzinger, 2020).

As described by Hollenbeck (2001, p.10) and others, central registries in the United States generally have one of four purposes:

1. *Record-keeping and statistics* – providing information to understand the nature and scope of cases of child abuse in the state, which can be useful for staffing and funding purposes (Child Welfare Information Gateway, 2018a)
2. *Quality assurance* – providing information to ensure that child welfare services are delivered effectively and to aid case monitoring and planning (Huntzinger, 2020)
3. *Diagnosis* – allowing child welfare workers to check the database for previous reports on a suspected perpetrator or victim of child abuse during an investigation
4. *Prevention* – providing employers or other agencies in the field of child care with access to reports during screening processes in order to keep abusers from gaining access to children

Using child welfare data for research and evaluation purposes

In addition, while not typically collected for this purpose, the administrative data compiled by state and local child welfare agencies may be a useful resource for policy research and evaluation. By providing information on policy-relevant outcomes such as documented child maltreatment incidents and foster care placements, this data can answer important research questions and contribute to the evidence base for evaluation of interventions and programs to prevent child abuse and improve services for families (Green et al., 2015).

While researchers in the US have long recognized the potential uses of administrative data in the field of child welfare, there is a lack of data and research on the efficacy of child welfare services and programs in Canada (Fallon et al., 2017; Trocmé et al., 2016). In Canada, the only national source of data on child welfare services is the Canadian Incidence

¹¹ Note: While the term "child protective services" or "CPS" is primarily used in the US, this report generally refers to "child welfare services" as this is the standard wording used in Ontario and Canada.

Expungement of Data in the Field of Child Welfare

Study of Reported Child Abuse and Neglect (CIS), a cyclical survey conducted every five years between 1993-2008. The CIS has been accompanied by provincial or territorial incidence surveys, such as the Ontario Incidence Study (OIS), which was last conducted in 2018. However, the data from these studies is cross-sectional and only designed to produce national and provincial level estimates. The Ontario Child Abuse and Neglect Data System (OCANDS) has also been developed as the first provincial data system to track children and families involved with child welfare services longitudinally. Together, data from these studies can be used to describe characteristics of children and families investigated by child welfare services; estimate the rate and type of reported and substantiated child maltreatment; and track service trajectories and outcomes (Fallon et al., 2017). For example, it can help child welfare agencies to identify children at greater risk of outcomes such as long-term foster care; and to develop profiles of families at greater risk of recidivism of child maltreatment.

As described by Fallon et al. (2017), data from the OIS has already been used to inform several key policy initiatives in the province, such as the implementation of differential response models for the provision of child welfare services and the creation of specialized intimate partner violence teams; and has contributed to improved understanding of risk assessments and opportunities for early intervention to prevent future maltreatment among children who are at risk. However, the potential of the data has been limited thus far because most child welfare agencies do not currently have the tools or capacity to use these data effectively; and significant barriers remain in accessing longitudinal administrative data (Fallon et al., 2017; Trocmé et al., 2016). Emerging partnerships between universities and child welfare agencies in Canada, such as those described in Section 8.3, may help to bridge this gap and link child welfare research with policy and practice.

2.3 Comparison of child abuse registries and other registries

While there may be some overlap between cases of child abuse and criminal cases and in the consequences of having a record for either child abuse or another crime, it is important to note that child abuse registries and records are separate and distinct from other types of registries, namely criminal and sex offender registries. Some of the differences between these systems are noted below:

- Typically, there must be a legal finding or conviction made by a court against an individual in order for their name to be added to a criminal or sex offender registry; however, the criteria for being listed on a child abuse registry tends to be less stringent (Huntzinger, 2020). Often, a case record may be added to a child abuse registry before any hearing or court ruling, based only on the decision made by a child protection service worker during their investigation.
- In addition, during that investigation, an accused abuser is not automatically provided with the same type of rights that an accused criminal would be offered during a criminal investigation, such as the Miranda rights (Sen, 2020).
- Another difference is the accessibility of registries – while the information in child

Expungement of Data in the Field of Child Welfare

abuse registries is limited to certain individuals, agencies or employers, court records showing criminal convictions can be accessed by the public, and in the United States (but not Canada), sex offender registries can also be searched by the public.

- Depending on the jurisdiction, there may also be differences in the length of time an individual's name is kept on the different types of registries. For example, in New Jersey, a sex offender typically remains on the registry for his or her lifetime unless they have been offense-free for fifteen years, at which time the individual can petition to be removed from the registry; whereas no such provision may be given to individuals on the child abuse registry, whose records generally cannot be expunged if they have been substantiated (Miller, 2011).
- It has also been argued that child abuse registries are more harmful than sex offender registries because of the loss of employment prospects that results from being listed on a child abuse registry, over and above the reputational harm caused by being accused of any type of crime (Navid, 2011).
- While other court systems consider the unique situations of minors and may seal or expunge juvenile criminal records, the child welfare system does not typically differentiate between minor and adult perpetrators in dealing with cases of abuse or neglect, including decisions to expunge records (Barry, 2018).

2.4 Child abuse databases in Canada

In Canada, child protection services are regulated at the provincial or territorial level rather than the federal level. Each province or territory has its own child protection legislation and regulations, with some differences in policies and practices across jurisdictions. Systems for maintaining information on reports and investigations of child abuse and maltreatment also vary, with some provinces having fairly elaborate information systems, while others only provide information at the local level (Fallon et al., 2011). Only three provinces have established child abuse registries to date – Manitoba, Ontario, and Nova Scotia; although some other provinces also allow for record checks of child abuse investigations using their information systems. In those provinces that do maintain registries, an individual may request or apply to have their name removed, although expungement procedures vary by province.

The standards of evidence that are used by child protection authorities to determine whether to intervene or whether maltreatment occurred also vary by province. Most provinces do not use a clear standard for substantiation of maltreatment; however, others use a two-tiered classification system to distinguish between cases where the alleged maltreatment is either 'substantiated' or 'verified' versus unfounded or not verified. In making this classification, some provinces such as Ontario, New Brunswick and Saskatchewan use a "balance of probabilities" approach to determine whether the weight of the evidence supports an allegation of abuse or neglect. In addition, child welfare statutes and standards in most jurisdictions cover not only cases where a child may have experienced maltreatment, but also cases where there is no evidence of harm but children

Expungement of Data in the Field of Child Welfare

are at a substantial risk of future maltreatment. For example, in 2008, about three-quarters of all child maltreatment investigations in Canada were conducted for possible incidents of abuse or neglect that had already occurred, while one-quarter were focused on concerns about future maltreatment (Trocmé et al., 2010, Chapter 3). Both types of investigations are thus included in each province or agencies' administrative record systems.

Appendix A provides an overview of the legislation governing child welfare in each province and territory, and any existing policies and procedures for child abuse registries and expungement of records, as well as any information on the standards used for verification of child abuse allegations.

2.5 Child abuse registries in the United States

Overview

All fifty states in the US are required under national legislation to maintain a system of child abuse and neglect records, which include identifying information about the child and family, as well as the results of any investigations completed by child welfare agencies (Child Welfare Information Gateway, 2017). The Child Abuse Prevention and Treatment Act (CAPTA) enacted in 1974 is the primary legislation governing child abuse at the national level, and requires each state to develop their own procedures for the collection and maintenance of child abuse reports, as well as provisions for the prompt expunction of unsubstantiated or false records, if those records are accessible to the public or used for background checks. However, the law also allows for child welfare agencies to keep information on unsubstantiated reports in their case files to assist in future risk and safety assessments. (Child Welfare Information Gateway, 2018b).

While all states maintain these records, most often in the form of a central registry, the procedures and systems vary across states. There is variation in: the standards used to determine whether abuse occurred and whether a case should be placed on the registry; the type of information contained in the registries; the type of cases included in the registry (i.e. all investigated reports or only substantiated reports); who has access to the information in registries; the length of time information is kept on the registry; and conditions and procedures for expunction of data (Child Welfare Information Gateway 2018a; Sen 2020).

When are cases included in the state registry?

Perhaps one of the most important differences across states is the level of evidence needed to place an alleged abuser on the registry. The standards used to substantiate cases of child abuse and neglect are more variable than the standards of proof used in other areas of criminal and civil law (Kahn et al., 2017). For example, standards range from only "probable cause" or "some credible evidence" in some states to the higher level of "substantial evidence" or a "preponderance of the evidence" (Sen, 2020). Overall, most

Expungement of Data in the Field of Child Welfare

states have a bias towards *including* cases of reported abuse on the registry, with a low standard of proof for substantiating a report (Hollenbeck, 2001). According to a survey of 38 states, less than two-thirds used the standard of “preponderance of the evidence” or higher to substantiate cases, and only one state applied the highest standard of “clear and convincing evidence” (McDonald, 2012; Kahn et al., 2017).

While in many states, only those cases that are substantiated are placed on the registry, several states also include unsubstantiated case records in their registries or state databases (Hollenbeck, 2001; Child Welfare Information Gateway 2018b).¹² For example, in Florida, only one-fifth of all reports of child abuse and neglect submitted to the registry between 2001-2010 were ‘verified’¹³, resulting in over 1 million records that were either false or unsubstantiated (Debler, 2012).

When can cases be expunged?

While most substantiated records are maintained in the registry until after the abused child in the report reaches adulthood,¹⁴ unsubstantiated records are generally retained for a shorter period of time. In general, unsubstantiated cases of child abuse are removed or expunged from the state registry after a period ranging from immediately upon

¹² According to a 2003 study, less than half of states (23 states; 45%) restricted their central registry to substantiated, founded, or indicated reports, and 10 states had policies enabling them to maintain all reports on the registry (US Department of Health and Human Services, 2003)

¹³ In Florida, ‘verified’ reports are those that met the standard of ‘a preponderance of evidence’ to conclude that child abuse or neglect occurred.

¹⁴ However, some states maintain information for longer. For example, in New York, indicated reports remain on the central registry for ten years after the child’s eighteenth birthday, meaning that an individual’s name could potentially be listed on the registry for nearly 28 years (Barry, 2018). In New Jersey, any identifying information on children who were the subject of a founded report is expunged when the child turns 23; however, the names of perpetrators are retained indefinitely if their social security number or date of birth is known.

Expungement of Data in the Field of Child Welfare

determination to 10 years, depending on the state's laws (Child Welfare Information Gateway, 2018b; Hollenbeck, 2001).¹⁵

Under CAPTA, local child welfare agencies are able to retain some information on even unsubstantiated cases in their records or files with identifying information removed, even if they have been removed from the state central registry. Despite this allowance, some states do call for expungement of the entire case record from the information systems used by child welfare agencies to maintain and track all case information after a specified time, thereby deleting all prior case history.¹⁶ Some examples of states which require immediate or quick data expunction and destruction of all case records are provided in Table 1.

The legislation in Pennsylvania described in Table 1 is noteworthy because it was recently modified to extend the time period for maintaining records before expungement and to allow local agencies to keep information in their own databases, thus bringing the law more in line with other states and the CAPTA allowance. Since 2014, reports of child abuse that were considered to be valid in Pennsylvania were required to be maintained in the state database for a period of only five years, after which they had to be expunged within 120 days.¹⁷ In addition, county agencies had to follow the same procedures for the maintenance and expungement of records as the state database (i.e., if a record was expunged from the state database, the county was also required to expunge the record from its own database within 10 days) (Senate of Pennsylvania, 2017a).

In 2017, legislation was introduced to amend Title 23 (Domestic Relations), Section 6337 of the Child Protective Services Law in Pennsylvania, which contains the expungement guidelines for the statewide database of protective services. The new legislation (Senate Bill 938) sought to extend the time period for expunction of valid protective services reports from five to ten years, or until the child who was the subject of the report attains 23 years of age – whichever occurs first.¹⁸ The amendment would also permit county agencies

¹⁵ However, unsubstantiated cases may sometimes be maintained for longer periods in the state database. For example, in Indiana, electronic copies of all unsubstantiated case records are maintained in the state system until the youngest child who is the subject of a report turns 24.

¹⁶ This type of expungement is only done for cases that meet certain conditions, such as those where the alleged abuse has not been confirmed, and where the individual or family has had no subsequent referrals or reports to CPS during the specified time period.

¹⁷ However, if the case was accepted for child welfare services, the record was expunged five years after the closure of services, rather than five years after the report was received.

¹⁸ Note that the proposed legislation did not change the time period for expungement of unfounded records, which was one year.

Expungement of Data in the Field of Child Welfare

to continue to maintain information in their own records even if it has been expunged in the statewide database. However, this was to be solely for internal access by the agency “to assist in future risk and safety assessments and research”. The proposed legislation was tabled in March 2018, and was enacted in June 2018 (under Act 54).

The Senators who introduced Bill 938 emphasized the importance of keeping administrative records of all reports of child abuse: *“The need for this update stems from the establishment of Act 29 of 2014, which created the Statewide Database of Protective Services within the Department of Human Services. The Statewide Database is an effective tool for tracking child abuse reports, however the language of the law requires counties to delete records in their own database whenever the State deletes information from its central database, based on certain timeframes. This has already affected county agencies, requiring them to expunge critical historical information from their county databases. Continuing to expunge this critical historical information will create unforeseen problems for the way counties utilize data to protect children and investigators and could put them both at potential risk”* (Senate of Pennsylvania, 2017b).

Expungement of Data in the Field of Child Welfare

Table 1 Examples of Procedures for Data Expungement from Child Abuse Information Systems in Selected US States

| State | Description of Expunction Procedures |
|---------------|---|
| New Jersey | Requires the expunction of all unfounded reports in their entirety after three years – both paper and electronic records must be destroyed, erased, and deleted. Reports that were determined to be “established” or “not established” are not subject to expunction. Reports are expunged only when: they have a finding of “unfounded”; there are no current child protective service (CPS) allegations pending; CPS is not providing services as a result of the investigation; and three years must have passed since the case was closed or since the date of the last finding of ‘unfounded’ (e.g. if the case was changed from substantiated to unfounded). If any subsequent reports are received during the three-year time period, and these are also unfounded, the expunction date of all reports is three years after the most recent case closure date. |
| Pennsylvania | Unfounded reports are maintained for one year after the report is received, after which the report is expunged from the state database immediately. Substantiated cases (founded and indicated) are expunged after 10 years or when the child turns 23. The expungement of unfounded cases must be done no later than 120 days after the one-year period. However, if unfounded cases were accepted for social services, the expungement date is one year plus up to 120 days after the family case is closed. No identifying information can be retained by the state department; however, a county agency may maintain information from reports that have been expunged from the statewide database for access only by the county agency to assist in future risk and safety assessments. |
| New Hampshire | If a report is screened out (determined not to be credible and not referred for assessment), it is retained for one year, after which time the department must delete or destroy all electronic and paper records of the report. If the report is ‘unfounded’, it is retained for 3 years, and then all electronic and paper records must be destroyed or deleted. A founded report is retained for 7 years after the case is closed, at which time it is destroyed. |

Expungement of information from registries through appeal

In addition to the procedures for automatic expungement of some cases after a specified time period, the majority of states also provide individuals the right to challenge or appeal the outcome of a child abuse investigation and request their name to be removed from the

Expungement of Data in the Field of Child Welfare

registry; however, expungement procedures vary across states. Usually, the challenge is first made to the child welfare agency where an administrative review is conducted, but may progress to a court hearing if the request was denied and the individual files an appeal (Hollenbeck, 2001). In some states, the individual must petition the court for a hearing if he or she would like to challenge the report (Child Welfare Information Gateway, 2018b). However, there are often limits on the timeframe in which the accused individual can file a request; ranging from only 10-15 days after a notice is received informing the individual that their name is being placed on the registry, to 1-3 months after receiving notice. A few states, however, do not set a time frame, or will grant requests after the deadline if there is good cause (Sen, 2020). In addition, the actual process of challenging or appealing a finding may be quite lengthy and complicated (Huntzinger, 2020). One of the common criticisms against child abuse registries in the US is the difficulties faced by individuals in removing their record when it is false or unsubstantiated.

3.0 Debate Surrounding the Expungement of Data

The issues surrounding the standards and procedures used to maintain or expunge child abuse records have caused considerable debate. While researchers argue the importance of information systems and registries for purposes of risk assessment, prevention, and identifying trends and patterns in child abuse and neglect data, there is a growing movement for reform of the systems used in the United States, including stronger protections for alleged perpetrators. The negative impact on families from being investigated for child abuse and on accused individuals as they lose potential employment or other opportunities after having their name placed in a registry is considered by many to be not only unfair - particularly for low-income families and racial minorities, but also unconstitutional – especially in cases where the report of alleged abuse was false or unsubstantiated. Yet the alternative proposal of expunging case records would also have implications not only for risk assessment due to the loss of information that child welfare workers often rely on when investigating reports of maltreatment or risk of future maltreatment, but also for research studies that could use available administrative data to evaluate and improve service performance. The following section provides an overview of the arguments for and against data expungement in the literature.

3.1 Arguments in support of expungement

Impact on employment and other opportunities

In both Canada and the United States, child abuse registries are often used by employers to conduct background checks on potential employees or volunteers during the hiring process to identify anyone who may pose a risk to children, when the position involves contact with children. In at least 30 states in the US, the record check is either allowed or required (Huntzinger, 2020). When an individual is listed on a registry, they are often not eligible for jobs in child care fields – even when the report of alleged maltreatment is unsubstantiated (Owhe,

Expungement of Data in the Field of Child Welfare

2013). For example, in Pennsylvania, the law prevents administrators of child care facilities from hiring anyone listed on the state's child abuse registry for a period of five years after the report (Sherman, 2011).

While employment in child care careers (i.e. child care centres) is predominantly affected, registries may also be checked for other types of employers depending on the state, including education, health care (e.g. home health aides), and transportation jobs (Sen, 2020; Huntzinger, 2020). For example, among indigenous communities in Manitoba, a policy is in place whereby the community council must present evidence showing that any applicant for "a position of public trust" is not listed on the province's child abuse registry. This includes the positions of recreation director, community safety officer, and any paid or volunteer positions that supervise children during recreational activities (Government of Manitoba, 2017). Furthermore, in many states such as New York, names remain on central registries even after the individual has been cleared of child abuse allegations in a court. Therefore, people may continue to lose job prospects even after any charges have been dismissed because of the laws in certain states and the lack of coordination between registries and family courts (Sen, 2020).

Besides employment prospects, other opportunities can be lost by having a prior case record of alleged or substantiated child abuse. This includes disqualification from becoming foster parents or adopting a child. It may also negatively impact a parent in custody determinations, resulting in a lower likelihood of gaining custody or visitation rights to the child. Finally, parents may also be unable to volunteer in their children's schools or participate in their extracurricular activities, such as coaching sports teams (Sen, 2020).

Violation of due process rights

As described in Section 4.0, several courts in the US have considered claims that child abuse registries infringe on citizens' constitutional rights to due process under the Fourteenth Amendment. Most courts have agreed that being listed on an employer-accessible child abuse registry does violate one's rights to both employment and reputation (Hollenbeck, 2001). Many courts have also determined that the standards and procedures used to report, maintain, and disseminate cases of child abuse are not sufficient to protect suspected abusers under the constitution, and have argued for stronger protections (Debler, 2012).

Burden on vulnerable populations

Similar to the consequences of criminal convictions, critics of child protective systems also argue that child abuse investigations and registries place an unfair burden on certain groups or individuals, namely people of lower socioeconomic status, racial minorities, minor parents (i.e. those under age 18), and women. According to Henry et al. (2019), low-income people and people of color are overrepresented in the child welfare system, and are disproportionately reported and substantiated for child abuse and thus placed on registries. Furthermore, the types of jobs that are required to check both criminal and child abuse registries before hiring (i.e. child care jobs) are largely occupied by women – particularly

Expungement of Data in the Field of Child Welfare

women of colour (Henry et al., 2019; Krohn & Gullen, 2017). For example, according to 2018 statistics, over 90% of child care workers, preschool and kindergarten teachers in the US were female and almost 40% of child care jobs were held by women of color (Henry, 2019). As a result, employment opportunities for low-income women and women of colour may be disproportionately impacted by child abuse registry policies.

In addition, as noted by Barry (2018), minor parents – particularly those living in poverty – are also more likely to have cases of child abuse or neglect initiated against them and to have their children removed from their care compared to adult parents, which then has major ripple effects on their life, including future job prospects.

Impact on children

While most agree that child abuse registries serve their main purpose of protecting children from the risk of harm, it has also been argued that the consequences of being investigated for child abuse on parents may paradoxically decrease the well-being of children in the long run. If parents are prevented from finding employment as a result of being listed on a registry, their economic prospects are threatened and the family, including children, are more likely to live in poverty. This may then lead to an increase in poverty-related child maltreatment (Henry et al., 2019). Indeed, several studies have found an association between indicators of family poverty, risk of maltreatment, and experiences of maltreatment, as well as an increased risk of recurrent reports to child welfare authorities (Kohl et al., 2009; Fallon et al., 2011).

Again, the implications may be even stronger for women, particularly women of color, who are more likely to face barriers in finding employment in the fields of child care and health care after being placed on a registry. The proportion of household income that comes from women's earnings has increased in recent decades - women were the sole or primary income earners (contributing over half of the family's income) in approximately 40% of households in the US (in 2013) and Canada (2015) (Krohn & Gullen, 2017; Fox & Moyser, 2018). In addition, it has been reported that low-income women of color are the most likely demographic to be accused of child abuse and neglect, often resulting from poverty and stress. The cycle of unemployment, poverty, and child abuse that may result from being listed on a registry is thus an important consequence that must be considered when evaluating registries and expungement procedures.

3.2 Arguments against expungement

Enhancing child protection

The main argument against the expungement of records from child abuse databases and registries is the need to protect children first and foremost and prevent maltreatment. While most researchers and professionals acknowledge the need to protect innocent individuals who are accused of child abuse, they argue that it is more important to protect children who may be at risk, and that increasing protections for suspected abusers would infringe on the rights of children (Hollenbeck, 2001).

Expungement of Data in the Field of Child Welfare

Maintaining databases for information purposes, monitoring and evaluation of child welfare services

Furthermore, in order to better protect children and identify those at risk, some argue that it is necessary to keep all case records of reported child abuse – whether substantiated or unsubstantiated – on file for information purposes, including statistical analyses and data collection, and tracking patterns of maltreatment. The more information that is included in the system, the more accurate and detailed data collection and monitoring efforts can be; and the more case reports that are included, the better child welfare workers are able to diagnose potential cases of child maltreatment (Hollenbeck, 2001).

In addition, case records may be important for informing best practices and improvements in child welfare services. For example, prior records may help to evaluate the effectiveness of services and interventions provided to families as a result of reported abuse, or to identify areas where better training or monitoring is needed (PennState, 2018). In Ontario, data from prior records are used to evaluate the performance of children’s aid societies (CASs) and improve outcomes for children and youth who are receiving child welfare services (Ontario Association of Children’s Aid Societies, 2018). Results are reported on five performance indicators (PIs) focusing on progress towards three key outcome areas: safety, permanency and well-being of children. Data from CASs are also provided to other studies or databases in Ontario to conduct program evaluations, influence policy, and to inform advocacy strategies. Thus the preservation of information from all investigations conducted by child welfare agencies is essential for informing policy and practice.

Prevention efforts

Another reason for keeping all reported instances of child abuse in databases without expunction is to maintain case histories for repeat offenders and thus help to prevent future harm. As noted by researchers such as Putnam-Hornstein et al. (2013), children who are referred to child welfare services for abuse or neglect often face multiple risk factors that result in high rates of rereferrals and even death from subsequent maltreatment – even when the initial allegation was unfounded. For example, data from child welfare agencies in Ontario on safety PIs has been used to track cases that return to the child welfare system after an initial investigation was closed.¹⁹ Results from 2010-2017 show that while the majority of families who were investigated for child protection concerns did not have a recurrence within 12 months of when the case was closed; 14-16% of families

¹⁹ For these analyses, closing a case following an investigation assessment suggests that there are no child protection concerns requiring ongoing CAS involvement or there are factors that are present that are beyond the control of the agency.

Expungement of Data in the Field of Child Welfare

were later reinvestigated within 12 months with child protection concerns verified²⁰ (Ontario Association of Children’s Aid Societies, 2019). This points to the challenge of accurately assessing children’s risk level and the need for heightened monitoring of all children who are referred to child welfare agencies. It also suggests that the expungement of prior case records would have implications for tracking and preventing recidivism of child maltreatment, as it essentially “would erase all evidence relating to the pattern” (Debler, 2012, p. 32). In other words, child welfare workers would be missing vital information from prior investigations that could assist in identifying children at risk (PennState, 2018; Pierce & Feely, 2020).

Many states in the US use the criteria of substantiation to determine whether to expunge case records. For example, as mentioned in Section 2.5, some states expunge records immediately upon determining that the reported abuse is unsubstantiated, whereas others keep the records on the registry for a few years (although generally a shorter time period than substantiated cases). However, previous researchers have argued that unsubstantiated cases have a great degree of variation or heterogeneity, and that some unsubstantiated cases may still have high levels of harm or future risk, even if the evidence during the investigation was not sufficient to meet the state guidelines for placing the individual on the registry (Kohl et al., 2009). Furthermore, the required level of evidence needed for substantiation varies across states, contributing to the variation in the level of risk across cases. There is some evidence from the US demonstrating that there is no difference between substantiated and unsubstantiated cases of child abuse in the risk of future maltreatment, and thus substantiation is not a good predictor of recidivism among child abusers:

- Data from the National Survey of Child and Adolescent Well-Being, a national probability study of children and families investigated for child maltreatment between 1999-2000, were analyzed to examine whether cases that were initially classified as either substantiated or unsubstantiated differed in rates of recidivism over 36 months afterwards (as classified by either: any rereports, substantiated rereports, or subsequent foster care placements). Overall, 17% of cases had a rereport during the study period. After controlling for case characteristics, there were no differences in risk of recidivism on any of the three outcomes between substantiated vs. unsubstantiated cases (Kohl et al., 2009).
- Another study that used data from one state’s child welfare system examined rates of subsequent child abuse reports among cases with an unsubstantiated first report between 2014-2019. The data showed that over one-third (36%) of cases with an unsubstantiated first report had a subsequent report within 4 years. The risk of rereport was highest within the first year, and then declined. A comparison with substantiated cases over the same time frame found no difference in the rates of

²⁰ The results do not identify whether the same child in the family experienced a recurrence of protection concerns; only that concerns have reoccurred in the same family. In addition, the recurrence may be for any kind of concern, not necessarily the same concern as the original investigation.

Expungement of Data in the Field of Child Welfare

subsequent reports (Pierce, 2020).

These findings suggest that the use of the substantiation classification in child welfare policy and practice should be questioned, especially if it is used to make decisions such as placement on central registries. The researchers argue that all cases records should be retained regardless of substantiation status, except for clearly erroneous or malicious cases, which can be safely expunged (Kohl et al., 2009). Maintaining such records could be useful in showing patterns over time that highlight the need for services. In particular, the data from Pierce (2020) suggests that all records should be maintained for at least five years in order to capture the majority of re-reports; any shorter time frame for expunction would result in missing case history data.

4.0 Court Cases in the United States

In the United States, child abuse registries and the procedures regarding the inclusion and exclusion of individuals on the registries have been the subject of a number of court cases where claims of due process violations have been made. In several states, the courts have determined that central registries fail to adequately protect an individual's constitutional rights to due process²¹, often resulting in changes to the procedures by which registries operate (Debler, 2012). In most cases, the issue is whether an individual has been deprived of their fundamental rights to liberty as a result of being named on an employer-accessible registry, such as the loss of the right to obtain employment. Other cases have focused on procedural due process violations, involving protections for individuals before their name is added to a registry, such as the right to a hearing or appeal.

A review of some of the key court cases and decisions is summarized below. However, it should be noted that there have not been a great number of cases in federal courts; which may be due to a couple of reasons: first, many people accused of abuse and listed on registries may not have sufficient funds to obtain legal assistance and pursue litigation; second, there is little federal oversight of state registries and their procedures (Sen, 2020; Sherman, 2011). The lack of federal rulings may create uncertainty both for states in maintaining their registries, and for individuals who wish to challenge procedures (Sherman, 2011).

- A precedent in determining whether one's due process rights have been violated was set in a 1983 Supreme Court case, *Paul v. Davis*, in which the plaintiff claimed that his rights were violated when police shared his name and image on a flyer as a convicted shoplifter and was stigmatized as a result (Hollenbeck, 2001; Sen, 2020).

²¹ The Due Process Clause of the Fourteenth Amendment to the United States Constitution requires that certain steps must be taken before the state can deprive a person of rights accorded to them by the state. A state cannot deprive a person of a liberty or property interest without providing an appropriate opportunity for review (Sen, 2020, p. 870)

Expungement of Data in the Field of Child Welfare

However, the Court decided against the plaintiff and determined that damage to one's reputation alone is not sufficient to invoke the procedural protections of the Due Process Clause. Instead, the reputational harm must be accompanied by some other "more tangible" component in order to meet the criteria for a loss of protected liberty interests, such as loss of employment opportunities. This is known as the "stigma-plus" test. While this case was based on a criminal record, the decision has since been used by courts as a standard to evaluate claims against child abuse registries as well, to determine whether being listed on registries infringes on one's rights beyond just reputation.

- For example, cases such as *Valmonte v. Bane* (1994), *Dupuy v. Samuels* (2005), and *Humphries v. County of Los Angeles* (2009) all determined that one's employment opportunities are impacted by being listed on an accessible child abuse registry, thus meeting the stigma-plus test and depriving a protected liberty interest (Sen, 2020).
- In the *Humphries* case, the plaintiffs were parents who were unable to remove their names from the California state registry even after a court found they did not commit the alleged child abuse. The Court of Appeals for the Ninth Circuit found that "*The lack of any meaningful, guaranteed procedural safeguards before the initial placement on CACI [Child Abuse Central Index] combined with the lack of any effective process for removal from CACI violates the Humphries' due process rights*" (*Humphries v. County of Los Angeles*, 554 F.3d 1170 (9th Cir. 2009)).
- However, not all courts have found potential impacts on employment opportunities or prospects to be sufficient under the stigma-plus test and have dismissed claims for failing to demonstrate a specific and concrete loss of one's liberty interests (ie. a tangible loss of employment or salary) (Sen, 2020; Navid, 2011).
- The *Mathews v. Eldridge* Supreme Court case in 1976 also set a standard for courts when evaluating the procedures used by states in determining whether to place an individual's name on a central registry. The Court established three factors that should be considered in determining the adequacy of these procedures to protect the individual's due process rights, involving weighing the interests of the individual against the interests of the state. Specifically, the court decided that "*Procedural due process must be evaluated by using a balancing test that accounts for the government's interests, the individual's interests, and the risk of error under the existing process as well as how much additional procedures would help*" (*Mathews v. Eldridge*, 424 U.S. 319, 332 (1976)).
- Some courts have since used the *Mathews* test to determine that due process rights are violated by listing an individual in a central registry without first providing the opportunity for a hearing. For example:
 - *Jamison v. State Department of Social Services Division of Family Services* (2007) – the Supreme Court of Missouri decided that including a case in a

Expungement of Data in the Field of Child Welfare

registry after an investigation by child protective services alone is not sufficient to balance the loss of liberty that comes from being registered, if employment could be affected.

- Similarly, in the *Matter of W.B.M* (2010) – the North Carolina Court of Appeals also decided that listing an individual on the state registry prior to a hearing was unconstitutional.
- In several of the above cases (*Valmonte v. Bane*, *Jamison v. State Department of Social Services Division of Family Services*, and *In the Matter of W.B.M*), the court further determined that the standards of proof used to substantiate reports of child abuse are constitutionally deficient because they produced an unacceptable risk of error under the Mathews test. For example, the Valmonte court found that in about one-third of cases of reported abuse based on the standard of only “some credible evidence”, the state ultimately removed the individual’s name from the registry after a hearing (Sherman, 2011). In each case, the court held that a report of suspected child abuse must be substantiated by a ‘preponderance of the evidence’ before an individual’s name can be added to a state registry (Hollenbeck, 2001; Huntzinger, 2020).
- In addition to claims of due process violations, courts have also considered the issue of defining child abuse in determining whether a record of reported child abuse should be expunged. In Pennsylvania, where expungement procedures are more stringent than in other states, the Supreme Court decided in 2003 (in *P.R. v. Commonwealth, Department of Public Welfare*) that an act of corporal punishment by a parent that results in serious injury to a child may only be considered as child abuse if it results from criminal negligence, defined as having intent to inflict pain and foreseeable risk (i.e., the parent should have known that their actions would result in an injury). The court in this case expunged the plaintiff’s record, which in Pennsylvania means the entire record was deleted from the CPS system and cannot be recovered. This set a precedent for allowing expungement of all records of corporal punishment by parents resulting in serious harm to children, if it can be argued that the act did not meet the definition of child abuse (Behney, 2003).

5.0 Objectives

The central objectives of the literature scan (LS) are threefold:

- 1) to identify the breadth and scope of existing research evidence exploring the issue of data expungement in the field of child welfare;
- 2) to uncover the range and nature of research activity on the topic; and
- 3) to provide an assessment of the value of undertaking a much more rigorous review of the topic that can be utilized to inform policy development and practice.

Expungement of Data in the Field of Child Welfare

6.0 Research Methods

A scan of both peer-reviewed journals and grey literature was conducted to: determine the depth and breadth of information available; and identify, collect and synthesize information relevant to the issue of data expungement in the field of child welfare. The LS for this study involved a series of steps which included:

- 1) the identification of key words/search terms
- 2) the identification of relevant data sources
- 3) the development of search strategies
- 4) an extensive and detailed search of peer reviewed and grey literature
- 5) literature screening and data extraction
- 6) a synthesis of the literature.

6.1 Keywords/Search Terms

The list of keywords/search terms in Table 2 was developed by examining existing abstracts and/or literature for alternative words, subject headings and phrases. Throughout the search process, keywords/search terms were added, deleted or modified as different terms were discovered to enhance the search strategy.

Table 2. Keywords/Search Terms

| |
|---|
| expungement; child welfare, child abuse, child maltreatment, registry |
|---|

6.2 Data Sources

Two categories of data sources were selected for the LS: 1) peer-reviewed journals found in electronic databases; and 2) internet based grey literature. An extensive number of electronic databases were searched to identify relevant literature, including descriptive qualitative and quantitative studies for review. Databases searched included: Applied Social Sciences Index and Abstracts (ASSIA); Education Resources Information Center (ERIC); JSTOR; ProQuest; PsychINFO (OVID); Scholar's Portal; Scopus; Web of Science; and HeinOnline. For a brief description of each database, please see Appendix B – Sources of Information (Peer Reviewed).

The LS was expanded to include web based grey literature which included: dissertations and theses; conference proceedings; government publications; white papers; and working papers. Various search engines, research portals, dissertations and theses depositories and institution-specific websites were utilized for the identification and collection of relevant data. For a detailed list, please see Appendix C – Sources of Information (Grey Literature).

Expungement of Data in the Field of Child Welfare

An initial scan was conducted from November 30 to December 2, 2019. The search was later revisited and expanded from August 25 to September 5, 2020.

6.3 Search Strategy

Search strategies were developed to meet the specifications and search parameters of each unique database. Search strategies that were used to maximize the number of relevant records retrieved included:

- 1) keyword and or exact phrase searches in the title, abstract or subject heading of a reference;
- 2) using Boolean operators (AND, OR and NOT) for different combinations of search terms; and
- 3) if available, filters specific to the database were used to refine and/or limit search results, allowing for the retrieval of relevant documents. Due to the limited availability of relevant literature, filters were used sparingly throughout the search process to ensure that no literature was overlooked.

Search strategies were tested and refined after search results were reviewed. After reviewing results, it was decided to limit the search results to literature published from the year 2000 through to the present in order to retrieve the most relevant results. A hand search of reference lists was also used to supplement searches. Citation searching is effective in the identification of new and current literature on a subject, resulting in a much more comprehensive search and literature review.

6.4 Literature Selection, Data Extraction and Synthesis

The title and abstracts of records retrieved from the databases and grey literature were screened for key words and any duplicates removed. The absence of variables of interest (e.g. keywords) relevant to the research objective were used as exclusion criteria. Pertinent information was extracted from the literature and presented in tabular form.²² The extracted data included: the studies' author(s) and year of publication; the source of literature (i.e. peer-reviewed or grey literature); study objectives; a synthesis of results/findings; and conclusions/implications. The literature synthesis tables were then used to complete the remaining sections of the literature scan document.

²² Note: the literature synthesis tables were developed and used during the review process but have not been included in this final document.

Expungement of Data in the Field of Child Welfare

7.0 Results of the Literature Scan

The results of the literature scan revealed a limited number of published articles that addressed the issue of data expungement from child welfare databases, and none were from Canada. As most states in the US maintain records of reported child abuse in the form of a central registry, most of the literature focused on issues surrounding the placement of individuals on these registries, rather than the broader information systems that may be used by child welfare agencies to track all reports. While the literature has largely been exploratory and untested, a few studies have analyzed data from the US to examine the impact of different standards of evidence used to substantiate reports of child abuse and place individuals on registries.

A central theme found in the literature was the need to balance the rights of children with the rights of their caregivers. While state central registries serve an important function of protecting children from the risk of abuse or maltreatment, they may also have serious negative consequences to the individual suspected of abuse, including barriers to employment and other opportunities. Some articles (e.g. Henry et al., 2019; Luciano, 2019) also focused on the disproportionate burden of central registries on people of low income and people of colour, particularly women. As noted by Henry et al. (2019), it is important to consider the possible ways that being listed on a registry may actually undermine child well-being by increasing the risk of family poverty and its associated outcomes. Another theme found in the literature, particularly in the law databases, was the issue of due process rights for suspected perpetrators by placing their names on a registry without providing the opportunity to appeal or remove their record, even if they were found to be not guilty.

Many reviews and critiques of child abuse registries (e.g. Hollenbeck, 2001; Owhe, 2013; Sen, 2020) have argued for policy changes such as increasing protections for suspected perpetrators or raising the standard of proof used to substantiate reports of child abuse or neglect, which would reduce the number of substantiated reports included in databases or registries. For example, an analysis by Kahn et al. (2017) examined data from states where the standard of proof for substantiation of child maltreatment was increased and found that a higher standard is associated with a lower rate of substantiation, as expected. The authors also suggest that increasing protections for parents by raising the standard may not only reduce the likelihood of wrongful accusations, but it may also result in fewer children being placed in foster care, and greater provision of other types of services for families.

However, while these measures may help to reduce the hardships caused by registries on individuals and create more consistent standards, it is important to consider the full impact of such changes, including any possible risks to children. For example, given that many states expunge unsubstantiated case records or keep them on file for a shorter time period, a decrease in substantiated cases could result in a lower likelihood of identifying children at risk who were the subject of previous child welfare reports and referrals. Kohl et al.

Expungement of Data in the Field of Child Welfare

(2009) and Pierce (2020) both found no difference between substantiated and unsubstantiated cases of child maltreatment in the likelihood of subsequent reports, demonstrating both the variability in cases and the benefit of maintaining all reported cases of abuse on registries rather than relying on specific classification terms. As noted by Green et al. (2015), *“Unsubstantiated reports are a critical source of information about child maltreatment, given the variability across states in how, when, and to what extent reports are investigated... as well as the evidence suggesting little or no difference between substantiated and unsubstantiated cases in regards to risk factors or future risk.”*

Furthermore, the data on child protective service investigations and their outcomes that is maintained in agencies' information systems may not only help in prevention efforts, but can also serve as a valuable resource for understanding and evaluating child welfare services and their impact. Enhancing the ability of child welfare agencies and researchers to access and utilize this administrative data can lead to more evidence-based practice and policies.

Finally, in addition to the literature on data expungement from child abuse databases, a brief scan of the literature on data expungement for juvenile crimes was conducted to provide an alternative perspective on the consequences of registries. The results of this scan revealed the importance of rehabilitation within the juvenile justice system and defining more flexible responses for those convicted of crimes as juveniles, in order to reduce or avoid lifelong costs associated with having a record.

8.0 Conclusions

The results of the literature scan demonstrate a scarcity of research on the topic of data expungement in child welfare. The majority of the research is grey literature in the form of law review articles and briefs, and focuses primarily on the consequences of child abuse central registries in the United States rather than expungement specifically. The lack of federal oversight of child abuse registries in both the US and Canada, as well as the lack of definite federal rulings in this area along with sometimes unclear or inconsistent definitions and standards of child abuse and neglect continues to leave some uncertainty both for courts, and individuals who wish to challenge the decisions and outcomes of child maltreatment investigations (Sherman, 2011; Navid, 2011; Luciano, 2019).

What is clear from the literature is that there are potential consequences both for wrongly accusing parents or caretakers of child abuse or maltreatment and including them in child welfare information databases or registries, and for failing to identify actual cases of child abuse or maltreatment as a result of the procedures and standards in place for identifying children at risk. Therefore, there is a need for balancing the protections for those accused of child abuse against the need to protect children from harm. Given the level of disagreement by both courts and scholars on this issue thus far, in addition to the large variation in procedures across jurisdictions, it is also clear that there is a lack of consensus as to what procedures would best serve due process and protect children. There is a need

Expungement of Data in the Field of Child Welfare

for more robust research on the topic of expungement, including a more critical examination of child abuse registries and their consequences for both children and adults.

8.1 Limitations of this research

As discussed above, a limitation of the existing research is the gap in the literature for countries outside of the United States. While the overall approach to regulation of child protective services is similar in Canada and the US – with legislation in both countries being administered at the regional (states or provinces) rather than national level, resulting in a wide degree of variation across regions – there are also important differences in the approach to child welfare services in the two countries that has not been addressed in the existing literature. A better understanding of these differences and the applicability of legislation and policies in the US for Canadian provinces would be useful in evaluating possible approaches for policies and procedures in Canada. In particular, there is a need for more research on the impact of child abuse registries for minorities and vulnerable groups, including Indigenous populations. In addition, most of the research is descriptive or exploratory in nature, and there is a lack of evidence on the effectiveness of registries in actually reducing rates of child maltreatment and the potential impact of changes to policies or standards regarding child abuse databases and expungement.

8.2 Future research

To overcome the limitations of the existing research and provide a clearer understanding of the issue of data expungement in child welfare, it is recommended that more research is conducted to compare and evaluate the various expungement policies that are in place across jurisdictions in order to make evidence-based recommendations for policy improvements. This would include more data on the impact of changes in legislation on outcomes such as reporting rates, substantiation rates, and economic or other harms faced by families, such as the analyses conducted by Kahn et al. (2017). It would also include more studies analyzing rates of rereport or recidivism among child abusers such as those conducted by Kohl et al. (2009) and Pierce (2020), which would help to shape appropriate policies for maintaining case records in databases. As noted by Kohl et al. (2009), more generalizable efficacy studies conducted with real-world populations is called for. More research is also needed to explore alternative approaches to current procedures for the placement and removal of names in child abuse databases and registries, including those described in Section 8.3 below. Finally, there is a need for more research on Canadian policies and the impact and effectiveness of current systems, including child abuse registries in Manitoba, Nova Scotia, and Ontario.

8.3 Implications for policy

Researchers have offered several suggestions and recommendations for improvements to child welfare systems and the ways they operate. While most have focused on changes to child abuse registries and improved service options, some may have implications for data

Expungement of Data in the Field of Child Welfare

expungement as well. A review of some of these suggested policy changes is summarized in this section.

1. Increase protections for suspected perpetrators

Several scholars have argued for the need to increase procedural protections for individuals accused of child abuse to better align with their constitutional rights in the United States. This includes measures such as:

- a) Providing adequate notice to individuals when a report of child abuse has been made, including informing them of procedures and ensuring they understand and have the opportunity to respond to these notices;
- b) Allowing better access to case records for individuals who have been reported;
- c) Allowing individuals to challenge allegations at a hearing prior to being placed on a registry and within a reasonable timeframe; including abolishing or extending the deadlines given in some states for individuals to request expunction of their record;
- d) Providing the opportunity for a fair hearing in which individuals may challenge their inclusion in a child abuse registry or database; and
- d) Improving the appeals and expunction process by making it easier to quicker to navigate. For example, according to Sen et al. (2020), states should automatically expunge a report from a registry if a court has dismissed the finding of abuse – a procedure that few states actually follow, meaning that individuals are often forced to appeal their reports even when a court has already found that the alleged abuse did not occur. In contrast, many states prevent parents from appealing decisions to list them on a registry when a court has made a finding against them, suggesting a need for more balanced procedures.

2. Raise the standard of evidence required to substantiate reports of child abuse

Many researchers and courts have recommended that states use the higher standard of “the preponderance of evidence” rather than “credible evidence” or an even lower standard when investigating reports of child abuse and neglect and assessing whether to include cases on a registry. According to Sherman (2011, p. 896), “*States should adopt the standard that provides the strongest protection of individual rights, is consistent with the goals of protecting vulnerable populations, and does not present an undue financial or administrative burden on the state*”.

The state of Missouri provides one case study for evaluating the potential impact of raising the standard of evidence. Missouri implemented a new law in 2004 changing the standard of evidence needed to substantiate a reported case of child abuse from “probable cause” to the more stringent “a preponderance of the evidence”. This change came after a high-profile death of a young child by his foster parent, resulting in a call for legislative reform of

Expungement of Data in the Field of Child Welfare

the child protective system to strengthen protections for parents and avoid unnecessary placements of children in foster care. Kahn et al. (2017) demonstrated that the change in the standard decreased the overall probability of substantiation of child abuse allegations by 3% in Missouri in the two years following the change. Studies have shown that while the total number of reports of child abuse and neglect fell in the year immediately following the legislative change in Missouri, the number of children who were the subject of child maltreatment investigations actually increased between 2006-2009. This finding suggests that contrary to arguments that a higher evidentiary standard would lead to an increase in unreported child abuse, increasing the standard does not necessarily lead to a decrease in the number of reported incidents in the long term (Kahn et al., 2017; Owhe, 2013).

3. Move away from current labels used to classify and assess risk

As described earlier, some have argued that current classifications used to determine whether child abuse has occurred in an investigation (i.e. “substantiated” or “unsubstantiated”) are highly variable both across jurisdictions and in terms of actual level of risk. Researchers Kohl et al. (2009) suggest that labels used in child welfare cases should be changed to better reflect reality and focus more on risks and service needs in the family. For example, instead of the current “substantiation” label, they suggest a more restrictive label of “appropriate for court intervention” to indicate that there was enough evidence and risk of harm in a case to invoke family court. According to the researchers, “*Tracking such a real-world construct would make far more sense than counting “substantiated” cases*” (Kohl et al., 2009, p.25). Furthermore, understanding and tracking service needs (i.e. parenting support, financial support) would improve policy planning.

4. Diversion of some cases to alternate response systems

Advocates of the Community Partnership approach (as described by Hollenbeck, 2001) argue that state child welfare officers should focus their efforts only on investigating and servicing the most severe cases of child maltreatment, to save resources, while less serious cases should be delegated to private community organizations offering voluntary support services to families. These less severe cases would not be listed in the state registry; thereby limiting the number of cases included on the registry and reducing the stigma associated with being listed on the registry. This type of approach represents a multi-level or multidisciplinary approach to child protective services involving constructive interactions and coordination between stakeholders interested in child health and well-being. As described in a 2010 manual: “*Community partnerships bring child welfare agencies together with community organizations, service providers, concerned neighbors, and family members to help prevent children from entering the child welfare system and to provide families at risk or in crisis with access to services and supports.* (Office on Child Abuse and Neglect, Children’s Bureau, 2010, p.5).

Miller (2011) advocates for a similar approach where cases of child abuse and neglect are treated differently depending on the severity of the case. In this view, given the potential

Expungement of Data in the Field of Child Welfare

lifetime consequences of being placed on a registry, parents who commit minor (non-criminal) acts of abuse or neglect should not be placed on the same registry as those who have been convicted of more serious offenses. Instead, there should be alternate options provided for these individuals that would help to remove barriers to employment, such as expungement, rehabilitation, or diversionary programs – similar to what may be offered to registered sex offenders or other criminals.

Some states do already provide an alternate or differential response system - a relatively recent approach in child welfare whereby the more serious reports of child abuse receive a formal investigation that could lead to substantiation, while other (i.e. lower risk) reports are instead referred for an assessment of family needs so that appropriate services can be provided – often on a voluntary basis (Kahn et al., 2017; Font et al., 2019). Proponents of these systems argue that they allow child welfare authorities to more quickly respond to reports of child maltreatment with services that meet the immediate needs of families, which may then reduce the number of placements in foster care (Kahn et al., 2017). Font et al. (2019) also suggest that focusing investigations on families' risks and needs and providing services regardless of whether the abuse has been confirmed or substantiated (i.e. 'decoupling' substantiation and service provision) may be a more efficient use of limited resources. These systems are likely to result in fewer substantiated reports, which may further reduce the usefulness of substantiation as an indicator of child maltreatment (Green et al., 2015).

5. Provide targeted services and interventions for more vulnerable people

Similar to the alternate response approach, some researchers argue that child welfare services should recognize and support more vulnerable families and individuals, such as women, lower-income families, and families with substance abuse or mental health issues, by providing targeted social services and interventions. This may include educational opportunities, job training, housing assistance, and mental health or substance abuse treatment programs. According to Kohl et al. (2009), access to services that could help alleviate stressors associated with living in poverty may be important for reducing recidivism rates, and assisting with basic needs such as housing may be more useful than other more complex interventions. As described by Fallon et al. (2011), even families where child maltreatment has not yet occurred but with certain caregiver or societal characteristics that place children at higher risk of maltreatment still need services to address their needs and issues in order to prevent future harm.

In reference to criminal records, Krohn & Gullen (2017) argued that policy efforts must “include and emphasize substantive areas of particularized import to women” (p.274). For example, women with minor criminal records should be offered the chance to enter treatment programs rather than being incarcerated. The authors also recommend expanding expungement laws so that minor crimes are protected from public view, thus helping to give women – particularly women of color - a fairer opportunity to compete in

Expungement of Data in the Field of Child Welfare

the job market. While this type of approach is more relevant to criminal records, it may be applicable to the expungement of certain child abuse records as well.

6. Maintain case records only for certain purposes

While child abuse reports are primarily used for the identification and prevention of child maltreatment, there are other uses for the databases that maintain these reports, such as record-keeping and providing statistical information for research and planning purposes (see Section 2.2). One possible approach recommended by the PennState Social Science Research Institute (2018) is to focus on these other internal uses of child abuse databases and limit unrestricted access to case records for purposes such as employment and background checks. These researchers argue that this more balanced approach would maintain case records without expunction but would restrict the information so that it is only accessible for purposes that protect children, including research to strengthen child protective services. Specifically, they recommend that records in registries “*be maintained internally for uses that promote child well-being, enhance caseworker efficiency, and enable research that informs the responsible and effective use of tax dollars*”. Green et al. (2015) also recommend that state child welfare agencies should maintain all records of reported child abuse, including unsubstantiated reports, so that this information can be utilized for research purposes, such as the evaluation of interventions and programs for the prevention of child maltreatment.

7. Improve consistency of data collection procedures across jurisdictions by creating a national registry

Given the variation across states and provinces in the legislation of registries and expungement procedures, one policy option could be to centralize data on perpetrators of child abuse by creating a national registry. This has been proposed in the US under the 2006 Adam Walsh Child Protection and Safety Act, which established a national sex offender registry and also directed the Secretary of Health and Human Services to establish a national registry of substantiated cases of child abuse and neglect. An advantage of a national registry would be the ability to identify previous cases of child maltreatment that may have occurred in other jurisdictions and improve the efficiency of information sharing across states (McDonald, 2012). Another advantage would be improved quality and accuracy of data for research and evaluation purposes. As noted by researchers such as Green et al. (2015), accessing, combining and interpreting relevant information from child welfare administrative databases across states currently comes with many challenges and limitations, especially given the variation in procedures across states. If federal and state agencies were to move towards greater consistency in record keeping and procedures for accessing child welfare data, the usefulness of these data systems for research and policy evaluation would improve and expand.

According to a study assessing the feasibility of such a national registry in the US (McDonald, 2012), the foundations for a national child abuse registry already exist given

Expungement of Data in the Field of Child Welfare

that nearly all states maintain the necessary data. In addition, the technical capacity exists and there is high interest in creating a national registry. However, in order for a national registry to be useful, a majority of US states would need to participate, and most would need to change their laws in order to participate. Legislative changes would also be needed at the federal level to allow for the collection of minimum information needed to accurately identify perpetrators in the national registry.

8. Enhance resources and support for child welfare research to improve services

The above suggestions to maintain case records for research and evaluation purposes and improve data collection procedures will only be impactful with adequate resources and capacity for mobilizing research efforts in Canada. As noted by researchers such as Fallon et al. (2017) and Trocmé et al. (2016), the paucity of child welfare research in Canada may be due to several factors, including limited resources and support for research; lack of training and research capacity for utilizing data; barriers in accessing longitudinal administrative data; and the absence of infrastructure that would enable linking child welfare data to other data sources (i.e. census data or mental health data). Therefore, providing the necessary supports to child welfare agencies to enable them to use the data they collect more efficiently and effectively would help to better understand child welfare services and their impact, and translate this knowledge into practice.

One method of research capacity building that has successfully been implemented in Canada is research-community partnerships. For example, the Building Research Capacity (BRC) initiative is a partnership between researchers at McGill University and community organizations, including First Nations and mainstream youth protection agencies (Trocmé et al., 2016). BRC was developed to build institutional capacity among youth protection organizations to conduct evidence-based research that would help to better understand and inform child protective services in Quebec. One of the core components of the BRC was to provide services and training to support the use and analysis of administrative service data on children who have been involved with child protection agencies in Quebec. Another example is the formal partnership between the University of Toronto, clinicians, policy analysts, and researchers from child welfare agencies across Ontario that was developed to advance the evidence base with respect to service provision in Ontario. One of the key objectives of this initiative was also to enhance the capacity of service providers to access and analyze administrative data from child welfare systems, in order to better understand service trajectories and outcomes (Fallon et al., 2017).

These examples demonstrate the potential of using administrative data from child welfare agencies for research and evaluation of child welfare services and programs, and the advantages of maintaining rich and accessible administrative datasets and information systems within the child welfare sector.

Expungement of Data in the Field of Child Welfare

9. Consider alternate approaches for juveniles/minors accused of child maltreatment or other crimes

When a report of alleged child abuse or neglect is made against a parent who is a minor themselves, the impact on their lives may be more pronounced. Most states do not distinguish between minors and adults in the investigation and treatment of cases of child maltreatment. However, Barry (2018) has argued that minors should be considered differently than adults and provided with more flexible options, as they are in other legal systems. One policy option is to provide minors with the opportunity to expunge their record once they have turned eighteen, or after they have shown proof of rehabilitation, as is done in Arkansas. Another option is to distinguish between minors and adults in the state central registry, as is done in Vermont, and to consider the age of the individual in assessing their level of risk.

References

Barry, E. (2018). Babies having babies: advocating for a different standard for minor parents in abuse and neglect cases. *Cardozo Law Review*, 39(6).

Behney, M.T. (2003). P.R. v. Commonwealth, Department of Public Welfare: the Supreme Court of Pennsylvania changes the standard for expunging record of child abuse. *Widener Law Journal*, 12(2): 355-372.

Child Welfare Information Gateway (2003). *A coordinated response to child abuse and neglect: the foundation for practice*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Child Welfare Information Gateway (2018a). *Establishment and maintenance of central registries for child abuse or neglect reports*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Child Welfare Information Gateway (2018b). *Review and expunction of central registries and reporting records*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Debler, J. (2012). Has the pendulum swung too far? A legal evaluation of Florida's child abuse and neglect registry. *HIM 1990-2015*. 1328. Honors Thesis, University of Central Florida. Retrieved from: <https://stars.library.ucf.edu/honorsthesis1990-2015/1328>

Fallon, B., Trocmé, N., MacLaurin, B., Sinha, V., & Black, T. (2011). Untangling risk of maltreatment from events of maltreatment: an analysis of the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008). *International Journal of Mental Health and Addiction*, 9: 460-479.

Expungement of Data in the Field of Child Welfare

Fallon, B., Filippelli, J., Black, T., Trocmé, N., & Esposito, T. (2017). How can data drive policy and practice in child welfare? Making the link in Canada. *International Journal of Environmental Research and Public Health*, 14(10): 1223.

Font, S., & Maguire-Jack, K. (2019). The organizational context of substantiation in child protective services cases. *Journal of Interpersonal Violence*, 12;886260519834996. doi: 10.1177/0886260519834996. Online ahead of print.

Fox, D. & Moyser, M. (2018). The economic well-being of women in Canada. In *Women in Canada: a gender-based statistical report*. Statistics Canada. Retrieved from: <https://www150.statcan.gc.ca/n1/en/pub/89-503-x/2015001/article/54930-eng.pdf>

Government of Manitoba (2017). *Policy G6: Criminal Record and Child Abuse Registry Checks*. Retrieved from: <https://www.gov.mb.ca/inr/resources/community-docs.html>

Green, B.L., Ayoub, C., Dym Bartlett, J., et al. (2015). It's not as simple as it sounds: problems and solutions in accessing and using administrative child welfare data for evaluating the impact of early childhood interventions. *Children and Youth Services Review*, 57: 40-49.

Henry, C., Sonterblum, L., & Lens, V. (2019). The collateral consequences of state central registries: child protection and barriers to employment for low-income women and women of colour. *Social Work*, 64(4): 373-375.

Hollenbeck, K. (2001). Between a rock and a hard place: child abuse registries at the intersection of child protection, due process, and equal protection. *Texas Journal of Women and the Law*, 11(1): 1-50.

Humphries v. County of Los Angeles (2009). 554 F.3d 1170 (9th Cir.). Retrieved from: <https://www.courtlistener.com/opinion/1276651/humphries-v-county-of-los-angeles/>

Huntzinger, C. (2020). The blacklist: how central registry reform can protect kids and promote prosperity. In *Texas Public Policy Foundation Research*. Retrieved from: <https://www.texaspolicy.com/the-blacklist-how-central-registry-reform-can-protect-kids-and-promote-prosperity/>

Kahn, N., Gupta-Kagan, J., & Hansen, ME. (2017). The standard of proof in the substantiation of child abuse and neglect. *Journal of Empirical Legal Studies*, 14(2): 333–369.

Kohl, P.L., Jonson-Reid, M., & Drake, B. (2009). Time to leave substantiation behind: Findings from a national probability study. *Child Maltreatment*, 14(1): 17-26.

Krohn, J., & Gullen, J. (2017). Mothers in the margins: addressing the consequences of criminal records for young mothers of colour. *University of Baltimore Law Review*, 46(2), Article 4.

Expungement of Data in the Field of Child Welfare

Luciano, K. (2019). The myth of the ever-watchful eye: the inadequacy of child neglect statutes in Illinois and other states. *Northwestern Journal of Law and Social Policy*, 14(3): 293-317.

Safety outcome – recurrence of child protection concerns in a family after investigation. *Mathews v. Eldridge* (1976). 424 U.S. 319, 332. Retrieved from: <https://supreme.justia.com/cases/federal/us/424/319/>

McDonald, W.R. and Associates and the American Bar Association Center on Children and the Law (2012). *Assessing the feasibility of creating and maintaining a national registry of child maltreatment perpetrators: research report*. Retrieved from <https://aspe.hhs.gov/report/assessing-feasibility-creating-and-maintaining-national-registry-child-maltreatment-perpetrators-research-report>

Miller, W.T. (2011). The central registry statute for abuse and neglect matters is constitutionally flawed. *Rutgers Journal of Law & Public Policy*, 8(3).

Ministry of Children and Youth Services (2016). *Ontario Child Protection Standards*. Government of Ontario. Retrieved from <http://www.children.gov.on.ca/htdocs/English/documents/childrensaidd/Child-Protection-Standards-2016.pdf>

Navid, S. (2011). They're making a list, but are they checking it twice – how erroneous placement on child offender databases offends procedural due process. *U.C. Davis Law Review*, 44(5).

Office on Child Abuse and Neglect, Children's Bureau. (2010). *Community partnerships: improving the response to child maltreatment*. U.S. Department of Health and Human Services. Retrieved from: <https://www.childwelfare.gov/pubs/usermanuals/partners/>

Ontario Association of Children's Aid Societies (2018). Child welfare data & results. <http://www.oacas.org/data-results/>

Ontario Association of Children's Aid Societies (2019). Ontario child welfare service performance indicators. Retrieved from <http://www.oacas.org/wp-content/uploads/2019/11/Safety-Indicator-Service-Recurrence-After-Investigation-Nov-2019.pdf>

Owhe, J. (2013). Indicated reports of child abuse and maltreatment: When suspects become victims. *Family Court Review*, 51(2): 316-329.

Penn State Social Science Research Institute. (2018). Issues related to protective service record expungement and destruction. In *Penn State Social Science Research Institute*.

Appendix L. Data Expungement in the Field of Child Welfare (continued)

Expungement of Data in the Field of Child Welfare

Retrieved from <https://www.solutionsnetwork.psu.edu/center-for-healthy-children/issues-related-to-protective-service-record-expungement-and-destruction>

Pierce, J., & Feely, M. (2020). Five years and counting: Implications of a child maltreatment data expungement policy. *Society for Social Work and Research 24th Annual Conference – Reducing Racial and Economic Inequality*. Washington, DC, January 19.

Putnam-Hornstein, E., Cleves, M.A., Licht, R., & Needell, B. (2013). Risk of fatal injury in young children following abuse allegations: evidence from a prospective, population-based study. *American Journal of Public Health, 103*(10): e39-e44.

Sen, A.S., Glaberson, S.K., & Rose, A. (2020). Inadequate protection: examining the due process rights of individuals in child abuse and neglect registries. *Washington and Lee Law Review, 77*(2), Article 7.

Senate of Pennsylvania (2017a). Bill Summary. Senate Bill 938. Printer's No. 1347. Retrieved from <https://pasenategop.com/publichealth/wp-content/uploads/sites/28/2017/12/sb938-summary.pdf>

Senate of Pennsylvania (2017b). Session of 2017-2018 Regular Session. Memorandum. Retrieved from <https://www.legis.state.pa.us//cfdocs/Legis/CSM/showMemoPublic.cfm?chamber=S&SPick=20170&cosponId=24746>

Sherman, J. (2011). Procedural fairness for state abuse registries: The case for the clear and convincing evidence standard. *Journal of Gender, Race, and Justice, 14*(3): 867-900.

Trocmé, N., Fallon, B., MacLaurin, B., et al. (2010). Rates of maltreatment-related investigations in the CIS-1998, CIS-2003, and CIS-2008. In Public Health Agency of Canada, *Canadian incidence study of reported child abuse and neglect – 2008: major findings* (pp. 22-29). Ottawa. Retrieved from: <https://cwrp.ca/sites/default/files/publications/CIS-2008-rprt-eng.pdf>

Trocmé, N., Roy, C., & Esposito, T. (2016). Building research capacity in child welfare in Canada. *Child and Adolescent Psychiatry and Mental Health, 10*:16.

U.S. Department of Health and Human Services (2003). *National study of child protective services systems and reform efforts: review of state CPS policy*. Retrieved from: <https://aspe.hhs.gov/report/national-study-child-protective-services-systems-and-reform-efforts-review-state-cps-policy>

Appendix L. Data Expungement in the Field of Child Welfare (continued)

Expungement of Data in the Field of Child Welfare

Appendix A – Child Abuse Registries and Policies in Canada

Table 3 provides an overview of the legislation governing child welfare in each province and territory, and any existing policies and procedures for child abuse registries and expungement of records, and any information on the standards used for verification of child abuse allegations.

Table 3 Child Abuse Registries and Procedures by Province/Territory

| Province | Legislation (Date) | Registry | Information on registry, record checks, and expungement procedures | Standards for verification |
|------------------|--|----------|---|--|
| Alberta | <i>Child, Youth and Family Enhancement Act</i> (2004) | No | No official registry but Child Intervention Record Checks may be completed through children’s services. This service is targeted to individuals who will be working directly with children and youth; applicants for a foster home license or child and youth facility license; and applicants to be a kinship care provider. The check (also known as a Child Welfare Check) states whether a person has been involved in a child intervention investigation or has placed a child under the protection of the Child, Youth and Family Enhancement Act. ^{1,2} | Not specific – the director determines whether the child is in need of intervention. |
| British Columbia | <i>Child, Family and Community Service Act</i> (2000) | No | Social workers must investigate all reports of child abuse, but if they find that no protection is needed, the case file is closed. | Not specific. |
| Manitoba | <i>Child and Family Services Act</i> (1985) and <i>Child and</i> | Yes | The registry contains the names of individuals found to have abused a child – either by a court or a child abuse committee established by a child and family service agency. Access to the registry is only allowed for certain | When an allegation of child abuse is received by a child service agency, the agency establishes a child abuse committee (which consists of a |

Appendix L. Data Expungement in the Field of Child Welfare (continued)

| Expungement of Data in the Field of Child Welfare | | | | |
|---|--|----|---|---|
| | <i>Family Services Authorities Act (2003)</i> | | <p>individuals/groups: employers (when the work involves access to children); peace officers; adoption agencies; child and family service agencies; and a person who believes their name is registered^{3,4}</p> <p><u>Expungement:</u> A name is kept on the registry for 10 years, or until the child turns 18 years old, whichever comes last. Individuals have 60 days upon receiving notice of the intent to register their name to file an objection. A court hearing will be held to determine whether abuse occurred and whether the name should be entered into the registry. The court decision is final.</p> | <p>medical practitioner, police officer, school representative, and agency staff) to review the case. The opinion of the committee is determined by a majority vote as to whether they believe abuse occurred and whether the name of the person should be entered into the registry.⁵</p> |
| New Brunswick | <i>Family Services Act (1980)</i> | No | <p>While a registry is not currently in place, an independent review of the province's child protection system that was submitted to the Department of Social Development in 2018 recommended the adoption of a child abuse registry, along the lines of the one in Nova Scotia.⁶</p> | <p>Cases may be 'substantiated' (meaning it is more probable than not that the harm or risk of harm has occurred, currently exists, or is likely to occur); 'unsubstantiated' (it is not more probable than not that harm occurred); or 'inconclusive'.</p> <p>In applying the "more probable than not" test, the social worker must consider whether the evidence is both credible and persuasive.⁷</p> |
| Newfoundland and Labrador | <i>Children and Youth Care and Protection Act (2011)</i> | No | <p>No official registry; however, child protection clearance checks may be requested by employers, child care services, foster parent or adoption applications.⁸</p> <p>Individuals may also apply for a review of the child protection clearance check decision within 30 days.⁹</p> | <p>Investigations may result in one of three outcomes: allegations not verified; allegations verified but child is not in need of intervention; allegations verified and the child is in need of protective intervention.</p> |

Appendix L. Data Expungement in the Field of Child Welfare (continued)

| Expungement of Data in the Field of Child Welfare | | | | |
|---|---|-----|---|--|
| Northwest Territories | <i>Child and Family Services Act</i> (1998; revised 2016) | No | If a report of suspected child abuse is made, a child protection worker conducts an investigation and completes a report that is filed. If no further protection or services are needed, the file is closed. | Assessment outcomes may be either: 'unfounded' (where the evidence does not support the allegation); 'founded' (evidence is sufficient to establish the truth of an allegation); or 'inconclusive' (insufficient evidence to determine truth). ¹⁰ |
| Nova Scotia | <i>Children and Family Services Act</i> (1990; revised 2016-17) | Yes | <p>The Child Abuse Register contains the names of individuals who have been found by the court (Supreme Court Family Division or Family Court in Nova Scotia) to have abused a child. A person who is convicted of a criminal offense against or involving a child under the Criminal Code of Canada is also entered into the register.</p> <p>The register is used to: a) screen prospective foster and adoptive parents; b) screen prospective employees and volunteers who would be working with children; and c) help child protection workers to determine whether a child is in need of protective services.¹¹</p> <p>Information in the registry is only available to the individual whose name is listed, and to an agency authorized or mandated to investigate whether a child is in need of protective services. An individual may request a search of the Child Abuse Register, and the results are provided in the form of a letter which may be shared with any organization that has requested the check.</p> <p><u>Expungement</u>: a person whose name is entered on the Child Abuse Register may apply to the court to have their name removed. If the court</p> | Not specific – the court determines whether a child is in need of protective services if they have suffered harm or abuse or there is substantial risk of harm. |

Appendix L. Data Expungement in the Field of Child Welfare (continued)

| Expungement of Data in the Field of Child Welfare | | | | |
|---|--|-----|---|--|
| | | | finds that the person does not pose a risk to children, their name is removed. The court decision may also be appealed within 30 days. ¹² | |
| Nunavut | <i>Child and Family Services Act</i> (1998; revised 2014) | No | | Not specific – a child protection worker determines whether a child needs protection when a report is made. |
| Ontario | <i>Child, Youth and Family Services Act</i> (2018; revised 2020) | Yes | <p>The Child Abuse Register is a confidential database of information on reports of alleged child abuse by Children’s Aid Societies (CAS) and is used in child protection investigations. The registry contains information on both abusers and victims (names, demographic data, information about the incident, and actions taken). A report is submitted to the registry only when an investigation of child abuse has been considered as ‘verified’ by CAS and does not typically include cases of neglect.</p> <p>Access to information in the registry may be provided to the following individuals: the registered individual, a child, the child’s lawyer, coroner, medical practitioner, peace officer, employees of the Ministry, the Children’s Aid Society, or a child welfare authority outside Ontario, a person providing counselling or treatment to a registered person, or a person engaged in research.¹³</p> <p><u>Expungement:</u> upon receiving notice that a person’s name has been entered in the registry, the registered person may request the Director of Children and Youth Services to remove their</p> | <p>The verification decision in child protection investigations is based on the test of whether it is “more probable than not” that the harm or risk of harm occurred or currently exists. Outcomes of investigations may be: ‘verified’; ‘not verified’; or ‘inconclusive’. In assessing the evidence, the social worker must consider whether the evidence is both credible and persuasive. When an allegation has been verified, it is reported to the Child Abuse Register.¹⁵</p> |
| Literature Scan—October 2020 | | | | |
| Page 38 | | | | |

Appendix L. Data Expungement in the Field of Child Welfare (continued)

| Expungement of Data in the Field of Child Welfare | | | | |
|---|--|----|--|---|
| | | | <p>name. The Director may either grant the request or hold a hearing to determine whether or not to grant the request. If it is determined after the hearing that the information in the registry is in error, the person's name shall be removed and all records amended to reflect the decision. The hearing decision may also be appealed to the Divisional Court.¹³</p> <p><u>Note:</u> In addition, an amendment to the law implemented in January 2020 set out a legislative privacy framework for Ontario's child and youth sector, establishing new rules for the collection, use, disclosure of, and access to personal information held by service providers. It provides clients the right to request access and correction to their records; and the right to a complaints process and independent review mechanism related to the collection, use, and sharing of personal information.¹⁴</p> | |
| Prince Edward Island | <i>Child Protection Act</i> (1988; revised 2013, 2017) | No | | Not specific – the director of child protection determines whether a child is in need of protection after an investigation. |
| Quebec | <i>Youth Protection Act</i> (1984; revised 2016-17) | No | While there is no information available on an official registry, the <i>Youth Protection Act</i> does allow the Government to make regulations to establish a register containing personal information in a child's record. The regulation must indicate which personal information will be entered in the register and on what conditions, and who will be in charge of it. However, the purpose of the register would be | Not specific. |

Appendix L. Data Expungement in the Field of Child Welfare (continued)

| Expungement of Data in the Field of Child Welfare | | | | |
|---|---|----|--|--|
| | | | to allow only the Commission (the “Commission des droits de la personne et des droits de la jeunesse”, responsible for protecting the rights of children) and the director of a child protection centre to check if a report has already been made involving the child. The information may only be disclosed under certain conditions, such as when disclosure is necessary to ensure the child’s safety. ¹⁶ | |
| Saskatchewan | <i>Child and Family Services Act</i> (1990; revised 2017) | No | No registry but certain organizations (e.g. CMHA Saskatchewan) may request a child abuse record check as a condition of employment or volunteering. | Verification of allegations of child abuse or neglect during a child protection investigation may have one of three outcomes: ‘substantiated’ (where the weight of the evidence supports a finding that the child suffered abuse or neglect); ‘unsubstantiated’ (the weight of the evidence supports a finding that the child has not suffered abuse or neglect); or ‘inconclusive’ (not enough information) ¹⁷ |
| Yukon | <i>Child and Family Services Act</i> (2010) | No | | Not specific – the director of children and family services determines whether a child is in need of protection after an investigation. |

Expungement of Data in the Field of Child Welfare

Appendix B – Sources of Information (Peer Reviewed)

| Databases | Description |
|---|---|
| Applied Social Sciences Index & Abstracts (ASSIA) | Designed to serve the information needs of the caring professions, including practitioners, researchers, and students in healthcare, social services, education, and related areas. It is focused on a core of around 500 of the most relevant English language scholarly journals covering aspects of health and social care from a broadly social scientific perspective. Subject coverage includes: education; family; gerontology; health services; housing; mental health services; nursing; social work; and substance abuse. |
| JSTOR | Electronic database of interdisciplinary peer reviewed journals. |
| ProQuest | Multidisciplinary search engine of academic journals, newspapers, ebooks, and more. |
| PsychINFO (OVID) | Contains citation information and abstracts from journals in psychology and mental health. The Ovid platform is appropriate for systematic and scoping reviews as well as other advanced searches. |
| Scholars Portal | Ontario’s university students, faculty and researchers have access to an extensive collection of e-journals, e-books, social science and geospatial data. Scholars Portal also supports the online interlibrary loan platform for Ontario’s universities, a virtual chat reference service, and other tools designed to aid and enhance academic research in Ontario. |
| Scopus | Multidisciplinary bibliographic and citation database with extensive journal coverage especially in science, technology and medicine and is expanding its coverage of the social sciences |
| Web of Science | Citation information and research impact factors for multi-disciplinary journal articles, conference papers, books, and more |

Appendix L. Data Expungement in the Field of Child Welfare (continued)

Expungement of Data in the Field of Child Welfare

Appendix C – Sources of Information (Grey Literature)

| Databases | Description |
|----------------------|---|
| Search Engines | <ul style="list-style-type: none"> • Google (https://www.google.ca/advanced_search) • Google Scholar (https://scholar.google.com/intl/en/scholar/about.html) • Bielefeld Academic Search Engine (https://www.base-search.net/) |
| Research Portals | <ul style="list-style-type: none"> • ResearchGate (https://www.researchgate.net/) • King’s College (London) Research Portal (https://kclpure.kcl.ac.uk) • Social Science Research Network (SSRN) (https://www.ssrn.com/index.cfm/en/) • OpenAIRE (https://explore.openaire.eu/) • Semantic Scholar (https://www.semanticscholar.org/) |
| HeinOnline | Online database providing comprehensive coverage from law-based periodicals, historical and government documents. Also contains the entire Congressional Record, Federal Register, and Code of Federal Regulations, complete coverage of the U.S. Reports back to 1754, and entire databases dedicated to treaties, constitutions, case law, world trials, classic treatises, international trade, foreign relations and U.S. Presidents. |
| Thesis | <ul style="list-style-type: none"> • Center for Research Libraries Foreign Dissertation (https://www.crl.edu/collections/topics/dissertation) • Digital Access to Research Theses Europe (DART) (http://www.dart-europe.eu/) • Open Access Dissertations (https://oatd.org/) • Thesis Canada Portal (https://www.bac-lac.gc.ca/eng/services/theses/Pages/theses-canada.aspx) • Electronic Theses Online Service (ETHOS) (https://ethos.bl.uk) • ProQuest Dissertations and Theses (https://about.proquest.com/products-services/pqdtglobal.html) |
| Institution Specific | Various |

Expungement of Data in the Field of Child Welfare

Endnotes for Appendix A

- ¹ Childminding Monitoring Advisory & Support (CMAS) (2008). Background checks – what you need to know. Available at https://cmascanada.ca/wp-content/uploads/support_documents/background-checks.pdf
- ² Government of Alberta, Ministry of Children’s Services (no date). Intervention record check. Available at <https://informalberta.ca/public/service/serviceProfileStyled.do?serviceQueryId=1050354>
- ³ Province of Manitoba (no date). Child abuse registry – frequently asked questions. Available at https://www.gov.mb.ca/fs/childfam/child_abuse_registry_faq.html
- ⁴ Province of Manitoba (no date). The provincial child abuse registry: how the registry works. Available at https://www.gov.mb.ca/fs/childfam/pubs/car_overview.pdf
- ⁵ Government of Manitoba (2003). Child and family services act. Child abuse regulation. Available at <http://web2.gov.mb.ca/laws/regs/current/pdf-regs.php?reg=14/99>
- ⁶ Savoury G (2018). Review of the effectiveness of New Brunswick’s child protection system. Available at <https://www2.snb.ca/content/dam/gnb/Departments/sd-ds/pdf/Protection/Child/ReviewOfTheEffectivenessOfNewBrunswicksChildProtectionSystem.pdf>
- ⁷ Public Health Agency of Canada (2019). Provincial and territorial child protection legislation and policy 2018. Available at https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/health-risks-safety/provincial-territorial-child-protection-legislation-policy-2018/64-03-18-2245_Child-Protection_EN-FINAL02.pdf
- ⁸ Newfoundland & Labrador Children, Seniors & Social Development (2016). Application for a child protection clearance check. Available at <https://www.gov.nl.ca/cssd/forms/>
- ⁹ Newfoundland & Labrador Children, Seniors & Social Development (2018). Application for review of a child protection clearance check. Available at <https://www.gov.nl.ca/cssd/forms/>
- ¹⁰ NWT Department of Health and Social Services (2019). Child and family services standards and procedures manual. Available at <https://www.hss.gov.nt.ca/en/child-and-family-services-standards-and-procedures-manual>
- ¹¹ Government of Nova Scotia (no date). Child abuse register. Available at <https://novascotia.ca/coms/families/abuse/ChildAbuseRegister.html>
- ¹² Province of Nova Scotia (2017). Children and Family Services Act. Available at <https://nslegislature.ca/sites/default/files/legc/statutes/children%20and%20family%20services.pdf>
- ¹³ Government of Ontario (2020). Child, Youth and Family Services Act, 2017. Available at <https://www.ontario.ca/laws/statute/17c14?ga=2.209187410.193284947.1600108910-850340928.1598033826>
- ¹⁴ Ontario Ministry of Children, Community and Social Services. (2020). Part X (Personal Information). Available at <http://www.children.gov.on.ca/htdocs/English/childremsaid/part-x.aspx>
- ¹⁵ Ontario Ministry of Children and Youth Services (2016). Ontario child protection standards. Available at <http://www.children.gov.on.ca/htdocs/English/documents/childremsaid/Child-Protection-Standards-2016.pdf>
- ¹⁶ Government of Quebec (2020). Youth Protection Act. Available at <http://legisquebec.gouv.qc.ca/en/ShowDoc/cs/P-34.1>
- ¹⁷ Saskatchewan Ministry of Social Services (2020). Child protection services manual. Available at [file:///C:/Users/Gen/Downloads/Child-Protection--Manual-June2020%20\(1\).pdf](file:///C:/Users/Gen/Downloads/Child-Protection--Manual-June2020%20(1).pdf)

Appendix M. One-Page Project Information Sheet

2019 CANADIAN HUMAN RIGHTS TRIBUNAL RULING 39 Preliminary Review of Available Compensation Category Data *



In January 2016, the Canadian Human Rights Tribunal (CHRT) ruled that funding and provision of child and family services to First Nations children, as well as implementation of Jordan’s Principle, was inequitable and discriminatory. A series of rulings regarding measures to rectify these human rights violations have followed this decision, including the 2019 CHRT ruling 39 released on September 6th, 2019, which ordered Canada to compensate victims of this discrimination and 2020 CHRT 7 ordering Canada to compensate the estates of deceased persons who would otherwise be eligible for compensation. The judicial review of the compensation order was recently dismissed by the federal court. However, the Government of Canada has appealed this decision. This means that, at this time, we do not have confirmation as to whether, how, or when the 2019 CHRT 39 may be implemented.

Pursuant to the compensation order, maximum allowable compensation (up to \$40,000) is due to First Nations children and their caregivers who were impacted by FNCFS service inequities and Canada’s discriminatory application of Jordan’s Principle. Paragraphs 245-257 of the order describe the individuals eligible for compensation. Given the fact that the consultation process is ongoing, the compensation categories are subject to change. As of July 2021, they are categorized as follows:

| | | |
|--|---|--|
| Child welfare | First Nations children living on reserve or in the Yukon who were removed by the child welfare system and placed outside of their home, family, and community. | From January 1, 2006 until further notice ¹ |
| | First Nations parents or grandparents who were the primary caregiver of a child removed from their home, family, and community; unless the parent or grandparent physically, sexually, or psychologically abused the child. | |
| Child welfare/ Jordan’s Principle | First Nations children living on or off-reserve and their parents or grandparents in cases of unnecessary removal of a child to obtain essential services covered under Jordan’s Principle. | From December 12, 2007 ² to November 2, 2017 ³ |
| Jordan’s Principle | First Nations children living on or off-reserve and their parents or grandparents who experienced a gap, denial or delay of essential services covered under Jordan’s Principle. | |

In paragraph 151 of 2020 CHRT 7, Canada must pay compensation to all deceased individuals who would otherwise be eligible.

This project aims to support the possible implementation of the CHRT decision in a way that minimizes the burden on individual claimants to prove their eligibility, by carrying out two main tasks:

- Identifying data sources that may be useful in determining the larger group of potentially eligible individuals for out-of-home care categories (1a, 1b, 2, 3a, and 3c) and Jordan’s Principle categories (3a, 3b, 3c, and 3d). Assessing data completeness and the ability to extract information.
- Developing proposals to support a public campaign targeting those potentially eligible under all compensation categories

The project runs from **October 2020 to January 2022** and is funded by Indigenous Services Canada (ISC) with the support of the First Nations Child and Family Caring Society under the leadership of co-investigators Professor Barbara Fallon (Factor-Inwentash Faculty of Social Work at the University of Toronto) and Professor Nico Trocmé (School of Social Work at McGill University). In addition to seeking the advice of First Nations child welfare organizations and experts, the research team will provide reports to - and seek feedback from - the National Advisory Committee on First Nations Child and Family Services (NAC) throughout different project stages.

For more information, please contact the project coordinators: Marie Saint-Girons (marie.saintgirons@mail.mcgill.ca) or Johanna Caldwell (johanna.caldwell@mail.mcgill.ca).

* This version of the document is from November 2021 and is subject to change.

¹ Eligibility for this category will continue until: (1) Panel decides that unnecessary removal of FN children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.

² Date of adoption in the House of Commons of the Jordan’s Principle motion (see: Canada. Parliament, House of Commons, Journals, 39th Parliament, 2nd sess., 2007 December 12, Number 036).

³ Date of Tribunal’s CHRT 35 ruling on Jordan’s Principle (see: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (Representing the Minister of Indigenous and Northern Affairs Canada)*, 2017 CHRT 35).

Appendix N. Template – Child Welfare Data Questionnaire Table

2019 CHRT 39

Preliminary Review of Available Data Sources

Name of administrative data system currently used:

Dates in use:

From To

Name of prior data systems used (going back to 2006):

Format in which information from legacy system(s) is currently stored (IT system, excel, paper, pdf):

| Information of interest | | Is the information available? | In what format is the information stored? | | What is known about the quality of the information collected? | | |
|------------------------------------|---|--|---|------------------------------------|---|---|--|
| | | Available in data system <i>(Yes/No)</i> If No, please specify | Currently stored as data field? <i>(Yes/No)</i> If drop-down, please specify response options | Currently available as case notes? | How complete is the information? | | Are there any known accuracy and/or validity issues? |
| | | | | | Estimated % missing responses <i>(high, medium, low, none)</i> | Estimated % unknown responses <i>(high, medium, low, none)</i> | |
| INFORMATION ON CHILD AND CAREGIVER | Name of child placed in out-of-home care | | | | | | |
| | Child's date of birth | | | | | | |
| | Child's Indian status registration number | | | | | | |
| | Child's Indigenous identity | | | | | | |
| | Child's residence (on/off reserve) | | | | | | |
| | Name of caregiver(s) at time of placement | | | | | | |
| | Caregiver(s) Indian status registration number | | | | | | |
| | Caregiver(s)' Indigenous identity | | | | | | |
| | Caregiver(s) residence (on/off reserve) | | | | | | |
| | Caregiver's address at time of removal | | | | | | |
| INFORMATION ON PLACEMENT | Date of entry to placement | | | | | | |
| | Date of discharge from placement | | | | | | |
| | Address of placement | | | | | | |
| | Type of placement (foster care, residential, group care, kinship or customary care) | | | | | | |

Appendix N. Template – Child Welfare Data Questionnaire Table *(continued)*

2019 CHRT 39

Preliminary Review of Available Data Sources

| | | | | | | | |
|-------------------------------|---|--|--|--|--|--|--|
| | Placement in informal kinship care | | | | | | |
| | Type of investigated maltreatment (physical, sexual, emotional abuse, exposure to intimate partner violence, neglect, and risk of maltreatment) | | | | | | |
| | Maltreatment or maltreatment risk substantiation level | | | | | | |
| | Reason for removal | | | | | | |
| | Alleged perpetrator (name and/or relationship to child) | | | | | | |
| CONTEXTUAL INFORMATION | Information regarding child's health and/or developmental needs | | | | | | |
| | Information on whether the child was placed in order to receive essential services (e.g. physical or mental health) | | | | | | |
| | Information on other health, social, or educational service providers involved with the child or family | | | | | | |
| | Information on whether the child or family had been offered and/or received prevention services at the time of removal | | | | | | |
| | Information on poverty, substance use, or inadequate housing experienced by the child or family. <i>If yes, does the worker identify if these factors were a reason for placement?</i> | | | | | | |

Appendix O. Child Welfare Data Outreach Contact List (Non-First Nations Agencies and Ministries)

This appendix was removed to protect the confidentiality of respondents.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory

Contents

| | |
|--|-------------|
| Alberta | P-2 |
| British Columbia | P-6 |
| Manitoba | P-10 |
| New Brunswick | P-13 |
| Newfoundland and Labrador | P-18 |
| Northwest Territories | P-21 |
| Nova Scotia | P-24 |
| Ontario | P-27 |
| Prince Edward Island | P-33 |
| Quebec | P-36 |
| Saskatchewan | P-42 |
| Yukon | P-46 |

The tables on the following pages document the availability and quality of data in sampled child welfare authorities and agencies across Canada, as they relate to child welfare compensation categories.

Data quality was assessed using three considerations:

- **Data availability** is an assessment of whether a data field is available and whether it can be retrieved.
- **Data completeness** is an assessment of the comprehensiveness and wholeness of data. Low completeness means that there is missing, or the “unknown” category is widely endorsed data.
- **Data accuracy** is an assessment of whether the data value is consistently interpreted as intended

In addition to an evaluation of data quality, we also determined the **applicability** of data – the ability of the variable to determine or assist with operationalizing the compensation classes.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Alberta

Outreach

In Alberta, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to the Ministry of Children's Services to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.1 provides a summary of the information received.

Table P.1 Overview of availability of data held at the Alberta Ministry of Children's Services (2006-present)

| Alberta – Ministry of Children's Services – Review of data availability | | | | | | | |
|---|--------------------------------------|-------------------------------|--|--------------------------|-------------------------------|--|---------------------------|
| Data system used by provincial and First Nations agencies: Legacy system: CYIM from 1996 to 2011-2014; Current system: CICIO from 2011-2014 to present ¹ | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Information not provided | Very low missing ² | Information not provided | No issues identified |
| | Child Date of Birth | Yes | Yes | Information not provided | No missing ³ | Some accuracy issues identified ⁴ | Minor accuracy issue |
| | Child Indian Registration Number | Yes | Yes | Information not provided | Approx. 30% unknown | Information not provided | Completeness issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

1 Answers provided re. data availability and quality in Alberta represent 2006-07 to December 2021

2 A low proportion of the Name of Indigenous child placed in out-of-home care is missing from 2006-07 to 2008-09. However, the Child's Name was available for all Indigenous Children for the remaining fiscal years.

3 Date of Birth Data are available for all Indigenous Children not in Care, in care, and receiving SFAA services from 2006-07 to date (Dec 15, 2021).

4 Small proportion of data may not be accurate as some children have been allocated January 1st as their birth Month/Day.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.1 Overview of availability of data held at the Alberta Ministry of Children's Services (2006–present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--|--|--------------------------|----------------------------------|----------------------------|---|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Is the child First Nations? | Child's First Nations identity | Yes | Yes, called Aboriginal Group ⁵ | Information not provided | Very low missing ⁶ | Information not provided | No issues identified |
| Child lives on-reserve? | Child residence on/off reserve | Yes | Yes, through proxies ⁷ | Information not provided | Varied completeness ⁸ | Accuracy issues identified | Completeness and accuracy issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes, but not easy to determine caregiver at the time of placement ⁹ | Yes | Yes | Low % missing | Information not provided | Minor completeness and applicability issue |
| | Caregiver Indian Registration Number | Yes | Yes | Information not provided | Medium % missing ¹⁰ | Accuracy issues identified | Completeness and accuracy issues |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Yes | Yes | Information not provided | About 30% missing ¹¹ | Information not provided | Completeness issue |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

5 **Child's First Nations Identity – response options:** First Nations, Inuit, Métis, Registered, Non-registered, Potential to be registered

6 Most of the Indigenous Group was defined for Indigenous children receiving services (a very low percentage Indigenous Group is set as Unknown based on Aboriginal Group)

7 **Child residence on-/off-reserve** – While there is no data field for this variable, there are three proxies that may be used to determine whether a child lives on- or off-reserve: 1) Child's Address; 2) Service delivery (from DFNA or a provincial region); 3) On/Off Reserve Verification (OORV) status (based on caregiver's residence at time of intake).

8 Several completeness issues were identified for the three proxies. **Child's Address:** From 2006-07 to date (Dec 15, 2021), more than 1/3 of Indigenous Child's Address is missing. The majority of missing data are either incomplete or invalid. **Service Delivery:** More than 2/3 of Indigenous children/youth receive services from a Region, however this does not always indicate where they physically reside. **On/Off Reserve Verification (OORV) status:** From 2006-07 to date (Dec 15, 2021), less than 1/3 of the (OORV) status is outstanding. Note that the OORV process helps determine the OORV status of the child and the OORV status and it is based on the Caregiver's residency at the time of the Intake. In addition, the physical address of a child may be Off-Reserve, but the child OORV status is deemed On-Reserve based on the Administrative Reform Arrangements criteria. As the OORV status remains in effect as long as there is no break in services, this indicator will not be accurate should the child have different addresses (On/Off Reserve) during an Intervention period.

9 From 2006-07 to date (Dec 15, 2021), most of the Indigenous children/youth have at least one person listed as a parent (either parent or non-custodial parent) when they were placed. However, it was not clear whether the name of the listed parent was the child's caregiver at the time of placement.

10 More than 1/3 of the Registration Indigenous Number data is missing for First Nation Parent/Non Custodian Parent.

11 More than 2/3 of parents or non-custodian parents' Indigenous Identity are available.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.1 Overview of availability of data held at the Alberta Ministry of Children's Services (2006–present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|---|--|--------------------------|---|-------------------------------|---------------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Information not provided | Complete for all placed children | No accuracy issues identified | No issues identified |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes, but defined as child's address ¹² | Yes | Information not provided | More than 30% missing (incomplete or invalid) | Accuracy issues identified | Completeness and accuracy issue |
| | Address of placement | Yes | Yes | Information not provided | Low % unknown ¹³ | Information not provided | Minor completeness issue |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, includes kinship care ¹⁴ | Yes ¹⁵ | Information not provided | Complete for all placements | Information not provided | Applicability issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

¹² **Caregiver's address** – Address is defined as the child's address in the system – is mandatory but the quality is likely poor.

¹³ The majority of missing data are for children/youth that are placed in At Home or Independent Living. However, as the placement address for those children/youth is defined as their address and given that 60% of this data is accurate for the mentioned placement type, the overall proportion of missing data is low.

¹⁴ **Applicability issue:** Kinship care in AB includes close family friends.

The caregiver must have a family relationship or significant connection to the child – for example, grandparent, aunt or close family friend.

¹⁵ **Type of placement – response options:** Foster care, Agency foster care, Kinship care, Agency kinship care, Group care, Campus based care, Independent living, Parent/guardian care, Permanent placement-adoption, Relatives/community member, Absent from placement, Secure services, Personalized community care, Out of province foster care, Out of province kinship care, Out of province group care, PSECA community resource. **Note:** Placements aren't always indicative of legal authority. Some are in the home. You can be in care but receiving services still in the home.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.1 Overview of availability of data held at the Alberta Ministry of Children's Services (2006–present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|-----------------------------------|--|--------------------------|---|--------------------------|--|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes, called Reason for Involvement ¹⁶ | Information not provided | Completeness issues ¹⁷ | Information not provided | ● Completeness issue |
| | Substantiation or verification level (maltreatment and risk) | Yes | Yes ¹⁸ | Information not provided | Completeness issues ¹⁹ | Information not provided | ● Completeness issue |
| | Alleged perpetrator | Yes | Yes ²⁰ | Yes | Information not provided | Information not provided | ● No issues identified |
| | Reason for placement | No, nothing beyond substantiation | No | Yes | Information not provided | Information not provided | ● Significant availability issue |
| Child placed in order to receive essential services? | Child placed to receive essential services | Only as case notes, if available | No | Possibly | Not mandatory; possible completeness issues | Information not provided | ● Availability and completeness issue |

Level of issue: ● None identified ● None identified; some info not provided ● Minor ● Potential ● Medium ● Significant ✘ No information available ? Information not provided □ Applicability issue

16 **Reason for involvement** – response options: Abandonment, Guardian deceased, Neglect, Sexual abuse by guardian, Risk of sexual abuse by guardian, Physical injury by guardian, Guardian unable/unwilling to protect child from physical injury, Guardian unable/unwilling to protect child from sexual abuse, Emotional injury, Guardian unable/unwilling to protect child from emotional injury, Guardian subjects child to cruel/unusual punishment, Exposure to cannabis grow operation, Exposure to chemicals for manufacture, Illegally manufacture/stores [of chemical or illegal substance to manufacture drug], Involve/expose child to trafficking [drugs], Possess substance for manufacture, Risk phys./emot. Injury, sexual abuse, Surrender.

17 Data on Intervention Open Reason is available from 2006-07 to date. However, from 2006-07 to 2012-13 most of the type of investigated maltreatment data is missing (Investigation Allegation Category – Front End Services); this data is mostly available for the remaining years (2013-14 to date).

18 **Substantiation or Verification level** – Substantiated or Not substantiated

19 From 2006-07 to 2012-13 most of the type of maltreatment or maltreatment risk substantiation level data is missing. The data is mostly available for the remaining years (2013-14 to date).

20 **Alleged perpetrator** – At time of intake a participant can be assigned the role of Alleged Maltreater, but this may be someone other than the caregiver. Additional information on the file would be available to identify the relationship of the participant to the child.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

British Columbia

Outreach

In British Columbia, the province is responsible for the data collection related to non-First Nations agencies and many First Nations child welfare agencies, we contacted officials at the Ministry of Child & Family Development to ask about the availability and quality of data as it relates to the CHRT compensation categories. We also spoke with a First Nations agency in British Columbia who use the ICMS. Table P.2 below summarizes the information.

Table P.2 Overview of availability of data held by the Ministry of Child and Family Development in British Columbia

| British Columbia – Ministry of Child and Family Development – Review of data availability | | | | | | | |
|--|--------------------------------------|-------------------------------|--|----------------|--|------------------------------------|---------------------------------|
| Data system used by provincial and certain First Nations agencies: Integrated Case Management System (ICMS) since 2012 | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Possibly | Complete | No accuracy issues identified | No issues identified |
| | Child Date of Birth | Yes | Yes | Possibly | Complete | Sometimes typos | Minor accuracy issue |
| | Child Indian Registration Number | Yes | Yes | Possibly | Inconsistently documented; not mandatory | Some accuracy issues ²¹ | Completeness and accuracy issue |
| Is the child First Nations? | Child's First Nations identity | Yes | Yes ²² | Possibly | Mandatory | Information not provided | No issues identified |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

²¹ When documented, this is entered manually so there may be typos.

²² **Child's First Nations Identity – response options:** First Nations, Inuit, Métis

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.2 Overview of availability of data held by the Ministry of Child and Family Development in British Columbia (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--|---|--------------------------|---|-------------------------------|--|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child lives on-reserve? | Child residence on/off reserve | Yes | Yes ²³ | Information not provided | Inconsistently documented; not mandatory | Accuracy issues ²⁴ | ● Completeness and availability issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes, but collected at intake hard to extract ²⁵ | No | Yes ²⁶ | Low % missing | Accuracy issues ²⁷ | ● Retrievability, accuracy, and applicability issue |
| | Caregiver Indian Registration Number | Yes | Yes | Possibly | Uncertain how often this is completed ²⁸ | Possible accuracy issues | ○ Potential completeness and accuracy issues |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Yes | Yes ²⁹ | No | Inconsistent across time ³⁰ | No accuracy issues identified | ● Completeness issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | □ Applicability issue

(continued on following page)

23 **Child residence on/off reserve – response options:** When address is entered, worker can flag “on-reserve.” Address is associated to the parent’s file, rather than the child’s.

24 There may be challenges finding the right address at the right point in time; there can be multiple addresses at one point in time (e.g., one parent on reserve and one parent off reserve with joint custody). Despite a specific flag for “on reserve”, there is evidence of inconsistent documentation of on/off reserve for funding purposes.

25 There may be no good way to extract the data without considering the entire electronic file because this is not a data field.

26 This will also be included in the legal orders related to placement.

27 While caregiver name is documented at intake, it could be challenging to link this with placement (if multiple intake files are open at the same time, with different caregivers listed, there could be a question as to which caregiver was the child taken from). Furthermore, biological parents are always included; caregiver at the time of placement is not so clear. Sometimes it’s grandparents, aunties, etc who are caring, but the parents are technically the legal guardians from whom the child is removed, unless the child’s guardianship was already transferred through a legal agreement.

28 If parents are not the caregiver, this may be less available.

29 **Caregiver’s First Nations Identity – response options:** First Nations, Inuit, Métis

30 This is 100% complete since 2015, unclear before this time. Not always complete for both parents.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.2 Overview of availability of data held by the Ministry of Child and Family Development in British Columbia (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|---|--|----------------|---|---|----------------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Possibly | 100% complete; possible data entry delays ³¹ | No accuracy issues identified ³² | No issues identified |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes, but at intake ³³ | No | No | Information not provided | Information not provided | Applicability issue |
| | Address of placement | Yes | Yes | No | Almost always complete ³⁴ | Minor accuracy issues ³⁵ | Minor accuracy issue |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, includes equivalent of kinship (called restricted foster home) ³⁶ | Yes | Yes | High completeness | Accuracy issues identified | Accuracy and applicability issue |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

31 There can be a delay when children age out of care or get discharged, because the social worker hasn't updated the information in the system – at any given time you'll see lags in these updates (up to 2 months).

32 As this is related to payments and legal authority to place children, this is accurately documented.

33 The caregiver address is entered at intake, so the address at the time of removal may or may not be the same.

34 This is always complete when there are formal placements.

35 Placement address field may not fully capture changes in placement; there may also be delays in entering this information.

36 **Restricted foster homes** involve a child being placed in a foster home with a family member, neighbour, or close family friend instead of a standard foster home placement.

As such, this placement type in BC includes family members as well as neighbours and friends.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.2 Overview of availability of data held by the Ministry of Child and Family Development in British Columbia (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|-------------------------------|--|----------------|--------------------------------------|--------------------------|---|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed because of abuse and/or Neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes ³⁷ | Yes | Almost always complete ³⁸ | Information not provided | ● No issues identified |
| | Substantiation or verification level (maltreatment and risk) | Yes, through proxy | Yes ³⁹ | Yes | Often complete | Information not provided | ● Minor availability and completeness issue |
| | Alleged perpetrator | Likely | No | Possibly | Unknown level of completeness | Information not provided | ○ Potential availability and completeness issue |
| | Reason for placement | Yes | Yes ⁴⁰ | Possibly | Information not provided | Information not provided | ● No issues identified |
| Child placed in order to receive essential services? | Child placed to receive essential services | Possibly | No | Possibly | Information not provided | Information not provided | ○ Potential availability issue |

Level of issue: ● None identified ● None identified; some info not provided ● Minor ● Potential ● Medium ● Significant ✗ No information available ? Information not provided □ Applicability issue

37 **Type(s) of investigated maltreatment – response options:** “Grounds for investigation”: (a) if the child has been, or is likely to be, physically harmed by the child’s parent; (b) if the child has been, or is likely to be, sexually abused or exploited by the child’s parent; (c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child’s parent is unwilling or unable to protect the child; (d) if the child has been, or is likely to be, physically harmed because of neglect by the child’s parent; (e) if the child is emotionally harmed by (i) the parent’s conduct, or (ii) living in a situation where there is domestic violence by or towards a person with whom the child resides; (f) if the child is deprived of necessary health care; (g) if the child’s development is likely to be seriously impaired by a treatable condition and the child’s parent refuses to provide or consent to treatment; (h) if the child’s parent is unable or unwilling to care for the child and has not made adequate provision for the child’s care; (i) if the child is or has been absent from home in circumstances that endanger the child’s safety or well-being; (j) if the child’s parent is dead and adequate provision has not been made for the child’s care; (k) if the child has been abandoned and adequate provision has not been made for the child’s care; (l) if the child is in the care of a director or another person by agreement and the child’s parent is unwilling or unable to resume care when the agreement is no longer in force.

38 This is captured in Screening Assessments (almost all cases) and Safety Assessments (80% of cases 2013-2015, 100% of cases since 2015; not all safety assessments complete).

39 **Substantiation or verification level** – Substantiation is documented using the term “a child is in need of protective services”. Maltreatment risk is assessed early on in the screening assessment (Protection Response or Non Protection Response), and again later in the safety and/or vulnerability assessments. Vulnerability assessment leads to scores of high, medium, or low risk. We have access to vulnerability since June 2015 (on approx. 80% of closed incidents). Safety assessments lead to a decision of Unsafe, Safe with Intervention, or Safe.

40 **Reason for placement – response options:** AAD-Placement, ABN-Abandoned, ABS-Absent, CBC-Behavioural, CEC-Emotional, CMC-Mental, CPC-Physical, DEA-Death, DEC-Deceased, DEP-Deprived, EMO-Emotional, EDN-Ended, NEG-Neglect, OTC-Othr Cntry, OTP-Other Prov, PAR-Parenting, PHY-Phy. Harm, PNP-No Protect, PRT-Treatment, REL-Relinquish, RTR-Refusal, SXL-Sex Abuse, TPC-Temporary, TRA-Crt Trnsft, UNA-Unable, YRH-Youth Home

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Manitoba

Outreach

In Manitoba, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to contacts at the Department of Families to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.3 below summarizes the information.

Table P.3 Overview of availability of data held by the Department of Families Manitoba

| Manitoba – Department of Families – Review of data availability | | | | | | | |
|---|--------------------------------------|-------------------------------|--|----------------|---|--|--|
| Data system used by provincial and First Nations agencies: Child & Family Services Application system (Intake Module and Child and Family Services Information System) since 1993 | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child placed in out-of-home care be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Yes | Estimated around 8-10% missing | Spelling inaccuracies can occur | Minor completeness and accuracy issues |
| | Child Date of Birth | Yes | Yes | Yes | Estimated around 8-10% missing | Formatting difference (flipping month-day) can occur | Minor completeness and accuracy issues |
| | Child Indian Registration Number | Yes | Yes | Yes | Information not provided | Minor errors in Status Number sometimes occur | Minor accuracy issue |
| Is the child First Nations? | Child's First Nations identity | Yes | Yes, called Aboriginal Status ⁴¹ | No | Estimated low % missing (higher missing in North) | Not aware of any issues | Minor completeness issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✗ No information available | ? Information not provided | Applicability issue

(continued on following page)

⁴¹ **Aboriginal Status (CFSIS) – response options:** Not Determined, Not Aboriginal, Status (Treaty), Métis, Non-Status, Inuit

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.3 Overview of availability of data held by the Department of Families Manitoba (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--|---|----------------|---|---|--|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child lives on-reserve? | Child residence on/off reserve | Yes | Yes ⁴² | Yes | Estimated low % missing (higher missing in North) | Not aware of any issues | ● Minor completeness issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Partial: difficult to identify the caregiver at the time of removal specifically ⁴³ | Yes | Yes | Information not provided | Spelling inaccuracies can occur | ● Minor accuracy and applicability issue |
| | Caregiver Indian Registration Number | Yes | Yes | Yes | Information not provided | Minor data entry errors for Status Number can occur | ● Minor accuracy issue |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Yes | Yes, called Aboriginal Status ⁴¹ | Yes | Estimated low % missing (higher missing in North) | Not aware of any issues | ● Minor completeness issue |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Yes | Information not provided | Human error sometimes occurs | ● Minor accuracy issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | □ Applicability issue

(continued on following page)

42 **Residence on reserve – response options:** Yes, No, or Unknown

43 Child in care cases capture the associated person name, their relationship status in relation to the child in care, but difficult to identify the exact caregiver at the time of removal

Appendix P. Overview of availability and quality of data held by child welfare authorities and agencies sampled in each province/territory (continued)

Table P.3 Overview of availability of data held by the Department of Families Manitoba (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|---|--|---------------------------------|-----------------------------------|---|--|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes | Information not provided | Information not provided | Estimated 30% missing | Human error sometimes occurs | ● Completeness issue and minor accuracy issue |
| | Address of placement | Yes, but could be stored in alternative tracking system | Yes | Yes | Information not provided | Spelling inaccuracies sometimes occur | ● Minor accuracy issue |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, but no direct estimate of kinship placement ⁴⁴ | Yes, called placement categories and placement type ⁴⁵ | Yes | Information not provided | Incorrect category could potentially be selected. | ● Potential accuracy and applicability issue |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes, but stored in the alleged offender protection case ⁴⁶ | Yes ⁴⁷ | Yes, in Safety Assessment | Information not provided | None identified | ● Minor availability issue |
| | Substantiation or verification level (maltreatment and risk) | Yes, for maltreatment, but no verification of risk of maltreatment | Yes, for maltreatment, called Investigation Status ⁴⁸ | Yes | Information not provided | Not very reliable | ● Availability and accuracy issue |
| | Alleged perpetrator | Yes | Yes, name of perpetrator | Sometimes includes relationship | Estimated 10% missing information | Information not provided | ● Minor completeness issue |
| | Reason for placement | Low: collected, but no info on if child placed because of abuse | Yes, called placement entry reason ⁴⁹ | Sometimes | Information not provided | Information not provided | ● Applicability issue |
| Child placed in order to receive essential services? | Child placed to receive essential services | Yes, but not consistently | Yes, see placement entry reason ⁴⁹ | Sometimes, but not mandatory | Information not provided | Information not provided | ● Availability issue |

Level of issue: ● None identified ● None identified; some info not provided ● Minor ● Potential ● Medium ● Significant ✗ No information available ? Information not provided □ Applicability issue

44 Certain studies have used the highlighted placement type response options in the next footnote to determine if a child was placed in kinship care, but these are deemed not to be reliable enough to distinguish foster care from kinship care.

45 **Placement categories – response options:** Foster home, foster home staffed, foster home specialized, place of safety, res care/group home, correctional facility, health, mental health, independent living, out of province, select adoption probation, own home/relative, not known

Placement type – response options: Not Specified, General Placement, Emergency/Receiving, Child specific-family, Child specific-other, Safety-family residence, Safety-Motel/Hotel, Safety-Womens shelter, Historical placement-untracked, Placement alone-Independent living, Placement with proctor-Independent living, Out of province placement, No placement, Select Adoption Probation

46 Maltreatment screen is filled out on the Alleged offender's Protection case. The alleged victim would present as an associated person on the alleged offender's protection case.

47 **Investigated maltreatment – response options:** physical abuse (act of omission, physical injury, physical discipline, physical altercations between siblings, physical-position of trust, physical/sexual abuse, sexual abuse (act of omission, sexual exploitation, Sexual – age of consent, intrafamilial sexual abuse, sexual-position of trust, sexual behaviour between children).

Trauma type – response options: death, physical abuse, sexual abuse, emotional abuse, non-organic failure to thrive, Munchausen Syndrome, Other, Unknown

48 **Investigation status – response options:** not determined, pending/investigation ongoing, maltreatment substantiated, maltreatment inconclusive, unsubstantiated unfounded/did not occur, unsubstantiated inappropriate behaviour, overturned on appeal, and other

49 **Placement entry reason – response options:** Covid-19-Related Hospitalization, Culturally appropriate placement, Customary Care, Customary Care – Continued from Foster home, Entered into care, Extended Care – Medical, Health/Mental Health, Independent Living, Mental Health Disorder – Diagnosed, Mental Health Disorder – Suspected, Own home/relative, Permanent planning, Physical Injury/Trauma Treatment, Place of Safety, Placed in Custody (criminally), Preferred Placement, Previous placement breakdown, Provincial Placement Desk Referral, Respite Care, Return to Placement – Post Covid-19, Select Adoption Probation, System Generated, Temporary Planning, Transfer In, Treatment Facility – Addiction, Treatment Facility – Behaviour, Treatment Facility – Complex needs, Treatment Facility – Sexual, UA/Unplanned absence

More detailed reasons for entering care or not available from structured data, but rather from unstructured case notes.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

New Brunswick

Outreach

In New Brunswick, as the provincial information system, NB Families, is available to all agencies and First Nations agencies use additional systems, we held conversations with provincial contacts as well as a First Nations agency using Redmane to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.4 and Table P.5 below summarize the information.

Table P.4 Overview of availability of data held by the Ministry of Social Development in New Brunswick

| New Brunswick – Ministry of Social Development – Review of data availability | | | | | | | |
|--|--------------------------------------|-------------------------------|--|--------------------------|--|---|---|
| Data system used by all provincial agencies and certain First Nations agencies: NB Families since 2004 | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Information not provided | Mandatory | Information may include typos | Minor accuracy issue |
| | Child Date of Birth | Yes | Yes | Information not provided | Mandatory | Minor errors; usually corrected with clinical audit ⁵⁰ | Minor accuracy issue |
| | Child Indian Registration Number | Yes | Yes | Yes | Not mandatory; unclear how often it is completed | Some user error identified | Accuracy issue and potential completeness issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

⁵⁰ Can enter just a year (not date and month); however usually precise date of birth added if only year was entered initially.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.4 Overview of availability of data held by the Ministry of Social Development in New Brunswick (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--------------------------------------|--|--------------------------|---|--------------------------|---|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Is the child First Nations? | Child's First Nations identity | Yes | Yes ⁵¹ | Information not provided | Not mandatory; unclear how often it is completed | Information not provided |  Potential completeness issue |
| Child lives on-reserve? | Child residence on/off reserve | Yes (indicated by address) | Yes | Information not provided | Mandatory | Not aware of any issues |  No issues identified |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes, upon case opening ⁵² | Yes ⁵³ | Information not provided | Older records may be 'unknown' | Information not provided |  Completeness and applicability issue |
| | Caregiver Indian Registration Number | Yes | Information not provided | Information not provided | Information not provided | Information not provided |  No issues identified |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Yes | Information not provided | Information not provided | Information not provided | Information not provided |  No issues identified |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Possibly | Not completed for on-reserve placements ⁵⁴ | Information not provided |  Availability issue for on-reserve placements |

Level of issue:  None identified |  None identified; some info not provided |  Minor |  Potential |  Medium |  Significant |  No information available |  Information not provided |  Applicability issue

(continued on following page)

51 **Child's First Nations Identity – response options:** Yes, No, Unknown; if “Yes,” worker selects among the following: Bouctouche, Eel Ground, Eel River Bar (Eel River), Elspogtog (Big Cove), Esgenopetitj (Burnt Church), Fort Folly, General List, Indian Island, Kingsclear, Madawaska Maliseet (St. Basile), Metepenagiag (Red Bank), Oromocto, Out of Province, Pabineau, St. Mary's, Tobique, Unknown, Woodstock

52 If the caregiver has changed since case opening, it could be difficult to identify at the time of removal

53 Identified as “head of case”

54 **Dates of Start/End Placement** – Payments for placements of off-reserve children are made through a service requisition in NB Families. However, for on-reserve First Nations children, there is no service requisition tied to placements.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.4 Overview of availability of data held by the Ministry of Social Development in New Brunswick (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|-------------------------------|--|--------------------------|---|--------------------------|--|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes | Yes | Information not provided | Information not provided | Information not provided | No issues identified |
| | Address of placement | Yes | Yes | Information not provided | Not completed for on-reserve placements ⁵⁵ | Information not provided | Availability issue for on-reserve placements |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, includes kinship | Yes ⁵⁶ | Information not provided | Not completed for on-reserve placements ⁵⁷ | Information not provided | Availability issue for on-reserve placements |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes ⁵⁸ | Information not provided | Information not provided | None identified | No issues identified |
| | Substantiation or verification level (maltreatment and risk) | Yes | Yes ⁵⁹ | Yes | Mandatory: 0% missing | None noted | No issues identified |
| | Alleged perpetrator | Yes | Yes ⁶⁰ | Information not provided | Information not provided | Information not provided | No issues identified |
| | Reason for placement | Yes | Yes ⁶¹ | Information not provided | Information not provided | Information not provided | No issues identified |
| Child placed in order to receive Essential services? | Child placed to receive essential services | No | No | Information not provided | NA | NA | No info. available |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

55 **Address of placement** – Completed only when there is a service requisition.

56 **Type of placement – response options:** Addiction-residential treatment, Adoption home-departmental, Adoption home-intercountry, Child placement facility center, Child specific placement, Child placement information/support, Closed cust. Home/secure shelter, Emergency home-child, Foster home, Group home-child, Kinship placement, Life skills-residential care, Open custody group home, Open custody home, Out of province foster home, Safety net, Therapeutic home

57 **Type of placement:** Completed only when there is a service requisition.

58 **Type of investigated maltreatment – response options:** Emotional abuse, Neglect, Other mandated referral, Physical abuse, Sexual abuse, Youth engagement services

59 **Substantiation level – response options:** Substantiation, No substantiation

60 **Alleged perpetrator** – The following information, among other information, is documented for the perpetrator of the alleged abuse: Last name, Given name(s), DOB, Gender, First Nations Status, First Nations Community, Household address, Phone number

61 **Reason for placement** – The decision to remove a place must be endorse by the Permanency Planning Committee, the context and reason for recommending a child's removal and placement would be documented is our Permanency Planning Committee forms and in NBF under an event named 'Permanency Planning Committee'.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.5 Overview of availability of data in First Nations CFS agency sampled in New Brunswick

| New Brunswick – Sampled First Nations agency – Review of data availability | | | | | | | |
|--|--|-------------------------------|---|----------------|--------------|--------------------------|---------------------------|
| Data system used by sampled First Nations agency: Redmane & Paper files | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Yes | Mandatory | Information not provided | No issues identified |
| | Child Date of Birth | Yes | Yes | Yes | Mandatory | Information not provided | No issues identified |
| | Child Indian Registration Number | Yes | Yes | Yes | Mandatory | Information not provided | No issues identified |
| Is the child First Nations? | Child's First Nations identity | Yes | Yes | Yes | Mandatory | Information not provided | No issues identified |
| Child lives on-reserve? | Child residence on/off reserve | Yes | Yes | Yes | Mandatory | Information not provided | No issues identified |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes | Yes | Yes | Mandatory | Information not provided | No issues identified |
| | Caregiver Indian Registration Number | Yes | Yes | Yes | Mandatory | Information not provided | No issues identified |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Yes | Yes | Yes | Mandatory | Information not provided | No issues identified |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Yes | Mandatory | Information not provided | No issues identified |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.5 Overview of availability of data in First Nations CFS agency sampled in New Brunswick (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|-------------------------------|---|--------------------------|--------------------------|--------------------------|---------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes | Yes | Information not provided | Information not provided | Information not provided | No issues identified |
| | Address of placement | Yes | Yes | Yes | Mandatory | Information not provided | No issues identified |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, includes kinship | Yes | Information not provided | Mandatory | Information not provided | No issues identified |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes | Sometimes | Mandatory | Information not provided | No issues identified |
| | Substantiation or verification level (maltreatment and risk) | Yes ⁶² | Yes | Information not provided | Mandatory | Information not provided | No issues identified |
| | Alleged perpetrator | Yes | Yes ⁶³ | Possibly | Information not provided | Information not provided | No issues identified |
| | Reason for placement | Yes | Yes ⁶⁴ | Information not provided | Information not provided | Information not provided | No issues identified |
| Child placed in order to receive essential services? | Child placed to receive essential services | Maybe | No | Yes ⁶⁵ | Information not provided | Information not provided | Retrievability issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

⁶² **Substantiation or verification level** – Documented; risk is categorized under neglect.

⁶³ **Alleged perpetrator** – documented on client information sheet completed during intake and throughout the case file.

⁶⁴ **Reason for placement** – the type of investigated maltreatment is linked to the placement as a reason.

⁶⁵ **Child placed to receive essential services** – There are some voluntary removals that happen when parents come to child protection asking for their children to be removed so they can access services. This information would be difficult to retrieve

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Newfoundland and Labrador

Outreach

In Newfoundland and Labrador, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to provincial contacts to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.6 summarizes the information.

Table P.6 Overview of availability of data held at the Department of Seniors, Children & Social Development in Newfoundland & Labrador since 2000

| Newfoundland & Labrador – Department of Seniors, Children and Social Development – Review of data availability | | | | | | | |
|--|--------------------------------------|-------------------------------|--|----------------|---------------------------------------|-----------------------------------|---------------------------------------|
| Data system used by provincial and First Nations agencies: <i>Legacy system:</i> Client Referral Management System 2000-2018; <i>Current system:</i> Integrated Service Management system since 2018 | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | No | 0% missing | Information not provided | No issues identified |
| | Child Date of Birth | Yes | Yes | No | 0% missing | If date unknown, age may be added | Minor accuracy issue |
| | Child Indian Registration Number | Yes | Yes | No | Not mandatory; unknown % missing | Information not provided | Potential completeness issue |
| Is the child First Nations? | Child's First Nations identity | Yes | Yes ⁶⁶ | No | Low % missing; captured every quarter | Variation in 'Other' text field | Minor completeness and accuracy issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

⁶⁶ **Child's First Nations Identity – response options:** Innu, Innu/Inuit, Innu/Métis, Innu/Mi'kmaq, Inuit, Inuit/Métis, Inuit/Mi'kmaq, Métis, Métis/Mi'kmaq, Mi'kmaq, Other (w/ free text)

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.6 Overview of availability of data held at the Department of Seniors, Children & Social Development in Newfoundland & Labrador since 2000 (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|-------------------------------|---|----------------|--|---|---|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child lives on-reserve? | Child residence on/off reserve | Yes, through address | Yes ⁶⁷ | No | Low % missing; captured every quarter | Potential accuracy issue | Minor completeness and accuracy issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes | Yes | No | Low % missing; captured every quarter | Information not provided | Minor completeness issue |
| | Caregiver Indian Registration Number | Yes | Yes | No | Not mandatory; unknown % missing | Unknown accuracy | Potential completeness and accuracy issue |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Yes | Yes ⁶⁸ | No | Information not provided | Information not provided | No issues |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | No | High level of completeness ⁶⁹ | Some issues if child changes placements | Minor accuracy issue |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes | Yes ⁷⁰ | No | Not mandatory; unknown % missing | No issues identified | Potential completeness issue |
| | Address of placement | Yes | Yes | No | Information not provided | Information not provided | No issues identified |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

67 **Child residence on/off reserve – response options:** In community, Out of community (text field within notes section)

68 **Parent's First Nations Identity – response options:** Innu, Innu/Inuit, Innu/Métis, Innu/Mi'kmaq, Inuit, Inuit/Métis, Inuit/Mi'kmaq, Métis, Métis/Mi'kmaq, Mi'kmaq, Other (w/ free text)

69 This is tied to payment to foster parents so is almost always complete.

70 Caregiver address is documented. Community may also be selected from a drop-down menu. Could also refer to child's residence (above).

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.6 Overview of availability of data held at the Department of Seniors, Children & Social Development in Newfoundland & Labrador since 2000 (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|-------------------------------|---|--------------------------|---------------------------------------|--------------------------|---------------------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, includes kinship | Yes ⁷¹ | No | Low % missing; captured every quarter | Information not provided | Minor completeness issue |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes ⁷² | Information not provided | 0% missing | Information not provided | No issues identified |
| | Substantiation or verification level (maltreatment and risk) | Yes | Yes ⁷³ | Information not provided | Information not provided | Information not provided | No issues identified |
| | Alleged perpetrator | Yes | Yes ⁷⁴ | Information not provided | Information not provided | Information not provided | No issues identified |
| | Reason for placement | Yes | Yes ⁷⁵ | Possibly ⁷⁶ | Information not provided | Information not provided | No issues identified |
| Child placed in order to receive essential services? | Child placed to receive essential services | Partially ⁷⁷ | No | Yes, if available | Information not provided | Information not provided | Availability and retrievability issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

71 **Type of placement – response options:** regular foster home, *kinship home*, significant other foster home, group home, Level IV placement, etc.

72 **Type(s) of investigated maltreatment – response options:** Physical abuse, Emotional abuse, Sexual abuse, Neglect, No maltreatment.

73 **Substantiation or verification level** – For types of maltreatment: Verified, Not verified. For risk level: Very high, High, Moderate, Low.

74 **Alleged perpetrator** – This is a field in the Child Protection Referral (CPR) form used when verifying a screened in maltreatment allegation.

75 **Reason for placement** – Captures which section of the *Children, Youth and Families Act* the removal relates to.

76 The decision-making regarding fit between the child and placement resource may be documented in case notes.

77 Not explicitly documented in a data field, but could be available: there are examples of situations of voluntary placement for child to access services – reason for placement would be documented as “maltreatment” or parent voluntarily placing the child (documented according to the legislation – some sort of maltreatment)

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Northwest Territories

Outreach

Given the centralization of child welfare information in the Northwest Territories, we reached out to the Department of Health and Social Services, Child and Family Services to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.7 below summarizes the information.

Table P.7 Overview of availability of data held at the Northwest Territories Department of Health & Social Services (2000 to present)

| Northwest Territories – Department of Health and Social Services – Review of data availability | | | | | | | |
|---|--------------------------------------|--|--|----------------|------------------------------------|---|-------------------------------------|
| Data system used by provincial and FN agencies: <i>Legacy system:</i> CFIS from 2000 to 2017; <i>Current system:</i> Matrix from 2017 to present | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? <i>Available dropdown options in footnotes</i> | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Yes | Almost always completed | Name spelling and order of names sometimes inaccurate | Minor accuracy issue |
| | Child Date of Birth | Yes | Yes | No | Often completed | Information not provided | Minor completeness issue |
| | Child Indian Registration Number | Matrix: Not available CFIS: Sometimes ⁷⁸ | CFIS: Yes | Unlikely | CFIS: estimated around 95% missing | Information not provided | Availability and completeness issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

⁷⁸ Child's Indian registration number is available as a field in CFIS. will be added as a field in Matrix, but is not currently available.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.7 Overview of availability of data held at the Northwest Territories Department of Health & Social Services (2000 to present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--|--|-----------------------------------|---|--|--|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Is the child First Nations? | Child's First Nations identity | Yes | Yes ⁷⁹ | Unlikely | CFIS: estimated around 50% missing ⁸⁰ | Information not provided | Completeness issue |
| Child lives on-reserve? | Child residence on/off reserve | Yes (as address) | Yes | Partial information ⁸¹ | CFIS: estimated around 10% missing | Addresses may be incomplete or inaccurate on reserve | Availability and minor completeness, and accuracy issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes | Yes | Possibly | Almost always completed | Name spelling and order of names may be inaccurate | Minor accuracy issue |
| | Caregiver Indian Registration Number | Matrix: Not available CFIS: Sometimes ⁸² | Matrix: NA CFIS: Yes | Sometimes, in Matrix | CFIS: estimated around 95% missing | Information may be inaccurately typed | Availability and completeness issue |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Yes | Yes ⁸³ | Possibly | Matrix: Low % missing CFIS: estimated around 95% missing | Information not provided | Completeness issue |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Possibly | No missing information | No accuracy issues identified | No issues identified |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

79 **Child's Indigenous Identity – response options:** Matrix: First Nations, Inuit, Métis, Non-Aboriginal, Unknown; CFIS: Aboriginal NOT NWT, Dene, Métis, Inuit, Inuvialuit, Gwitch'in, Non-Aboriginal

80 Because a large proportion of the population in the Northwest Territories is First Nations, this is navigable.

81 Community may be entered

82 **Caregiver's Indian registration number** is available as a field in CFIS. will be added as a field in Matrix, but is not currently available.

83 **Caregiver's Indigenous Identity – response options:** First Nations, Inuit, Métis, Non-Aboriginal, Unknown

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.7 Overview of availability of data held at the Northwest Territories Department of Health & Social Services (2000 to present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--|---|-----------------------------------|--|---|---------------------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes | Yes | Information not provided | Information not provided | Information not provided | No issues identified |
| | Address of placement | Yes | Yes | Partial information ⁸⁴ | Matrix: Nearly no % missing CFIS: Around 10% missing ⁸⁵ | Addresses may be incomplete or imprecise on reserve | Minor completeness and accuracy issue |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, Matrix includes kinship (information not provided for CFIS) | Yes ⁸⁶ | Possibly | No missing information | No accuracy issues identified | No issues identified |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes ⁸⁷ | Possibly | No missing information | No accuracy issues identified | No issues identified |
| | Substantiation or verification level (maltreatment and risk) | Yes | Yes ⁸⁸ | Possibly | Matrix: No missing info CFIS: Estimated about 90% missing ⁸⁹ | No accuracy issues identified | Completeness issue |
| | Alleged perpetrator | Yes | Yes | Information not provided | Information not provided | Information not provided | No issues identified |
| | Reason for placement | Yes | No, but can be traced using multiple fields in both Matrix and CFIS | Possibly | Information not provided | Information not provided | No issues identified |
| Child placed in order to receive essential services? | Child placed to receive essential services | Yes | Yes | Possibly | Matrix: Sometimes completed CFIS: No missing info | No accuracy issues identified | Minor completeness issue |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

84 Partial info (e.g., community but not full address) may be entered

85 Almost always completed in Matrix; Estimated around 10% missing in CFIS.

86 **Type of placement** – Matrix: Protection & Prevention streams: each stream can have Foster regular, Foster provisional, Foster extended family, Group home, Facility based treatment, Room and board, Shelter; Kinship care is also identified in the Matrix system; CFIS: Foster Home, Group Home, In Transit, Medical Facility, Northern Treatment Facility, Other – Specify: Room & Board, Provisional Foster Home, Southern Treatment Facility, Sport and Recreation Activity, Visitation, Visitation with Parent, YOA Young Offenders Act

87 **Type of investigated maltreatment** – Matrix: Physical maltreatment, Emotional maltreatment, Sexual maltreatment, Neglect; CFIS: Abuse, Child's behaviour, Financial assistance, Neglect, Other, Parents' behaviour

88 **Substantiation level** – Matrix: Non-substantiated, Substantiated, Blank (no entry either due to a data entry mistake or the data is not yet available); CFIS: Referral founded, Referral unfounded, Other protection concern investigated: founded; Other protection concern investigated: unfounded, Referral unfounded: inappropriate discipline, Referral founded: child remains in home, Risk Assessment, Safety assessment

89 SDM implementation took place in 2015 before which time this information would not be available.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Nova Scotia

Outreach: In Nova Scotia, we contacted the Department of Families, who worked in concert with Mi'kmaw Family & Children's Services of Nova Scotia, to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.8 below summarizes the information.

Table P.8 Overview of availability of data held by the Department of Families in Nova Scotia (2009 to present)

| Nova Scotia – Department of Families - Review of data availability | | | | | | | |
|--|--------------------------------------|---|--|--|---|--|---|
| Data systems used by provincial and First Nations agencies: Legacy system: Access Database (until 2008); Current system: Integrated Case Management (ICM) from 2009 to present ⁹⁰ | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child placed in out-of-home care be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Yes | No % missing | Information not provided | No issues identified |
| | Child Date of Birth | Yes | Yes | Yes | Less than 1% missing | Information not provided | No issues identified |
| | Child Indian Registration Number | Yes, if known | Yes | Yes | ~10% of CIC on-reserve have missing IRN | Information not provided | Minor completeness issue |
| Is the child First Nations? | Child's First Nations identity | Low: Race data is available, specific Ind. status/identity is not collected | Yes ⁹¹ | Yes, and in various planning tools (plan of care, placement info, cultural history collection, etc.) | ~25% of all CIC have no race data entered | Case-by-case review needed to provide complete information | Completeness, accuracy, and applicability issue |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

⁹⁰ Information was only provided for current system (ICM). Information from legacy system (Access Database) is in the archive section of ICM. Respondents indicated that information from previous database exists but was inconsistently migrated.

⁹¹ **Race – response options:** Aboriginal, Asian, Black, Caucasian, Middle Eastern, Mi'kmaw, Mixed Race, Other, Blank

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.8 Overview of availability of data held by the Department of Families in Nova Scotia (2009 to present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|---|---|--------------------------|---|--|---|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child lives on-reserve? | Child residence on/off reserve | Yes, as address of residence, but may not be available given passage of time ⁹² | Yes | Information not provided | No % missing | Field not used consistently across workers ⁹³ | Significant retrievability and accuracy issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes | Yes | Information not provided | No % missing | Information not provided | No issues identified |
| | Caregiver Indian Registration Number | Yes | Yes | Sometimes | ~50% of caregivers of CIC have missing IRN | Information not provided | Significant completeness issue |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Low: Race data is available, but specific Ind. status/identity is not collected | Yes ⁹¹ | Sometimes | ~50% of all caregivers of CIC are missing race data (~25% for on-reserve) | Data limitations require case-by-case review to provide complete information | Significant availability and completeness issue |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Information not provided | No % missing | Information not provided | No issues identified |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes, aligned with child's residence, but may not be available given passage of time ⁹² | Yes | Information not provided | No % missing | Field not used consistently across workers | Significant retrievability and accuracy issue |
| | Address of placement | Yes | Yes | Information not provided | No % missing | Information not provided | No issues identified |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

⁹² The caregiver's address at the time of the removal of a child would have been known at the time. However, since that time the individual may have moved several times and only the most recent address included in the system, which may not have been the address at the time the child came into care.

⁹³ Some workers enter placement address, or an office address.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.8 Overview of availability of data held by the Department of Families in Nova Scotia (2009 to present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|---|---|---------------------------|--------------------------------|--------------------------|---|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes | Yes ⁹⁴ | Information not provided | No % missing | Information not provided | No issues identified |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Partial – only from 2017 onwards ⁹⁵ | Yes, called Major Presenting Problem ⁹⁶ | Prior to 2017 – sometimes | No % missing from 2017 onwards | Information not provided | Significant availability and completeness issue |
| | Substantiation or verification level (maltreatment and risk) | Partial – only from 2017 onwards | Yes | Prior to 2017 – sometimes | No % missing from 2017 onwards | Information not provided | Significant availability and completeness issue |
| | Alleged perpetrator | Yes, but difficult to retrieve | Information not provided | Information not provided | Information not provided | Information not provided | Retrievability issue |
| | Reason for placement | Yes, but difficult to retrieve | Information not provided | Information not provided | Information not provided | Information not provided | Retrievability issue |
| Child placed in order to receive essential services? | Child placed to receive essential services | Partial: sometimes (when placement indicates special needs) | Yes, some placements reasons indicate specific needs | Yes | Information not provided | Information not provided | Availability issue |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

94 Dropdown responses not provided

95 Prior to 2017, this data is collected on the child protection case, but the specific reason for a child coming into care is not linked to the case file.

96 Dropdown responses not provided

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Ontario

Outreach

We sampled two First Nations agencies to identify the availability of data in the information systems they use. We obtained additional information regarding missing and unknown responses for Penlieu, CPIN, and Coyote through the Ontario Child Abuse and Neglect Data System (OCANDS) at the University of Toronto, which obtained data sharing agreements from three agencies to contribute non-identifying information about the availability of data through these information systems for the purpose of this project. Table P.9 provides information on Penlieu, which is used by most First Nations agencies, and Table P.10 provides information on CPIN, which is currently used by all provincial agencies.

Table P.9 Overview of data availability in First Nations CFS agencies sampled in Ontario

| First Nations agencies sampled in Ontario – Review of data availability | | | | | | | |
|---|--------------------------------------|--|---|--------------------------|-------------------------------------|---|--------------------------------|
| Data systems used by sampled First Nations agency: Penlieu | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Yes | No missing, required to open a file | No information provided | No issues identified |
| | Child Date of Birth | Yes | Yes | Information not provided | Around 10% missing | Very high accuracy (verify birth certificate) | No issues identified |
| | Child Indian Registration Number | Yes, if have status, but not often entered | Yes | Sometimes | 70% missing ⁹⁷ | When collected, it is fairly accurate | Significant completeness issue |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

⁹⁷ Depends on level of legal involvement (if the child is more involved in the child welfare system, more likely to have this information)

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.9 Overview of data availability in First Nations CFS agencies sampled in Ontario (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--|--|----------------|----------------|--|---|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Is the child First Nations? | Child's First Nations identity | Yes | Further broken down by area if First Nations | Sometimes | 90% Unknown | May vary by worker |  Significant completeness issue |
| Child lives on-reserve? | Child residence on/off reserve | Yes, through address, but inconsistent | Yes | Not often | Inconsistent | Address is accurate (administrator verifies public record) |  Completeness issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes | Yes | Not often | No missing | Very accurate |  No issues identified |
| | Caregiver Indian Registration Number | Yes, for those who have status | Yes | Sometimes | 50-70% missing | Amount of info varies |  Significant completeness issue |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Yes | Further broken down by location if First Nations ⁹⁸ | Sometimes | 93% Unknown | Information not provided |  Significant completeness issue |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | No | No missing | Start of placement can be off by a few days |  Minor accuracy issue |

Level of issue:  None identified |  None identified; some info not provided |  Minor |  Potential |  Medium |  Significant |  No information available |  Information not provided |  Applicability issue

(continued on following page)

98 No dropdown options provided

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.9 Overview of data availability in First Nations CFS agencies sampled in Ontario (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--|---|-----------------------------------|--|--|--|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes, but inconsistent | Yes | Not often | Inconsistent | Address is accurate when available (administrator verifies public record) | ● Completeness issue |
| | Address of placement | Yes | Yes | No | About 30% missing | No accuracy issues | ● Completeness issue |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, but open-text | Open-text ⁹⁹ | Some info might be in case notes | No missing | Difficult to obtain info. at granular level because of sign. variance in responses | ● Significant accuracy issue and availability issue |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes, called eligibility spectrum ¹⁰⁰ | Not often | Pre-2007: 19% Post-2007: less than 1% | Information not provided | ● Minor completeness issue |
| | Substantiation or verification level (maltreatment and risk) | Yes, but verification understood as being broader than substantiation | Yes ¹⁰¹ Family Risk Assessment and Safety Assessment | No | Low missing | No accuracy issues noted | ● Applicability issue |
| | Alleged perpetrator | Yes, allegation report has a list of adults involved in the allegation | Information not provided | Information not provided | 95% missing | Information not provided | ● Significant completeness issue |
| | Reason for placement | Yes, but does not include abuse | Yes ¹⁰² | Information not provided | 3% Missing | Information not provided | ● Applicability issue |
| Child placed in order to receive essential services? | Child placed to receive essential services | Yes, but would be hard to trace | Some very unreliable proxies ¹⁰³ | Could be documented in case notes | Information not provided | Very inconsistent/unstructured info | ● Significant availability issue |

Level of issue: ● None identified ● None identified; some info not provided ● Minor ● Potential ● Medium ● Significant ✗ No information available ? Information not provided □ Applicability issue

99 "In care" is the only variable, no drop-down for info at more granular level

100 **Eligibility spectrum – response options:** The eligibility spectrum has more than 100 Section 1-5 options. These are listed here: <http://www.oacas.org/wp-content/uploads/2019/12/Eligibility-Spectrum-2021-EN.pdf>

101 **Verification – response options:** "Verified" or "not verified"

102 In OCANDS, data is mapped onto **placement start reason:** Maltreatment, Caregiver Capacity, Abandonment, Adoption, Need of the child, Placement breakdown, Relief, ECM/Transitional housing/Independent, Unknown, Child/ Youth behaviour, Temporary Placement, Treatment/ Objectives met, Return to previous placement, Kinship placement, Child hospitalization/ Institutionalization, Custody/ Jail/ Detention, Assessment, New placement req. (not specified), Administrative Reasons, Court Ordered, Other, Emergency/ Crisis, Return to parents, Not a placement reason, Statistical Move

103 For example, "risk of harm," or "medical neglect" – but these imply a parental problem because there would need to be one for child to be removed

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.10 Overview of data availability in provincial CFS agencies sampled in Ontario

| Provincial agencies sampled in Ontario – Review of data availability | | | | | | | |
|---|--------------------------------------|-------------------------------|--|--------------------------|---|--|---|
| Data systems used by sampled provincial agencies: Legacy system: Coyote ¹⁰⁴ ; Current system: CPIN | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Yes | CPIN: Mandatory, low missing | Could be minor spelling errors leading to duplicates | Minor accuracy issue |
| | Child Date of Birth | Yes | Yes | Information not provided | CPIN: Around 25% missing | Errors are corrected | Completeness issue |
| | Child Indian Registration Number | Yes, if have status | Yes (text box) | Information not provided | If have it, usually filled in, but not always | No validation procedure | Completeness issue and potential accuracy issue |
| Is the child First Nations? | Child's First Nations identity | Yes | Yes, multiple proxies ¹⁰⁵ | Information not provided | CPIN (for Aboriginal Ancestry): 1% missing but 61% Unknown Coyote: none missing, but 97% Unknown | Information not provided | Significant completeness issue |
| Child lives on-reserve? | Child residence on/off reserve | Yes | Yes, called family resides off reserve ¹⁰⁶ | Information not provided | CPIN: Less than 1% missing | Not always reliable | Accuracy issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

104 Only information regarding completeness was provided for Coyote. All other information in this table is related to CPIN.

105 Multiple values can be selected for "Aboriginal Ancestry" variable. Also have a "Band name" and "Native Status" variables.

Aboriginal ancestry – response options in CPIN: yes/no for First Nations, Inuit, or Métis (separately), Unknown

106 **Family resides off reserve – response options in CPIN:** yes/no

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.10 Overview of data availability in provincial CFS agencies sampled in Ontario (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--------------------------------|---|--------------------------|--|--------------------------|--------------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes | Yes | Information not provided | CPIN: Mandatory | Information not provided | No issues identified |
| | Caregiver Indian Registration Number | Yes, for those who have status | Yes | Information not provided | CPIN: Usually filled in | Information not provided | Minor completeness issue |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Yes | Yes, multiple proxies ¹⁰⁵ | Information not provided | CPIN: Not a lot missing, but many unknown Coyote: Not a lot missing, but many Unknown | Information not provided | Significant completeness issue |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Information not provided | No missing | High accuracy | No issues identified |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Information not provided | Information not provided | Information not provided | Information not provided | Information not provided | Information not provided |
| | Address of placement | Yes | Yes | Information not provided | Mandatory | Information not provided | No issues identified |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, includes kinship | Yes, called placement type ¹⁰⁷ | Information not provided | CPIN: Less than 1% missing Coyote: None missing | No known accuracy issues | No issues identified |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | □ Applicability issue

(continued on following page)

¹⁰⁷ Placement type – response options in CPIN: Adoption Placement; AWOL; Camp; Child Refused Placement; CMHC – All Inclusive Rate; CMHC – Per Diem Rate with Agency Entitlements; Detention; Formal Customary Care – Regular; Formal Customary Care – Supplementary; Specialized/Treatment – Supplementary; Hospital; Kinship In Care; Kinship Service; LCR – Staff; LCR Parent Run; LCR Parent Run – Staff Assist; Living Independently; OPR Foster Care; OPR Group Care; OPR Staff; Other; Place of Safety; Regular – Emergency After Hours; Pre-placement visit; Relief Person; Shelter; Vacation/trip; Visiting family; Visiting relatives/neighbour; Regular – Relief; Supplementary – Relief; Specialized/Treatment – Relief

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.10 Overview of data availability in provincial CFS agencies sampled in Ontario (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|---|--|--------------------------|---|--------------------------|------------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes, called Allegation Descriptor or Eligibility Spectrum ¹⁰⁸ | Information not provided | CPIN: None missing Coyote: 68% missing pre-2007; 7% missing post-2007 | Information not provided | ● Completeness issue |
| | Substantiation or verification level (maltreatment and risk) | Yes, but verification understood as being broader than substantiation | Yes ¹⁰⁹ Family Risk Assessment and Safety Assessment | Information not provided | CPIN: Mandatory Coyote: Low missing | Information not provided | ● Applicability issue |
| | Alleged perpetrator | Yes | Yes, called Alleged Maltreater ID ¹¹⁰ | Information not provided | CPIN: About 5% missing | Information not provided | ● No issues identified |
| | Reason for placement | Yes | Yes, called Removal Reason ¹¹¹ | Information not provided | CPIN: No % missing | Information not provided | ● No issues identified |
| Child placed in order to receive essential services? | Child placed to receive essential services | Yes, but would be hard to trace | Unreliable proxy: could be open as "other child welfare case" | Sometimes | Sometimes | Information not provided | ● Availability issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | □ Applicability issue

108 **Eligibility spectrum – response options:** The eligibility spectrum has more than 100 Section 1-5 options. These are available online, here: <http://www.oacas.org/wp-content/uploads/2019/12/Eligibility-Spectrum-2021-EN.pdf>

109 **Verification – response options in CPIN:** "Verified" or "not verified"

110 Also variable **Participant Relationship** that defines the relationship between 2 people

111 **Removal reason – response options in CPIN:** Physical/Sexual Harm by Commission; Harm by Omission; Emotional harm/Exposure to Conflict; Caregiver Capacity; Abandonment/Separation; Alcohol; Abuse; Inability to Cope; Child's Behaviour Problem; Death of Parents; Drug Abuse; Inadequate Housing; Incarceration of Parents; Medical Neglect; Neglect; Physical Abuse; Emotional Maltreatment; Relinquishment; Unknown; DM conversion; First Placement post 16th Birthday

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Prince Edward Island

Outreach

In PEI, given that the province is responsible for maintaining child welfare data, we reached out to the Department of Family and Human Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories. Table P.11 below summarizes the information received.

It is important to note that, in PEI, there is a low number of Indigenous children in care (i.e. average of 5 Indigenous children entering care every fiscal year according to our contacts). Therefore, any manual search would likely be more manageable than in other provinces.

Table P.11 Overview of availability of data held by the PEI Ministry of Social Development and Housing (2003 to present)

| Prince Edward Island – Ministry of Social Development and Housing – Review of data availability | | | | | | | |
|---|--------------------------------------|--|---|----------------|---|--------------------------|---|
| Data system used by provincial and First Nations agencies: ISM from 2003 until present | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child placed in out-of-home care be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Yes | 0% missing, mandatory field | No accuracy issues noted |  No issues identified |
| | Child Date of Birth | Yes | Yes | Yes | 0% missing, mandatory field | No accuracy issues noted |  No issues identified |
| | Child Indian Registration Number | Partial: often not filled in in the past | Yes, but only in the last 5 years (because of cultural plans of care) | No | Many missing: only mandatory for permanent care in the last 5 years | No accuracy issues noted |  Significant availability and completeness issue |

Level of issue:  None identified |  None identified; some info not provided |  Minor |  Potential |  Medium |  Significant |  No information available |  Information not provided |  Applicability issue

(continued on following page)

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.11 Overview of availability of data held by the PEI Ministry of Social Development and Housing (2003 to present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--|--|--------------------------|---|--------------------------|---|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Is the child First Nations? | Child's First Nations identity | Partial: often not filled in in the past (would need to ask worker, or child themselves) | Yes, but only in the last 5 years (because of cultural plans of care) ¹¹² | Sometimes | Many missing: only mandatory in the last 5 years | Information not provided |  Significant availability and completeness issue |
| Child lives on-reserve? | Child residence on/off reserve | Yes, as address of residence ¹¹³ | No ¹¹⁴ | Information not provided | Wouldn't be a lot missing; but would be hard to track | Information not provided |  Retrievability issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes | Yes | Yes | 0% missing, mandatory field | Very accurate |  No issues identified |
| | Caregiver Indian Registration Number | Not available | N/A | N/A | N/A | N/A |  Information not available |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Partial: only in the last 5 years | Yes, but only in the last 5 years (because of cultural plans of care) | Sometimes | Many missing: only mandatory in the last 5 years | Information not provided |  Significant availability and completeness issue |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Yes | 0% missing, mandatory field | Very accurate |  No issues identified |

Level of issue:  None identified |  None identified; some info not provided |  Minor |  Potential |  Medium |  Significant |  No information available |  Information not provided |  Applicability issue

(continued on following page)

112 Includes whether identifying as First Nations, Inuit or Métis. Could also find information on if the child is Mi'kmaq.

113 Address is updated in the file so only more recent address in system. Need to search individually for previous addresses. Possible but arduous.

114 Because would be looking at previous addresses, would require a manual search

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.11 Overview of availability of data held by the PEI Ministry of Social Development and Housing (2003 to present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|---|--|---|---|---------------------------------|----------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes, as address of residence ¹¹³ | No ¹¹⁴ | Information not provided | Wouldn't be a lot missing; but would be hard to go back and track | Information not provided | Retrievability issue |
| | Address of placement | Yes, and kept throughout the years | Yes | Yes | 0% missing, mandatory field | Very accurate | No issues identified |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, includes kinship care | Yes ¹¹⁵ | Information not provided | 0% missing, mandatory field | Can be arbitrary ¹¹⁶ | Accuracy issue |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes ¹¹⁷ | Information not provided | Mandatory field | Accurate | No issues identified |
| | Substantiation or verification level (maltreatment and risk) | Yes | Yes | Information not provided | 0% missing, mandatory field | Information not provided | No issues identified |
| | Alleged perpetrator | Yes | No | Yes (would need to be manually retrieved) | Low % missing | Information not provided | Minor retrievability issue |
| | Reason for placement | Sometimes (and only as case notes) | No | Sometimes available in case notes | Low % missing | Information not provided | Availability issue |
| Child placed in order to receive essential services? | Child placed to receive essential services | Sometimes (and only as case notes) ¹¹⁸ | No | Sometimes available in case notes | Information not provided | Information not provided | Availability issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

115 **Type of placement** – response options: foster care (includes kinship), group care

116 In PEI, because kinship placements are foster placements with extended family, a worker might indicate that kinship parents are foster parents.

117 **Investigated maltreatment – response options:** physical abuse, sexual abuse, emotional abuse, neglect, domestic violence

118 Because it is not a large province, this situation happens less often

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Quebec

Outreach

In Quebec, given that the province is responsible for maintaining most of the data from both non-First Nations and First Nations child welfare agencies, we reached out to a contact familiar with the mainstream system under the Ministry of Health and Social Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories. Quebec below summarizes the information received. We also reached out to a delegated First Nations agency that holds its own data, and the results of the information received from that sampled agency is below in Table P.13.

Table P.12 Overview of availability of data held by the Ministry of Health and Social Services regions in Quebec

| Quebec – system used by Ministry of Health and Social Services - Review of data availability | | | | | | | |
|--|--------------------------------------|-------------------------------|--|--------------------------|---------------------------------|--|---------------------------------|
| Data system used by provincial agencies and some First Nations agencies: Projet Intégration Jeunesse (PIJ) | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Information not provided | Mandatory, 0% missing | Sometimes spelling errors | Minor accuracy issue |
| | Child Date of Birth | Yes | Yes | Information not provided | Mandatory, 0% missing | Sometimes data entry errors | Minor accuracy issue |
| | Child Indian Registration Number | Possibly | No ¹¹⁹ | Possibly | Not mandatory, medium % missing | When available, there may be variation in format | Completeness and accuracy issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

¹¹⁹ However, there is a question asking whether a child has status, with “yes”/“no” answer. This is not mandatory but may be filled out.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.12 Overview of availability of data held by the Ministry of Health and Social Services regions in Quebec (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|-------------------------------|---|----------------|---|---|--|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Is the child First Nations? | Child's First Nations identity | Yes | Yes ¹²⁰ | Possibly | Not mandatory, medium % missing | Possible accuracy issues ¹²¹ |  Completeness and accuracy issue |
| Child lives on-reserve? | Child residence on/off reserve | Yes | Yes ¹²² | Possibly | High completeness, some unknown | Sometimes data entry gaps or delays |  Minor completeness and accuracy issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes | Yes ¹²³ | Possibly | Not mandatory, high % missing and unknown | Some accuracy issues ¹²⁴ |  Significant completeness and accuracy issue |
| | Caregiver Indian Registration Number | Possibly | No | Possibly | High % missing and unknown | Possible accuracy issues when available |  Significant completeness and accuracy issue |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Possibly | No | Possibly | Not mandatory, high % missing and unknown | Possible accuracy issues |  Significant completeness and accuracy issue |

Level of issue:  None identified |  None identified; some info not provided |  Minor |  Potential |  Medium |  Significant |  No information available |  Information not provided |  Applicability issue

(continued on following page)

120 **Child's First Nations identity** – A numeric code is selected according to the child's ethnic group membership. For Indigenous children this correlate to their band number.

121 This information may not be precise enough to capture what the eligibility categories include: e.g., if live off-reserve but recognized by FN community, the worker may not document it; or if a child is born to parents from different communities (or a FN and non-FN parent), this data may also be incomplete.

122 The first 3 digits of postal code of child's address, and municipality of child's residence are documented. In addition, regarding Indigenous children four categories are documented: not indigenous, yes on-reserve, yes off-reserve, "conventionnée*," don't know. If the child is indigenous on-reserve, a code for their band must also be documented based on a list of all bands in Quebec. For those eligible to be registered with a band, they are considered 'on-reserve' even if they live off that reserve or on another reserve. (* "Conventionnée" refers to communities with agreements under the James Bay and Northern Quebec Agreement and the Northeastern Quebec Agreement. In this case, the category "conventionnée" is preferred over "on-reserve.")

123 String variable, individuals linked to the child are added to PIJ and assigned their own identifier (and name), which is then linked to the child through a "type de lien" code.)

124 The information may be inaccurate or reflect only one parent; it may also become complicated if the child was not living with the legal parent at the time of placement: if multiple households are involved in caregiving this information may not be fully captured.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.12 Overview of availability of data held by the Ministry of Health and Social Services regions in Quebec (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|-------------------------------|---|----------------|-----------------------|--------------------------------------|---------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Possibly | Mandatory, 0% missing | No issues identified | No issues identified |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes | Yes ¹²⁵ | Possibly | Mandatory, 0% missing | Some accuracy issues ¹²⁶ | Minor accuracy issue |
| | Address of placement | Yes | Yes ¹²⁷ | Possibly | Mandatory, 0% missing | Minor accuracy issues ¹²⁸ | Minor accuracy issue |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, includes kinship care | Yes ¹²⁹ | Possibly | Mandatory, 0% missing | No issues identified | No issues identified |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

¹²⁵ **Caregiver's address at time of removal** – This is the child's residence.

¹²⁶ If the child is not living with the caregiver at the time of removal, this would not be accurate. For example, if the child moved from one caregiver to another since their residence was entered, the information would be out-of-date.

¹²⁷ **Address of placement** – String variable; this is stored in the SIRTf through which payments for out-of-home placements are made.

¹²⁸ Any initial data entry errors would be corrected as the information is linked to payment.

¹²⁹ Numeric codes indicate type of placement as well as whether it was voluntary or court-ordered, as follows: *Mesures d'urgence*: 194: Placement dans une ressource de type familial; 195: Placement dans un centre de réadaptation; 196: Placement dans une ressource intermédiaire), *Mesures provisoires*: 369: Que l'enfant soit confié à un CR ou à une famille d'accueil; 370: Enfant placé dans une ressource autre; 371: Enfant placé dans un centre de réadaptation; 372: Enfant placé dans une ressource de type familial), *Mesures intérimaires convenues*: 357: Hébergement en centre de réadaptation; 358: Hébergement en famille d'accueil; 356: Hébergement autre que famille d'accueil ou centre de réadaptation).

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.12 Overview of availability of data held by the Ministry of Health and Social Services regions in Quebec (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|-------------------------------|---|----------------|--------------------------|--------------------------|--------------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes ¹³⁰ | Possibly | Mandatory, 0% missing | No issues identified | No issues identified |
| | Substantiation or verification level (maltreatment and risk) | Yes | Yes ¹³¹ | Possibly | Mandatory, 0% missing | No issues identified | No issues identified |
| | Alleged perpetrator | Yes | Yes ¹³² | Possibly | Unknown ¹³³ | Unknown | Potential completeness issue |
| | Reason for placement | Yes | Yes ¹³⁴ | Possibly | Information not provided | Information not provided | No issues identified |
| Child placed in order to receive essential services? | Child placed to receive essential services | Possibly | No | Possibly | Unknown | Unknown | Significant availability issue |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

130 **Type(s) of investigated maltreatment** – Neglect, Physical abuse, Sexual abuse, Behavioural troubles, and Abandonment)

131 **Substantiation or verification level** – Security or development compromised (SDC), Security or development not compromised (SDNC). Risk of SDC is also documented.

132 **Alleged perpetrator** – A numeric code is assigned to the alleged perpetrator and is linked with the child. Other information regarding the alleged perpetrator is captured, including: relationship with the child, year of birth, whether they lived with the child at the time of abuse, sex, whether the alleged perpetrator was a minor at the time of abuse.

133 In the case of physical abuse and sexual abuse, this is a mandatory field. In cases of physical neglect, this is an optional field.

134 **Reason for placement** – Due to reforms of the *Youth Protection Act* in 2007, the reasons for placement under section 38 of the act changed. Pre-2007: 38a-Non exercice des responsabilités parentales; 38b-Menace au développement mental et affectif; 38c-Menace au développement physique; 38d-Privation de conditions matérielles; 38e-Mode de vie du gardien; 38f-Exploitation; 38gs-Abus sexuel; 38gp-Abus physique; 38h-Troubles de comportement; 38.1 a-Fugue; 38.1 b-Non-fréquentation scolaire; 38.1c-Délaissement enfant placé. Post-2007: 38a-Responsabilités parentales non assumées par une autre personne; 38b.1i-Négligence sur le plan physique; 38b.1ii-Négligence sur le plan de santé; 38b.1iii-Négligence sur le plan éducatif; 38b.2-Risque sérieux de négligence; 38c-Mauvais traitements psychologiques; 38d.1-Abus sexuels; 38d.2-Risque sérieux d'abus sexuels; 38e.1-Abus physiques; 38e.2-Risque d'abus physiques; 38f-Troubles de comportement sérieux; 38.1a-Fugue; 38.1b-Non fréquentation scolaire; 38.1-Délaissement de l'enfant placé.

Appendix P. Overview of availability and quality of data held by child welfare authorities and agencies sampled in each province/territory (continued)

Table P.13 Overview of data availability in First Nations CFS agency sampled in Quebec

| Quebec – Sampled First Nation agency – Review of data availability | | | | | | | |
|---|--|-------------------------------|---|----------------|--|---|---------------------------------------|
| Data system used by sampled First Nation agency: Independent administrative data system | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Yes | 0% missing | Some variation identified ¹³⁵ | Minor accuracy issue |
| | Child Date of Birth | Yes | Yes | No | 0% missing | No issues identified | No issues identified |
| | Child Indian Registration Number | Yes | Yes | No | 20% missing in current admin system; no issues identified with legacy system | Minor accuracy issues identified | Completeness and minor accuracy issue |
| Is the child First Nations? | Child's First Nations identity | Yes ¹³⁶ | No | No | Information not provided | Some issues identified ²²² | Minor accuracy issue |
| Child lives on-reserve? | Child residence on/off reserve | Yes | Yes | No | 0% missing | No issues identified | No issues identified |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes | Yes | Possibly | 0% missing | Possible issues identified ¹³⁷ | Potential accuracy issue |
| | Caregiver Indian Registration Number | No | No | No | N/A | N/A | Information not available |
| Is the caregiver First Nations? | Caregiver's First Nations identity | No | No | No | N/A | N/A | Information not available |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

135 No issues identified in current administrative system. In legacy system, there may be variation depending on the case file.

136 While this is not captured explicitly as a data field or in case notes, the agency only places children who are members of the community.

137 No issues identified in current administrative system. In legacy system, there may be variation depending on the case file.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.13 Overview of data availability in First Nations CFS agency sampled in Quebec (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|-------------------------------|---|--------------------------|---|---|---------------------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Possibly | 0% missing in current administrative system; 20% missing and 10% unknown for date of discharge in legacy system | Accuracy issues identified ¹³⁸ | Minor availability and accuracy issue |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes | Yes | Possibly | Information not provided | Information not provided | No issues identified |
| | Address of placement | Yes | Yes | Possibly | 0% missing | No issues identified | No issues identified |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, includes kinship | Yes | Possibly | 0% missing | No issues identified | No issues identified |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes | Yes | Yes | 0% missing | Variation in data entry possible | Minor accuracy issue |
| | Substantiation or verification level (maltreatment and risk) | Yes | Yes | Yes | 0% missing | Variation in data entry possible | Minor accuracy issue |
| | Alleged perpetrator | Yes | Yes | Yes | Information not provided | Information not provided | No issues identified |
| | Reason for placement | Information not provided | Information not provided | Information not provided | Information not provided | Information not provided | No info. provided |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

138 No issues identified for current administrative system. In legacy system, data entry may vary across files.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.13 Overview of data availability in First Nations CFS agency sampled in Quebec (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|--|--|-------------------------------|--|----------------|--------------|----------------------------------|---------------------------|
| | | Is the information available? | As a data field? <i>Available dropdown options in footnotes</i> | As case notes? | | | |
| Child placed in order to receive essential services? | Child placed to receive essential services | Yes | No | Yes | 0% missing | Variation in data entry possible | Minor accuracy issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Saskatchewan

Outreach

The project team contacted the Ministry of Social Services to obtain information on the child welfare data collected by provincial agencies in Saskatchewan. We also approached six First Nations agencies that were sampled for the project, but none responded to the request for information. Table P.14 below only reflects data collected by the Ministry of Social Services.

Table P.14 Overview of availability of data held by the Ministry of Social Services in Saskatchewan (2006 to present)

| Saskatchewan – Ministry of Social Services – Review of data availability | | | | | | | |
|---|--------------------------------------|-------------------------------|--|--|--------------------------------|--------------------------|------------------------------|
| Data systems used by provincial agencies: <i>Legacy system:</i> Social Workers Information Network (SWIN) or Automated Client Index (ACI) system from 2006 to 2011/2012 <i>Current system:</i> Linkin Enterprise Case Management and Payment System from 2011/2012 to present ¹³⁶ | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Yes (paper file for info prior to 2011/2012) | Mandatory field ¹⁴⁰ | Information not provided | No issues identified |
| | Child Date of Birth | Yes | Yes | Yes (paper file for info prior to 2011/2012) | Mandatory field | Information not provided | No issues identified |
| | Child Indian Registration Number | Yes, if known | Yes | Yes (paper file for info prior to 2011/2012) | Not a mandatory field | Information not provided | Potential completeness issue |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

139 Information provided for both current (Linkin from 2011/2012 to present) and legacy systems (SWIN from 2006 to 2011/2012). If difference in data availability between systems, this will be indicated.
 140 Respondent was not able to provide more detailed information on completeness at this time. Percent complete would need to be further addressed.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Table P.14 Overview of availability of data held by the Ministry of Social Services in Saskatchewan (2006 to present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--|---|--|-----------------------|--------------------------|------------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Is the child First Nations? | Child's First Nations identity | Yes, if known | Yes, called constitutional status ¹⁴¹ | Yes (paper file for info prior to 2011/2012) | Not a mandatory field | Information not provided | Potential completeness issue |
| Child lives on-reserve? | Child residence on/off reserve | Yes, in case notes. Child address as data field. | Partial, child address collected ¹⁴² | Yes (paper file for info prior to 2011/2012) | Not a mandatory field | Information not provided | Potential completeness issue |
| Can the caregiver at the time of the removal be identified? | Caregiver Name (Family Name, Given Name) | Yes | Yes | Yes (paper file for info prior to 2011/2012) | Mandatory field | Information not provided | No issues identified |
| | Caregiver Indian Registration Number | Yes, if known | Yes | Yes (paper file for info prior to 2011/2012) | Not a mandatory field | Information not provided | Potential completeness issue |
| Is the caregiver First Nations? | Caregiver's First Nations identity | Yes, if known | Yes, called constitutional status ¹⁴¹ | Yes (paper file for info prior to 2011/2012) | Not a mandatory field | Information not provided | Potential completeness issue |
| When was the child placed? | Dates of Start/End placement | Yes | Yes | Yes (paper file for info prior to 2011/2012) | Mandatory field | Information not provided | No issues identified |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

141 **Constitutional status – response options (in both legacy and current system):** Status, non status, Métis, Inuit, Other, Unknown.
Current system also provides information on the band name.

142 Child's address would be listed in the system but not whether or not that location was a First Nation Reserve.

Appendix P. Overview of availability and quality of data held by child welfare authorities and agencies sampled in each province/territory (continued)

Table P.14 Overview of availability of data held by the Ministry of Social Services in Saskatchewan (2006 to present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|--|--|--|--------------------------|--------------------------|---------------------------|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed outside of their home and community? | Caregiver's address at time of removal | Yes | Yes | Yes (paper file for info prior to 2011/2012) | Information not provided | Information not provided | No issues identified |
| | Address of placement | Yes | Yes | Yes (paper file for info prior to 2011/2012) | Mandatory field | Information not provided | No issues identified |
| Child placed outside of their extended family? | Type of placement (specify if includes kinship care) | Yes, person of sufficient interest (PSI) is similar to kinship care ¹⁴³ | Yes, called Placement Type ¹⁴⁴ | Yes (paper file for info prior to 2011/2012) | Mandatory field | Information not provided | Applicability issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

143 Refers to placement with extended family, but includes person with close relationship (unrelated) as well

144 **Placement type – response options in legacy system:** Alternative Care, Board/Room Placement, Group Homes, Intern Level Foster Home, Person of Sufficient Interest*, Practitioner Level Foster Home, Parent Therapist, Receiving Homes, Specialist Level Foster Home, Therapist Level Foster Home, Community Homes

Placement type – response options in current system: Absent from Care, Addiction Treatment Facility, Adoption Pending, Alternate Care, CLD Approved Service Home, CFS CBO Group Home, CLD-Fee for Service Home, CLD Approved Service Home – No Pay, CLD CBO Group Home, Courtesy Interprovincial, First Nations Agency Transfer, First Nations Approved Caregiver, Hospital, Hotel, Independent Living, MSS – Fee for Service Contract, Non Status On Reserve (FNA), Non-Removal Parent, Out of Province Care, Period of Grace, Place of Safety**, Person of Sufficient Interest*, Ranch Ehrlo Treatment Foster Care, Regular Foster Care, Rehabilitation Facility, Room & Board, Stabilization Care, Taken From Placement, Therapeutic Foster Care, Trial Home Placement, Unauthorized Living Arrangement, Young Offender Facility.

* Person of Sufficient Interest is selected when a child resides with an extended family member, **or a person who has a close relationship with the child**, has provided safe care for the child for a minimum of 6 months and is designated by the court as a PSI.

** Place of Safety is selected when the child is placed with an extended family member, **or a person who has a close relationship with the child**, who is willing and able to provide temporary (60 days) and safe care for the child

Appendix P. Overview of availability and quality of data held by child welfare authorities and agencies sampled in each province/territory (continued)

Table P.14 Overview of availability of data held by the Ministry of Social Services in Saskatchewan (2006 to present) (continued)

| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
|---|--|---|--|---|--|--------------------------|---|
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Child placed because of abuse and/or neglect perpetrated by caregivers? | Type(s) of investigated maltreatment | Yes. Prior to 2011/2012, info. only available if services continued after investigation | Yes, called Legal Status . Post 2011/2012, also information in Identified Allegation ¹⁴⁵ | Yes (paper file for info prior to 2011/2012) | Mandatory field | Information not provided | No issues identified |
| | Substantiation or verification level (maltreatment and risk) | Partial: substantiation level not provided for maltreatment, just risk | Not available as data field prior to 2011/2012. In current system, data field for risk called SDM Risk Assessment and/or Re-Assessment ¹⁴⁶ | Yes, for risk assessment (paper file for info prior to 2011/2012) | For current system only, mandatory field | Information not provided | Significant availability and completeness issue |
| | Alleged perpetrator | Yes, can be identified at intake or investigation if known | Yes, but only in current system (2011/2012 onwards) | Yes (paper file for info prior to 2011/2012) | Not a mandatory field | Information not provided | Potential completeness issue |
| | Reason for placement | Yes | Yes, but only in current system (2011/2012 onwards) ¹⁴⁷ | Yes (paper file for info prior to 2011/2012) | For current system only, mandatory field | Information not provided | Potential completeness issue |
| Child placed in order to receive essential services? | Child placed to receive essential services | Low: If known, could be located in case notes. Not considered as a removal reason. | No | Yes, if known (paper file for info prior to 2011/2012) | Not a mandatory field | Information not provided | Significant availability issue |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

¹⁴⁵ **Legal Status – response options in legacy system:** Physical Abuse, Sexual Exploitation, Domestic Violence, Emotional Exploitation, Neglect (Essential Medical Care, Remedy Developmental Condition, No Adult Able and Willing, Child Under 12, Physical Neglect)

Legal Status – response options in current system: Physical Abuse – 11(a)(i), Sexual Exploitation – 11(a)(iii), Neglect (Essential Medical Care Not Provided to Child – 11(a)(iv), Remedy Developmental Condition – 11(a)(v), No Adult Able and Willing – 11(b), Child Under 12 – 11(c)), Emotional Exploitation – 11(a)(ii), Domestic Violence – 11(a)(vi)

Identified allegation – response options in current system: Physical Abuse, Sexual Abuse, Neglect, Emotional Abuse (Domestic Violence not specific allegation)

¹⁴⁶ **SDM Risk Assessment and/or Re-Assessment – response options in current system:** Low/Medium/High

¹⁴⁷ **Response options in current system:** Abandonment, Neglect, Physical Abuse, Returning Section 56, Sexual Abuse, Psychological or Emotional Maltreatment, Medical Neglect, Voluntary Surrender, Alcohol Abuse, Drug Abuse, Domestic Violence, Caretaker's Inability to Cope Due to Illness or Other Reasons, Child's Behaviour Problem, Parent Teen Conflict, Incarceration of Parent(s), Death of Parent(s), Repatriation, Ward of Another Province, Conversion, Ward of Indigenous Governing Body, Ward of First Nation Agency, Mobile Crisis

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory (continued)

Yukon

Outreach

In the Yukon, we reached out to the Department of Health and Social Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories. Table P.15 below summarizes the information.

Table. P.15 Overview of availability of data held by the Department of Health and Social Services in the Yukon

| Yukon – Department of Health and Social Services – Review of data availability | | | | | | | |
|--|--------------------------------------|-------------------------------|--|----------------|------------------|-----------------------|----------------------------------|
| Data systems used by provincial and First Nations agencies: <i>Legacy system:</i> Client Index System (CSI) until 2020; <i>Current system:</i> Matrix from 2020 to present | | | | | | | |
| Type of information needed | Information of interest | Availability | | | Completeness | Accuracy | Summary Issues identified |
| | | Is the information available? | As a data field? Available dropdown options in footnotes | As case notes? | | | |
| Can the child placed in out-of-home care be identified? | Child Name (Family Name, Given Name) | Yes | Yes | Yes | Low % missing | Accuracy issues noted | Accuracy issues |
| | Child Date of Birth | Yes | Yes | Yes | Low % missing | Accuracy issues noted | Accuracy issues |
| | Child Indian Registration Number | Yes | Yes | Yes | Medium % missing | Accuracy issues noted | Completeness and accuracy issues |
| Is the child First Nations? | Child's First Nations identity | Yes | Yes | Yes | Low % missing | Accuracy issues noted | Accuracy issues |
| Child lives on-reserve? | Child residence on/off reserve | Yes | Yes | Yes | Low % missing | Accuracy issues noted | Accuracy issues |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | Applicability issue

(continued on following page)

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests

Source: Unmodified information from ISC staff

Last updated on January 17, 2020

| Column # | Data Field | Response options | Description* |
|----------|---|--|--|
| A | Region | Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern | FNIHB or ESDPP Regional office |
| B | Province/Territory | AB BC MB NB NL NS NT NU ON PE QC SK YT | Two character provincial or territorial code |
| C | Child unique identifier | XX-XX-#### | Identifying number to be generated regionally to uniquely identify each client. It is preferred if this number follows the convention of the former department (2-4 character, HC/INAC) - Region (2-3 character, ATL, QC, ON, MB, SK, AB, BC, NT) - Unique 4-5 digit number (as required). For example, HC-AB-12345. Additional numbers separated by a decimal can be added for subsequent requests from the same client (e.g. .001, .002, etc). |
| D | Request # | | |
| E | Regional Date of Initial Contact (mm-dd-yyyy) | mm-dd-yyyy | Date that the focal point is first contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, it is the date on which the focal point receives the letter. This information is used to document the first point of contact from a client about a request. |
| F | Date Contacted | yyyy-mm-dd | |

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests (continued)

Last updated on January 17, 2020

| Column # | Data Field | Response options | Description* |
|----------|--|----------------------|--|
| G | Regional Time of Initial Contact (hh:mm) 24 hr clock | hh:mm | Time in the date of initial contact that request is received by the focal point. The following format is used: hh:mm in a 24-hour clock. If an application is received by fax, the time that is printed on the fax is used and, if no time is printed, the time the focal point receives the fax is used. If received by lettermail, the time the focal point receives the letter is used. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones. |
| H | Date Region Receives Sufficient Information to Assess Request | mm-dd-yyyy | Date that the focal point has received sufficient information about the request in order to make a decision. This includes elements such as client information (age, First Nations status, etc.) and clinical details to support the request (e.g. clinical assessment). This information establishes the initial point in time to calculate the duration needed to evaluate and determine an application. It allows for the calculation of compliance rates. |
| I | Date received_for reporting | mm-dd-yyyy | |
| J | Time Region Receives Sufficient Information to Assess Request | hh:mm | This is the time the focal point receives all relevant information to sufficiently evaluate and determine the request. The time uses the following format hh:mm using a 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones. |
| K | If date of contact and date of assessment are different, rationale for elapsed time (e.g. pending assessment) | text | For focal point to provide additional information, if needed. |
| L | Electronic File location (e.g. RDIMS path) | | If it was stored electronically in RDIMS, the file location is recorded under this variable |
| M | First Nations Status (Yes/No/Pending) | Yes No Pending | Does the child have Status as a registered First Nation? Eligible responses are: Yes: First Nation - Status (i.e. has First Nations Status) No: First Nation - Non Status Pending: First Nation Status is in progress |

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests (continued)

Last updated on January 17, 2020

| Column # | Data Field | Response options | Description* |
|----------|--|---|---|
| N | Sex (Male / Female) | Female Male | Female or Male |
| O | Date of Birth (mm-dd-yyyy) | mm-dd-yyyy | Date of birth of the child. This information is used to calculate the age of the applicant for eligibility. |
| P | Initial assessment (Urgent (12hrs)/Not Urgent (48)) | Not Urgent Urgent | 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 hours and applications deemed not urgent are to be addressed within 48 hours. This variable is used to calculate compliance rates. |
| Q | Reason for application/ Needs | Text | Information submitted by the requester that assists in understanding the needs of the client. This information is used for decision making purposes. Reasons why the application is brought to Jordan's Principle are recorded under this variable. |
| R | Product/ support/ service requested (list each product or service as a separate line item if the client has more than one) | Text | Name of product, support, or service that has been requested. A single applicant may request multiple products or services. |
| S | Categorized Type of Request | Category (as listed separately in the 'Categories-Individual' tab) | To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included. |
| T | Does product/ support/ service meet normative standard? (Above/ Within/ Below) | Above Within Below | Is the product/support/service requested above, within or below the normative standard (substantive equality)? This data field reflects the global assessment of the Focal Point and considers the information available at the time of request. |
| U | Total funding amount requested | Dollar Amount (\$) | The total amount requested for the product or service. |
| V | New client? (Yes/No) | Yes No | Is this a new client, or has the client made previous applications for products or services? This field supports the calculation of unique children applying for service by flagging potential repeat clients from historical datasets. |

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests (continued)

Last updated on January 17, 2020

| Column # | Data Field | Response options | Description* |
|----------|--|--|---|
| W | Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so, which/ Pending) | Approved Denied Escalated [to a National Review Centre] Pending Referred to Existing Program [please state which program] | What was the decision of the focal point on each product and service requested? A decision may be: Approved Denied Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Pending Referred to an existing program (focal point recognizes that the requested service is eligible under an existing FNIHB or ESDPP program and refers the request there for processing) |
| X | Decision Date | mm-dd-yyyy | Date that a decision is made by the focal point. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. |
| Y | Decision Time (hh:mm) 24 hr clock | hh:mm | Time that decision is made by the focal point. The following format of hh:mm in 24-hour clock is used. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones. |
| Z | Total funding amount approved | Dollar Amount (\$) | The total amount approved for the product or service. Note this may differ from the amount requested, and will be used to reconcile budget transfer and assess actual approved funding. |
| AA | Decision - details (rationale) | Text | Focal point to insert rationale for the decision for any individual request. |
| AB | Date of response to requestor (mm-dd-yyyy) | mm-dd-yyyy | Date that decision is communicated by the focal point to the requestor. |

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests (continued)

Last updated on January 17, 2020

| Column # | Data Field | Response options | Description* |
|----------|---|-------------------------------|---|
| AC | Date Communicated | | |
| AD | Time of response to requestor (hh:mm) 24 hr clock | hh:mm | Time that decision is communicated by the focal point to the requestor. The format of time is hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| AE | Product/ support/ service delivered (Yes/ No/ Unknown) | Yes No Unknown | If known, was the service or product actually delivered to the client requesting it? (yes or no). If unknown, select Unknown. |
| AF | Start date (mm-dd-yyyy) | mm-dd-yyyy | If the product or service was delivered, the date that the product/service starts being delivered. This information enables the calculation of the duration of the service delivery. |
| AG | End date (mm-dd-yyyy) | mm-dd-yyyy | If the product or service was delivered, the date that the product or service ceases to be delivered. This information enables the calculation of the duration of the service delivery. |
| AH | Actual cost | Dollar Amount (\$) | The total amount actually spent on the product/service. Note this may differ from the amount requested and the amount approved, and is used to inform the total actual costs of delivering the product/services required through the program. |
| AI | Date Received in HQ (mm-dd-yyyy) | mm-dd-yyyy | If the request was escalated to the National Review Centre (HQ) this is the date the escalation occurred. |
| AJ | Time Received in HQ (hh:mm) | hh:mm | If the request was escalated to the National Review Centre (HQ) this is the time that the escalation occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones. |

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests (continued)

Last updated on January 17, 2020

| Column # | Data Field | Response options | Description* |
|----------|--|--|--|
| AK | HQ Decision | Approved Denied Pending Referred to Existing Program [please state which program] | What was the decision of the National Review Centre (HQ) on each product and service requested? A decision may be: Approved Denied Pending Referred to an existing program - the program to which they are referred (e.g. NIHB, Special Education) is listed in the "Decision details" column. |
| AL | Decision Date (mm-dd-yyyy) (if pending, not applicable)² | mm-dd-yyyy | If the National Review Centre (HQ) made the decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates. |
| AM | HQ Decision Date | | |
| AN | Decision Time (hh:mm) | hh:mm | If the National Review Centre (HQ) made the decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones. |
| AO | Total funding amount approved³ | Dollar Amount (\$) | The total amount approved by the National Review Centre (HQ) for the product or service. |
| AP | Decision - details (rationale)⁴ | Text | The National Review Centre (HQ) to insert rationale for the decision for any individual request. |
| AQ | Date of response to region (mm-dd-yyyy) | mm-dd-yyyy | If the National Review Centre (HQ) made the decision, the date that the decision was communicated to the regional focal point. |
| AR | Time of response to region (hh:mm) 24 hr clock | hh:mm | If the National Review Centre (HQ) made the decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones. |
| AS | HQ Date Communicated | mm-dd-yyyy | |
| AT | Date diff | | Column created for compliance calculation |
| AU | Source | ESDPP FNIHB | The source of the data, distinguishing whether the data came from FNIHB or ESDPP. |
| AV | # of days | | Calculation of how long it took to make a decision on the request. |
| AW | Service Standard | Over Within | |
| AX | HQ DATE RECEIVED | mm-dd-yyyy | |

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests *(continued)*

Last updated on January 17, 2020

| Column # | Data Field | Response options | Description* |
|----------|--|--|--------------|
| AY | Time region receives sufficient information to assess request (hh:mm) 24 hr clock ⁸ | hh:mm | |
| AZ | If date of contact and date of assessment are different, rationale for elapsed time (e.g. pending assessment) ⁹ | Text | |
| BA | HQ Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so, which/ Pending) | Approved Denied Escalated to National Review Centre Pending Referred to existing program | |
| BB | HQ Decision date (mm-dd-yyyy) (if pending, not applicable) | mm-dd-yyyy | |
| BC | Decision Time (hh:mm) 24 hr clock ¹⁰ | hh:mm | |
| BD | Total funding amount approved ¹¹ | | |
| BE | HQ Decision - details (rationale) | Text | |
| BF | Date of response to requestor (mm-dd-yyyy) ¹² | mm-dd-yyyy | |
| BG | HQ DATE COMMUNICATED ² | mm-dd-yyyy | |
| BH | Time of response to requestor (hh:mm) 24 hr clock ¹³ | hh:mm | |
| BI | Monthly flag | | |
| BJ | Regional Decision | | |
| BK | HQ Decision | | |
| BL | Final Decision/Status ² | | |

*The descriptions are representative of the data, as collected in the 2017/18 Data Tracker Tool.

Appendix Q2. Jordan's Principle Data Dictionary 2017-18 Group Requests

Source: Unmodified information from ISC staff

Last updated on January 17, 2020

| Column # | Data Field | Response options | Description* |
|----------|---|---|--|
| A | Region | Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern | FNIHB or ESDPP Regional office. |
| B | Province /Territory | AB BC MB NB NL NS NT NU ON PE QC SK YT | Two character provincial code. |
| C | Agreement # | Text | Agreements will be given a contract number or a contribution agreement number and an amendment number. |
| D | Community /organization name | Text | The name of the organization or community that has made the application for funding. |
| E | Date Proposal Received (mm-dd-yyyy) | mm-dd-yyyy | |
| F | Date Received | mm-dd-yyyy | Date that the focal point is contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, this column records the date the focal point receives the letter. This information is used to document when the region receives a request from a client. |
| G | Time Proposal Received (hh:mm) | hh:mm | This column records the time at which the focal point receives the request. The following format hh:mm in a 24-hour clock is used. If an application is received by fax, the time that is printed on the fax is used and if no time is printed, it's the time the focal point receives the fax. If the request is received by lettermail, the time the focal point receives the letter is recorded in this column. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones. |
| H | Estimated # of Children | Number | The estimated number of children identified by the organization or community that will benefit from the product or services requested. |
| I | Categorized Estimated Number of Children | Number | The estimated number of children identified by the organization or community that will benefit from the product or services requested. |
| J | Product/ support/ service requested | Text | The specific product, support, or service that has been requested in the application. |
| K | Type of Request | Text | Type of First Nations Organizations. |
| L | Categorized Type of Request | Category (as listed separately in the 'Categories-Group' tab) | To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included. |
| M | Does product/ support/ service meet normative standard? (Above/ Within/ Below) | Above Within Below | Is this product or service consistent with the provincial normative standard of care? |
| N | Is the request covered under an existing HC/INAC Contribution Agreement (Yes/No) | No Yes | Indicate whether the product or service that has been requested has been previously negotiated with Health Canada or INAC and is already covered under an existing agreement. |
| O | If yes, is the program CA in program deficit? (Yes/No) | No Yes | If the product or service is already covered under an existing agreement, is that agreement in deficit? (i.e. are there insufficient funds available to meet the needs of the community). |
| P | Estimated cost | Dollar Amount (\$) | What is the estimated cost of the product or service? What is the amount of funding that has been requested by the organization or community? |
| Q | Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so which /Pending) | Approved Denied Escalated to National Review Centre Pending Referred to Existing Program [please state which program] | What was the decision of the focal point on each product and service requested? A decision may be: Approved Denied Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Pending Referred to an existing program (focal point recognizes that the requested service is eligible under an existing FNIHB or ESDPP program and refers the request there for processing - which program (e.g. NIHB, Special Education) is inserted into the "Comments" column.) |
| R | Decision date and time (mm-dd-yyyy) | mm-dd-yyyy | Date that the decision is made by the focal point. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. |
| S | Decision Date | mm-dd-yyyy | |
| T | y | yyyy | Year |
| U | m | mm | Month |
| V | d | dd | Date |
| W | Time (hh:mm) | hh:mm | Time at which the decision is made by the focal point. The format used for the time is hh:mm in 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones. |
| X | Total funding amount approved | Dollar Amount (\$) | The total amount approved for the product or service. Note this may differ from the amount requested, and is used to reconcile budget transfer and assess actual approved funding. |
| Y | Decision - details (includes details of referral to other programs such as NIHB, etc.) | Text | Focal point to insert details or rationale for the decision for any group request. |
| Z | Date of response to requestor (mm-dd-yyyy) | mm-dd-yyyy | Date that the focal point communicates decision to the requestor. |
| AA | Date Communicated | mm-dd-yyyy | |
| AB | Time of response to requestor (hh:mm) | hh:mm | Time that the focal point communicates decision to the requestor. The format used for the time is hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| AC | Type of Request ²² | Text | Type of First Nations Organizations. |
| AD | Source | ESDPP FNIHB | The source of the data, distinguishing whether the data came from FNIHB or ESDPP. |
| AE | # of days | | Calculation of how long it took to make a decision on the request. |
| AF | Column1 | | |
| AG | Service standard | Over Within | |

*The descriptions are representative of the data, as collected in the 2017/18 Data Tracker Tool.

Appendix Q3. Jordan's Principle Data Dictionary 2017-18 Individual Categories

This appendix was removed for confidentiality.

Appendix Q4. Jordan's Principle Data Dictionary 2017-18 Group Categories

This appendix was removed for confidentiality.

Appendix Q5. Jordan's Principle Data Dictionary 2017-18 Decision Rationales

Source: Unmodified information from ISC staff

| Approval Rationales |
|--|
| 1 - Product, service or support is available to all children |
| 2 - Product, service or support is within the normative standard |
| 3 - Request ensures substantive equality in the provision of products, services or supports to the child |
| 4 - Request ensures culturally appropriate services, products or supports to the child |
| 5 - Request safeguards the best interest of the child |
| Denial Rationales |
| 6 - Requestor is above the age of majority for their province of residence |
| 7 - Requestor does not have First Nation status, is not eligible for status, is not ordinarily resident on reserve, and is not recognized by their nation. |
| 8 - Requestor does not have First Nation status, is not eligible for status, is not ordinarily resident on reserve, is recognized by their nation, but is not in an urgent or life-threatening situation. |
| 9 - Product, service or support is not available to all children and the request does not have sufficient information to determine that this product, service or support would ensure substantive equality to justify the provision of product, service or support to the child |
| 10 - Product, service or support is not available to all children and the request does not have sufficient information to determine that this product, service or support would ensure culturally appropriate product, service or support to child |
| 11 - Product, service or support is not available to all children and the request does not have sufficient information to determine that this product, service or support would safeguard the best interest of the child |
| 12 - Product, service or support is beyond the normative standard and the request does not have sufficient information to determine that this product, service or support would ensure substantive equality to justify the provision of product, service or support to the child |
| 13 - Product, service or support is beyond the normative standard and the request does not have sufficient information to determine that this product, service or support would ensure culturally appropriate product, service or support to child |
| 14 - Product, service or support is beyond the normative standard and the request does not have sufficient information to determine that this product, service or support would safeguard the best interest of the child |
| 15 - Requestor is not a Land Claim Organization beneficiary and is not eligible to register as a beneficiary. |

Appendix R1. Jordan's Principle Data Tracker 2017-18 TOC

Source: Unmodified information from ISC staff

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Table of Contents:

| Tab name | Description of content |
|--|--|
| 1. Methodology | Provides a description of the methods used to determine data completeness for the FY 2017-18 individual and group trackers. |
| 2. Completeness Individual17-18 | Provides estimates of the percentage of complete and the percentage of valid responses for data fields highlighted by U of T in the FY 2017-18 individual tracker. |
| 3. Completeness Group17-18 | Provides estimates of the percentage of complete and the percentage of valid responses for data fields highlighted by U of T in the FY 2017-18 group tracker. |
| 4. U of T 2019-20 Individual | Original request from U of T which was based on the FY 2019-20 data dictionary for the individual tracker. This worksheet contains the original data field specification provided by U of T, and provides information on the corresponding data field (or lack there of) in the FY 2017-18 individual tracker. |
| 5. U of T 2019-20 Group | Original request from U of T which was based on the FY 2019-20 data dictionary for the group tracker. This worksheet contains the original data field specification provided by U of T, and provides information on the corresponding data field (or lack there of) in the FY 2017-18 group tracker. |

Appendix R2. Jordan's Principle Data Tracker 2017-18 Methodology

Source: Unmodified information from ISC staff

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Methodology - Analysis of 2017-18 Jordan's Principle Individual Tracker Data Quality

*Only included requests with a "Date received for reporting" up to November 2, 2017

See worksheet: "2. Completeness Individual 17-18"

Note: The worksheet "4. U of T 2019-20 Individual" contains the original data field specification provided by U of T. Due to differences across FY trackers, not all data fields could be analyzed.

| | |
|---|--|
| 1. Number of Complete/Valid Entries | <ul style="list-style-type: none"> The number of complete and number of valid entries were tabulated for each data field in order to calculate the percentage of complete and percentage of valid entries. Invalid entries were classified as those which were not included in the list of response options or were not in the right format (e.g., date entries in the "Decision Time" data field). Cells left blank were considered as missing entries. |
| 2. Total Number of Entries | <ul style="list-style-type: none"> The total number of entries was determined based on the number of entries in the "Region" data field, as this data field had all valid entries. This was used as the denominator to calculate the percentage of all valid entries, except those escalated to Headquarters. For the latter, the denominator used was the number of requests escalated to Headquarters and was determined from the total number of entries in the "HQ Decision" data field. |
| 3. Percentage of Complete/Valid Entries | <ul style="list-style-type: none"> The percentage of complete and the percentage of valid entries were calculated using the number of complete and valid entries and the total number of entries in the Region data field. |
| 4. Categorization of Data Quality | <ul style="list-style-type: none"> Data was considered as high quality if more than 76% of entries in the data field were valid. All variables with high quality data are highlighted in green. Data was considered as moderate quality if between 51% and 75% of entries in the data field were valid. All variables with moderate quality data are highlighted in yellow. Data was considered as low quality if between 26% and 50% of entries in the data field were valid. All variables with low quality data are highlighted in orange. Data was considered as very low quality if less than 25% of entries in the data field were valid. All variables with high quality data are highlighted in red. Data fields that were dependent on the correct entry of other data fields were marked as "Not Applicable". For example, the data field "If date of contact and date of assessment are different, rationale for elapsed time (e.g., pending assessment)" is dependent on the number of requests where the date of contact and date of assessment are different. However, there is no data field that quantifies the number of requests that differ in date of contact and date of assessment. |

Methodology - Analysis of 2017-18 Jordan's Principle Group Tracker Data Quality

*Only included requests with a "Date Received" up to November 2, 2017

See worksheet: "3. Completeness Group 17-18"

Note: The worksheet "5. U of T 2019-20 Group" contains the original data field specification provided by U of T. Due to differences across FY trackers, not all data fields could be analyzed.

| | |
|---|---|
| 1. Number of Complete/Valid Entries | <ul style="list-style-type: none"> The number of complete and number of valid entries were tabulated for each data field in order to calculate the percentage of complete and valid entries. Invalid entries were classified as those which were not included in the list of response options or were not in the right format (e.g., date entries in the "Decision Time" data field). Cells left blank were considered as missing entries. |
| 2. Total Number of Entries | <ul style="list-style-type: none"> The total number of entries was determined based on the number of entries in the "Region" data field, as this data field contained all valid entries. This was used as the denominator to calculate the percentage of all valid entries. |
| 3. Percentage of Complete/Valid Entries | <ul style="list-style-type: none"> The percentage of complete entries and the percentage of valid entries were calculated using the number of complete and valid entries and the total number of entries in the "Region" data field. |
| 4. Categorization of Data Quality | <ul style="list-style-type: none"> Data was considered as high quality if more than 76% of entries in the data field were valid. All variables with high quality data are highlighted in green. Data was considered as moderate quality if between 51% and 75% of entries in the data field were valid. All variables with moderate quality data are highlighted in yellow. Data was considered as low quality if between 26% and 50% of entries in the data field were valid. All variables with low quality data are highlighted in orange. Data was considered as very low quality if less than 25% of entries in the data field were valid. All variables with high quality data are highlighted in red. Data fields that were dependent on the correct entry of other data fields were marked as "Not Applicable". For example, the data field "If yes, is the program CA in program deficit?" is dependent on the question "Is the request covered under an existing HC/INAC Contribution Agreement (Yes/No)", which has a large number of missing values. |

Appendix R3. Jordan's Principle Data Tracker 2017-18 Completeness – Individual

Source: Unmodified information from ISC staff

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Individual Tracker

Last updated on: April 9, 2021

| Legend - Percentage of Complete/Valid Data | Rating |
|--|------------------|
| 76%-100% | High Quality |
| 51%-75% | Moderate Quality |
| 26%-50% | Low Quality |
| 0%-25% | Very Low Quality |
| N/A | Not Applicable |

| Data Field 2017-18 | Comparable 2019-20 Data Field | Responses in Tracker | Valid Response Options | % Complete | % Valid | Description *Representative of the data, as collected in the 2017/18 Data Tracker Tool |
|--|--|--|--|------------|---------|--|
| Region | Region | Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern | Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern | 100.00% | 100.00% | FNIHB or ESDPP Regional office |
| Province/Territory | Province or Territory | AB BC MB NB NL NS NT NU ON PE QC SK YT | AB BC MB NB NL NS NT NU ON PE QC SK YT | 99.58% | 99.04% | Two character provincial or territorial code |
| Child unique identifier | Child Unique Identifier | XX-XX-#### | Could include 2-4 characters for department, 2-3 characters for region, 3-5 digits | 99.87% | 99.87% | Identifying number to be generated regionally to uniquely identify each client. It is preferred if this number follows the convention of the former department (2-4 character, HC/INAO) - Region (2-3 character, ATL, QC, ON, MB, SK, AB, BC, NT) - Unique 4-5 digit number (as required). For example, HC-AB-12345. Additional numbers separated by a decimal can be added for subsequent requests from the same client (e.g. .001, .002, etc.). |
| Regional Date of Initial Contact (mm-dd-yyyy) | Regional Date of Initial Contact (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 69.87% | 69.87% | Date that the focal point is first contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, it is the date on which the focal point receives the letter. This information is used to document the first point of contact from a client about a request. |
| Regional Time of Initial Contact (hh:mm) 24 hr clock | Regional Time of Initial Contact (hh:mm) 24 hr clock | hh:mm | Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format) | 64.71% | 64.46% | Time in the date of initial contact that request is received by the focal point. The following format is used: hh:mm in a 24-hour clock. If an application is received by fax, the time that is printed on the fax is used and, if no time is printed, the time the focal point receives the fax is used. If received by lettermail, the time the focal point receives the letter is used. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones. |

Appendix R3. Jordan's Principle Data Tracker 2017-18 Completeness – Individual (continued)

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Individual Tracker

Last updated on: April 9, 2021

| Legend - Percentage of Complete/Valid Data | Rating |
|--|------------------|
| 76%-100% | High Quality |
| 51%-75% | Moderate Quality |
| 26%-50% | Low Quality |
| 0%-25% | Very Low Quality |
| N/A | Not Applicable |

| Data Field 2017-18 | Comparable 2019-20 Data Field | Responses in Tracker | Valid Response Options | % Complete | % Valid | Description <i>*Representative of the data, as collected in the 2017/18 Data Tracker Tool</i> |
|--|---|--|--|------------|---------|---|
| Date Region Receives Sufficient Information to Assess Request | Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 87.93% | 84.07% | Date that the focal point has received sufficient information about the request in order to make a decision. This includes elements such as client information (age, First Nations status, etc.) and clinical details to support the request (e.g., clinical assessment). This information establishes the initial point in time to calculate the duration needed to evaluate and determine an application. It allows for the calculation of compliance rates. |
| Date received for reporting | Date and Time Received | mm-dd-yyyy | Any format of date up to November 2, 2017 | 100.00% | 100.00% | |
| Time Region Receives Sufficient Information to Assess Request | Time Region Receives Sufficient Information to Assess Request (hh:mm) 24 hr clock | hh:mm | Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format) | 84.49% | 80.43% | This is the time the focal point receives all relevant information to sufficiently evaluate and determine the request. The time uses the following format hh:mm using a 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones. |
| First Nations Status (Yes/No/Pending) | Indigenous Status (First Nation - Status, First Nation - Eligible for Status, First Nation - Non Status, Inuit - Inuvialuit, Inuit - Nunatsiavut, Inuit - Nunavut, Inuit - Nunavut, Inuit - Non Beneficiary, Métis, and Non-Indigenous) | Yes No Pending | Yes, Y, Oui, No, N, Non, Pending | 95.14% | 95.10% | Does the child have Status as a registered First Nation? Eligible responses are: Yes: First Nation - Status (i.e. has First Nations Status) No: First Nation - Non Status Pending: First Nation Status is in progress |
| Sex (Male / Female) | Sex (Female, Male or Unspecified) | Female Male | Female, F, Male, M | 94.55% | 94.51% | Female or Male |
| Date of Birth (mm-dd-yyyy) | Date of Birth (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 97.69% | 89.61% | Date of birth of the child. This information is used to calculate the age of the applicant for eligibility. |
| Initial assessment (Urgent (12hrs)/Not Urgent (48)) | Urgency (Life Threatening, Urgent, Non-Urgent) | Not Urgent Urgent | Not urgent, non urgent, urgent, life threatening | 99.79% | 99.79% | 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 hours and applications deemed not urgent are to be addressed within 48 hours. This variable is used to calculate compliance rates. |
| Reason for application/ Needs | Reason for Application and Identified Need(s) | Text | Text, excluded unknown, TBD, n/a | 91.83% | 91.16% | Information submitted by the requester that assists in understanding the needs of the client. This information is used for decision making purposes. Reasons why the application is brought to Jordan's Principle are recorded under this variable. |
| Product/ support/ service requested (List each product or service as a separate line item if the client has more than one) | Product, Support or Service Requested (List each product or service as a separate line item if the client has more than one) | Text | Text | 100.00% | 100.00% | Name of product, support, or service that has been requested. A single applicant may request multiple products or services. |
| Categorized Type of Request | Type of Request (See Categories tab for options) | Category (as listed separately in the 'Categories-Individual' tab) | Any reporting category (excluded unknown) | 100.00% | 99.96% | To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included. |

Appendix R3. Jordan's Principle Data Tracker 2017-18 Completeness – Individual (continued)

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Individual Tracker

Last updated on: April 9, 2021

| Legend - Percentage of Complete/Valid Data | Rating |
|--|------------------|
| 76%-100% | High Quality |
| 51%-75% | Moderate Quality |
| 26%-50% | Low Quality |
| 0%-25% | Very Low Quality |
| N/A | Not Applicable |

| Data Field 2017-18 | Comparable 2019-20 Data Field | Responses in Tracker | Valid Response Options | % Complete | % Valid | Description *Representative of the data, as collected in the 2017/18 Data Tracker Tool |
|--|--|---|--|------------|---------|---|
| Does product/ support/ service meet normative standard? (Above/ Within/ Below) | Is the Product, Support or Service Beyond or Within Normative Standard? (Beyond or Within) | Above Within Below | Above, within, below, égal, inférieur, supérieur | 97.95% | 87.47% | |
| New client? (Yes/No) | New Client? (Yes or No) | Yes No | Yes, Y, Oui, No, N, Non | 98.03% | 97.99% | Is this a new client, or has the client made previous applications for products or services? This field supports the calculation of unique children applying for service by flagging potential repeat clients from historical datasets. |
| Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so, which/ Pending) | Regional Decision (Approved, Cancelled, Escalated, Pending, Pending more information, or Referred to existing program [please state which program], Suspended) | Approved Denied Escalated [to a National Review Centre] Pending Referred to Existing Program [please state which program] | Approved, denied, escalated [to a national review centre], pending, referred to existing program [please state which program], cancelled | 99.75% | 99.75% | What was the decision of the focal point on each product and service requested? A decision may be: Approved Denied Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Pending |
| Decision Date | Decision Date (if pending: Not applicable) (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 89.73% | 89.69% | Date that a decision is made by the focal point. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. |
| Decision Time (hh:mm) 24 hr clock | Decision Time (if pending: Not applicable) (hh:mm) 24 hr clock | hh:mm | Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format) | 84.87% | 84.70% | Time that decision is made by the focal point. The following format of hh:mm in 24-hour clock is used. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones. |
| Decision - details (rationale) | Decision Rationale | Text | Text, removed unknown | 59.47% | 59.47% | Focal point to insert rationale for the decision for any individual request. |
| Date of response to requestor (mm-dd-yyyy) | Date of Response to Requestor (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 79.04% | 78.96% | Date that decision is communicated by the focal point to the requestor. |
| Time of response to requestor (hh:mm) 24 hr clock | Time of Response to Requestor (hh:mm) 24 hr clock | hh:mm | Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format) | 68.27% | 68.19% | Time that decision is communicated by the focal point to the requestor. The format of time is hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| Product/ support/ service delivered (Yes/ No/ Unknown) | Product, Support or Service Delivered (Yes, No or Unknown) | Yes No Unknown | Yes, oui, no, non, unknown | 11.69% | 11.61% | If known, was the service or product actually delivered to the client requesting it? (yes or no). If unknown, select Unknown. |
| Start date (mm-dd-yyyy) | Start Date (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 5.78% | 5.78% | If the product or service was delivered, the date that the product/service starts being delivered. This information enables the calculation of the duration of the service delivery. |
| Date Received in HQ (mm-dd-yyyy) | HQ Date Received (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 1.38% | 1.38% | If the request was escalated to the National Review Centre (HQ) this is the date the escalation occurred. |
| Time Received in HQ (hh:mm) | HQ Time Received (hh:mm) | hh:mm | Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format) | 0.34% | 0.34% | If the request was escalated to the National Review Centre (HQ) this is the time that the escalation occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| HQ Decision | HQ Decision (Approved, Cancelled, Denied, Pending a decision, Pending more information, Referred to existing program [please state which program], Rescinded, Suspended) | Approved Denied Pending Referred to Existing Program [please state which program] | Approved, denied, pending, referred to existing program [please state which program], cancelled | 18.61% | 18.44% | What was the decision of the National Review Centre (HQ) on each product and service requested? A decision may be: Approved Denied Pending Referred to an existing program - the program to which they are referred (e.g. NIHB, Special Education) is listed in the "Decision details" column. |
| Decision Date (mm-dd-yyyy) (if pending, not applicable)2 | HQ Decision Date (if pending: Not applicable) (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 2.85% | 2.60% | If the National Review Centre (HQ) made the decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates. |

Appendix R3. Jordan's Principle Data Tracker 2017-18 Completeness – Individual (continued)

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Individual Tracker

Last updated on: April 9, 2021

| Legend - Percentage of Complete/Valid Data | Rating |
|--|------------------|
| 76%-100% | High Quality |
| 51%-75% | Moderate Quality |
| 26%-50% | Low Quality |
| 0%-25% | Very Low Quality |
| N/A | Not Applicable |

| Data Field 2017-18 | Comparable 2019-20 Data Field | Responses in Tracker | Valid Response Options | % Complete | % Valid | Description |
|--|---|----------------------|--|------------|---------|---|
| Decision Time (hh:mm) | HQ Decision Time (If pending: Not applicable) (hh:mm) | hh:mm | Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format) | 2.31% | 2.31% | *Representative of the data, as collected in the 2017/18 Data Tracker Tool If the National Review Centre (HQ) made the decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones. |
| Decision - details (rationale) | HQ/Escalation Comments | Text | Text | 0.34% | 0.34% | The National Review Centre (HQ) to insert rationale for the decision for any individual request. |
| Date of response to region (mm-dd-yyyy) | HQ Date of Response to Region (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 14.08% | 14.08% | If the National Review Centre (HQ) made the decision, the date that the decision was communicated to the regional focal point. |
| Time of response to region (hh:mm) 24 hr clock | HQ Time of Response to Region (hh:mm) 24 hr clock | hh:mm | Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format) | 0.04% | 0.04% | If the National Review Centre (HQ) made the decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones. |
| # of days | Time Difference | Over | Any number >=0 | 80.39% | 80.16% | Calculation of how long it took to make a decision on the request. |
| Service Standard | Compliance | Within | Over, within | 80.39% | 80.26% | |

Appendix R4. Jordan's Principle Data Tracker 2017-18 Completeness – Group

Source: Unmodified information from ISC staff

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Group Tracker

Last updated on: April 9, 2021

| Legend - Percentage of Complete/Valid Data | Rating |
|--|------------------|
| 76%-100% | High Quality |
| 51%-75% | Moderate Quality |
| 26%-50% | Low Quality |
| 0%-25% | Very Low Quality |
| N/A | Not Applicable |

| Data Field 2017-18 | Comparable 2019-20 Data Field | Responses in Tracker | Valid Response Options | % Complete | % Valid | Description *Representative of the data, as collected in the 2017/18 Data Tracker Tool |
|--|--|--|--|------------|---------|--|
| Region | Region | Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern | Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern | 100.00% | 100.00% | FNIHB or ESDPP Regional office. |
| Province /Territory | Province or Territory | AB BC MB NB NL NS NT NU ON PE QC SK YT | AB BC MB NB NL NS NT NU ON PE QC SK YT | 100.00% | 100.00% | Two character provincial code. |
| Agreement # | Contribution Agreement # | Text | Number or text/number | 58.04% | 53.15% | Agreements will be given a contract number or a contribution agreement number and an amendment number. |
| Community /organization name | Community or Organization Name | Text | Text | 100.00% | 100.00% | The name of the organization or community that has made the application for funding. |
| Date Received | Regional Date of Initial Contact (yyyy-mm-dd) | mm-dd-yyyy | Any format of date, including up to November 2, 2017 | 100.00% | 100.00% | Date that the focal point is contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, this column records the date the focal point receives the letter. This information is used to document when the region receives a request from a client. |
| Time Proposal Received (hh:mm) | Regional Time of Initial Contact (hh:mm) 24 hr clock | hh:mm | Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format) | 99.30% | 11.19% | This column records the time at which the focal point receives the request. The following format hh:mm in a 24-hour clock is used. If an application is received by fax, the time that is printed on the fax is used and if no time is printed, it's the time the focal point receives the fax. If the request is received by lettermail, the time the focal point receives the letter is recorded in this column. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones. |
| Estimated # of Children | Estimated # of Children | Number | Any number >0 | 94.41% | 91.61% | The estimated number of children identified by the organization or community that will benefit from the product or services requested. |
| Product/ support/ service requested | Product, Support or Service Requested (List each product or service as a separate line item if the client has more than one) | Text | Text | 97.90% | 97.90% | The specific product, support, or service that has been requested in the application. |
| Type of Request | Type of Services | Text | Any reporting category, excluded unknown | 100.00% | 97.90% | To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included. |
| Does product/ support/ service meet normative standard? (Above/ Within/ Below) | Does Product, Support or Service Meet Normative Standard? (Beyond or Within) | Above Within Below | Above, within, below, égal, supérieur | 39.86% | 35.66% | Is this product or service consistent with the provincial normative standard of care? |
| Is the request covered under an existing HC/INAC Contribution Agreement (Yes/No) | Is the request covered under an existing HC or INAC Contribution Agreement (No or Yes) | No Yes | Yes, Y, No | 51.05% | 40.56% | Indicate whether the product or service that has been requested has been previously negotiated with Health Canada or INAC and is already covered under an existing agreement. |

Appendix R4. Jordan's Principle Data Tracker 2017-18 Completeness – Group (continued)

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Group Tracker

Last updated on: April 9, 2021

| Legend - Percentage of Complete/Valid Data | Rating |
|--|------------------|
| 76%-100% | High Quality |
| 51%-75% | Moderate Quality |
| 26%-50% | Low Quality |
| 0%-25% | Very Low Quality |
| N/A | Not Applicable |

| Data Field 2017-18 | Comparable 2019-20 Data Field | Responses in Tracker | Valid Response Options | % Complete | % Valid | Description |
|---|---|---|--|------------|---------|--|
| If yes, is the program CA in program deficit? (Yes/No) | If yes, is the program CA in program deficit? (No or Yes) | No Yes | Yes, No | 10.49% | 2.10% | *Representative of the data, as collected in the 2017/18 Data Tracker Tool If the product or service is already covered under an existing agreement, is that agreement in deficit? (i.e. are there insufficient funds available to meet the needs of the community). |
| Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so which /Pending) | Regional Decision (Approved, Cancelled, Escalated, Pending a decision, Pending more information, or Referred to existing program [please state which program], Suspended) | Approved Denied Escalated to National Review Centre Pending Referred to Existing Program [please state which program] | Approved, Denied, Escalated to National Review Centre, Pending, Referred to Existing Program [please state which program], Cancelled | 100.00% | 100.00% | What was the decision of the focal point on each product and service requested? A decision may be: Approved Denied Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Pending Referred to an existing program (focal point recognizes that the requested service is eligible under an existing FNIHB or ESDPP program and refers the request there for processing - which program (e.g. NIHB, Special Education) is inserted into the "Comments" column.) |
| Decision Date | Decision Date (if pending: not applicable) (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 100.00% | 28.67% | |
| Time (hh:mm) | Decision Time (if pending: not applicable) (hh:mm) 24 hr clock | hh:mm | Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format) | 69.23% | 69.23% | Time at which the decision is made by the focal point. The format used for the time is hh:mm in 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones. |
| Total funding amount approved | Total Funding Amount Approved (\$) | Dollar Amount (\$) | Any number >0 | 93.71% | 93.01% | The total amount approved for the product or service. Note this may differ from the amount requested, and is used to reconcile budget transfer and assess actual approved funding. |
| Decision - details (includes details of referral to other programs such as NIHB, etc.) | Comments | Text | Text | 44.06% | 44.06% | Focal point to insert details or rationale for the decision for any group request. |
| Date of response to requestor (mm-dd-yyyy) | Date of Response to Requestor (yyyy-mm-dd) | mm-dd-yyyy | Any format of date | 79.02% | 79.02% | Date that the focal point communicates decision to the requestor. |
| Time of response to requestor (hh:mm) | Time of Response to Requestor (hh:mm) 24 hr clock | hh:mm | Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format) | 60.84% | 60.84% | Time that the focal point communicates decision to the requestor. The format used for the time is hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| # of days | Time Difference | Any number >0 | Any number >0 | 79.02% | 79.02% | Calculation of how long it took to make a decision on the request. |
| Service standard | Compliance | Over/ Within | Over, within | 79.02% | 79.02% | |

Appendix R5. Jordan's Principle Data Tracker 2017-18 U of T – Individual

Source: Unmodified information from ISC staff

Original data field specification

- Yellow =** Same data field name used in 2017-18
- Orange =** Data field name different in 2017-18 but served the same/similar purpose
- Red =** Data field is not at all present in 2017-19

| Column # | Data Field | Comparable Data Field in 2017-18 | Response options | Description |
|----------|---|--|---|--|
| A | Region | Region | Atlantic Québec Ontario Manitoba Saskatchewan Alberta British Columbia Northern/Yukon | FNHIB or ESDPP Regional office |
| B | Province or Territory | Province/Territory | AB BC MB NB NL NS NT NU ON PE QC SK YT | Two character provincial or territorial code |
| C | Child Unique Identifier | Child Unique Identifier | XX-XX-#### | Identifying number to be generated regionally to uniquely identify each client. It is preferred if this number follows the convention of the former department (2-4 character, HC/INAC) - Region (2-3 character, ATL, QC, ON, MB, SK, AB, BC, NT) - Unique 4-5 digit number (as required). For example, HC-AB-12345. Additional numbers separated by a decimal can be added for subsequent requests from the same client (e.g., .001, .002, etc.). |
| D | Regional Date of Initial Contact (yyyy-mm-dd) | Regional Date of Initial Contact (mm-dd-yyyy) | yyyy-mm-dd | Date that the focal point is first contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, it is the date on which the focal point receives the letter. This information is used to document the first point of contact from a client about a request. |
| E | Regional Time of Initial Contact (hh:mm) 24 hr clock | Regional Time of Initial Contact (hh:mm) 24 hr clock | hh:mm | Time in the date of initial contact that request is received by the focal point. The following format is used: hh:mm in a 24-hour clock. If an application is received by fax, the time that is printed on the fax is used and, if no time is printed, the time the focal point receives the fax is used. If received by lettermail, the time the focal point receives the letter is used. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones. |
| F | Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd) | Date region receives sufficient information to assess request (mm-dd-yyyy) | yyyy-mm-dd | Date that the focal point has received sufficient information about the request in order to make a decision. This includes elements such as client information (age, First Nations status, etc.) and clinical details to support the request (e.g. clinical assessment). This information establishes the initial point in time to calculate the duration needed to evaluate and determine an application. It allows for the calculation of compliance rates. |
| G | Time Region Receives Sufficient Information to Assess Request (hh:mm) 24 hr clock | Time Region Receives Sufficient Information to Assess Request | hh:mm | This is the time the focal point receives all relevant information to sufficiently evaluate and determine the request. The time uses the following format hh:mm using a 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones. |
| I | Date and Time Received | Date received_for reporting | yyyy-mm-dd hh:mm | Calculated field used in the calculation of compliance rates: "=TEXT([@[Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd)]], "yyyy-mm-dd ")&TEXT([@[Time Region Receives Sufficient Information to Assess Request (hh:mm) 24 hr clock]], " hh:mm")" |
| M | Indigenous Status (First Nation - Status, First Nation - Eligible for Status, First Nation - Non Status, Inuit - Inuvialuit, Inuit - Nunatsiavut, Inuit - Nunavik, Inuit - Nunavut, Inuit - Non Beneficiary, Métis, and Non-Indigenous) | First Nations Status (Yes/No/Pending) | First Nation - Status First Nation - Eligible for Status First Nation - Non Status Inuit - Inuvialuit Inuit - Nunatsiavut Inuit - Nunavik Inuit - Nunavut Inuit - Non Beneficiary Métis Non-Indigenous | Child's Indigenous status |
| J | Ordinarily Resident On? (On, Off or Not Required) | Not in 2017-18 | Yes No Unknown | Whether or not the child ordinarily resides on reserve |
| K | Recognized by their Nation? (Yes, No, or Not Required) | Not in 2017-18 | Yes No Not Required | Whether or not the child is recognized by their nation |
| L | Sex (Female, Male or Unspecified) | Sex (Male / Female) | Female Male Unspecified | Sex of the child. |
| O | Date of Birth (yyyy-mm-dd) | Date of Birth (mm-dd-yyyy) | yyyy-mm-dd | Date of birth of the child. This information is used to calculate the age of the applicant for eligibility. |
| P | Urgency (Life Threatening, Urgent, Non-Urgent) | Initial assessment (Urgent (12hrs)/Not Urgent (48)) | Not Urgent Urgent Life Threatening | 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 hours and applications deemed not urgent are to be addressed within 48 hours. This variable is used to calculate compliance rates. |

Appendix R5. Jordan's Principle Data Tracker 2017-18 U of T – Individual (continued)

Original data field specification

- Yellow =** Same data field name used in 2017-18
- Orange =** Data field name different in 2017-18 but served the same/similar purpose
- Red =** Data field is not at all present in 2017-19

| Column # | Data Field | Comparable Data Field in 2017-18 | Response options | Description |
|----------|--|--|--|--|
| Q | Reason for Application and Identified Need(s) | Reason for application/ Needs | Text | Information submitted by the requester that assists in understanding the needs of the client. This information is used for decision making purposes. Reasons why the application is brought to Jordan's Principle are recorded under this variable. |
| P | Product, Support or Service Requested (List each product or service as a separate line item if the client has more than one) | Product/ support/ service requested (list each product or service as a separate line item if the client has more than one) | Text | Name of product, support, or service that has been requested. A single applicant may request multiple products or services. |
| Q | Venture Academy | | Venture | Indicates if the request is related to Venture Academy, a residential assessment and treatment program. |
| R | Type of Request (See Categories tab for options) | Type of Request | Category (as listed separately in the 'Categories-Individual' tab) | To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included. |
| S | Is the Product, Support or Service Beyond or Within Offmative Standard? (Beyond or Within) | Does product/ support/ service meet normative standard? (Above/ Within/ Below) | Above Within Below | Is the product/support/service requested above, within or below the normative standard (substantive equality)? This data field reflects the global assessment of the Focal Point and considers the information available at the time of request. |
| T | INUIT ONLY: Is Consultation Required? (On or Off) | | On Off | Whether consultation is required for the request related to an Inuk child. |
| U | INUIT ONLY: Consultation (Examples: LCO, Medical, Social or Educational Professional, HQ, Provincial or Territorial Government) | | Text | If a consultation is required for the request related to an Inuk child, this field describes who should be consulted. |
| V | INUIT ONLY: If Consulted, Please Provide Reason for Consultation | | Text | If a consultation is required for the request related to an Inuk child, this field provides the reason for consultation |
| W | INUIT ONLY: Date Shared with LCO (yyyy-mm-dd) | | yyyy-mm-dd | Date request is shared with an Inuit Land Claim Organization (LCO) |
| X | INUIT ONLY: LCO Decision (Recommended for Approval or Recommended for Denial) | | Recommended for Approval Recommended for Denial | Decision of the Inuit Land Claim Organization (LCO). A decision may be: Recommended for Approval Recommended for Denial |
| Y | Total Funding Amount Requested (\$) | | Dollar Amount (\$) | The total amount requested for the product or service. |
| Z | New Client? (Yes or No) | New client? (Yes/No) | Yes No | Is this a new client, or has the client made previous applications for products or services? This field supports the calculation of unique children applying for service by flagging potential repeat clients from historical datasets. |
| AA | Regional Decision (Approved, Cancelled, Escalated, Pending, Pending more information, or Referred to existing program [please state which program], Suspended) | Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so, which/ Pending) | Approved Escalated Referred to existing program if so, which Pending more information Pending a Decision Cancelled Suspended | What was the decision of the focal point on each product and service requested? A decision may be: Approved Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Referred to an existing program (focal point recognizes that the requested service is eligible under an existing FNIHB or ESDPP program and refers the request there for processing) Pending more information Pending a decision Cancelled Suspended |
| AB | Decision Rationale | Decision - details (rationale) | Numeric code OR Text | Rationale for the decision for a request. A numeric code from 1 to 15 (see 'Decision Rationales' tab for explanation of numeric code). OR Best interest: Yes/No, Culturally Appropriate: Yes/No, Normative Standard: Above/Within, Substantive Equality: yes/No, Eligibility: Eligible/Ineligible/Not Assessed/Empty |
| AC | Decision Date (if pending: Not applicable) (yyyy-mm-dd) | Decision Date | yyyy-mm-dd | Date that a decision is made by the focal point. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. |
| AD | Decision Time (if pending: Not applicable) (hh:mm) 24 hr clock | Decision Time (hh:mm) 24 hr clock | hh:mm | Time that decision is made by the focal point. The following format of hh:mm in 24-hour clock is used. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones. |
| AE | RO Decision Date and Time | Not in 2017-18 | yyyy-mm-dd hh:mm | Calculated field used in the calculation of compliance rates: "=TEXT([@[Decision Date (if pending: Not applicable) (yyyy-mm-dd)]], 'yyyy-mm-dd')&TEXT([@[Decision Time (if pending: Not applicable) (hh:mm) 24 hr clock]], 'hh:mm')" |
| AF | Total Funding Amount Approved (\$) | | Dollar Amount (\$) | The total amount approved for the product or service. Note this may differ from the amount requested, and will be used to reconcile budget transfer and assess actual approved funding. |
| AG | Comments and Notes | Not in 2017-18 | Text | Open text field for the focal point to include comments and notes related to the request. |
| AH | Date of Response to Requestor (yyyy-mm-dd) | Date of response to requestor (mm-dd-yyyy) | yyyy-mm-dd | Date that decision is communicated by the focal point to the requestor. |
| AI | Time of Response to Requestor (hh:mm) 24 hr clock | Time of response to requestor (hh:mm) 24 hr clock | hh:mm | Time that decision is communicated by the focal point to the requestor. The format of time is hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| AJ | Product, Support or Service Delivered (Yes, No or Unknown) | Product/ support/ service delivered (Yes/ No/ Unknown) | Yes No Unknown | If known, was the service or product actually delivered to the client requesting it? (yes or no). If unknown, select Unknown. |

Appendix R5. Jordan's Principle Data Tracker 2017-18 U of T – Individual (continued)

Original data field specification

Yellow = Same data field name used in 2017-18
Orange = Data field name different in 2017-18 but served the same/similar purpose
Red = Data field is not at all present in 2017-19

| Column # | Data Field | Comparable Data Field in 2017-18 | Response options | Description |
|----------|--|--|--|---|
| AK | Start Date (yyyy-mm-dd) | Start date (mm-dd-yyyy) | yyyy-mm-dd | If the product or service was delivered, the date that the product/service starts being delivered. This information enables the calculation of the duration of the service delivery. |
| AL | End Date (yyyy-mm-dd) | | yyyy-mm-dd | If the product or service was delivered, the date that the product or service ceases to be delivered. This information enables the calculation of the duration of the service delivery. |
| AM | Actual Cost (\$) | | Dollar Amount (\$) | The total amount actually spent on the product/service. Note this may differ from the amount requested and the amount approved, and is used to inform the total actual costs of delivering the product/services required through the program. |
| AN | HQ Date Received (yyyy-mm-dd) | Date received in HQ (mm-dd-yyyy) | yyyy-mm-dd | If the request was escalated to the National Review Centre (HQ) this is the date the escalation occurred. |
| AO | HQ Time Received (hh:mm) | Time received in HQ (hh:mm) | hh:mm | If the request was escalated to the National Review Centre (HQ) this is the time that the escalation occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| AP | HQ Decision (Approved, Cancelled, Denied, Pending a decision, Pending more information, Referred to existing program [please state which program], Rescinded, Suspended) | HQ Decision (Approved/ Denied/ / Referred to existing program if so, which/ Pending) | Approved Denied Referred to existing program if so, which Pending more information Pending a decision Cancelled | What was the decision of the National Review Centre (HQ) on each product and service requested? A decision may be: Approved Denied Referred to an existing program - the program to which they are referred (e.g. NIHB, Special Education) is listed in the "HQ Decision - details" column Pending more information Pending a decision Cancelled |
| AQ | HQ Decision Rationale | Decision - details (rationale) 4 | Numeric Code OR Text | The National Review Centre (HQ) to insert rationale for the decision for any request. A numeric code from 1 to 15 (see 'Decision Rationales' tab for explanation of numeric code). OR Best interest: Yes/No, Culturally Appropriate: Yes/No, Normative Standard: Above/Within, Substantive Equality: yes/No, Eligibility: Eligible/Ineligible/Not Assessed/Empty |
| AR | HQ Decision Date (if pending: Not applicable) (yyyy-mm-dd) | Decision date (mm-dd-yyyy) (if pending, not applicable) ² | yyyy-mm-dd | If the National Review Centre (HQ) made the decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates. |
| AS | HQ Decision Time (if pending: Not applicable) (hh:mm) | Decision Time (hh:mm) | hh:mm | If the National Review Centre (HQ) made the decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones. |
| AT | HQ Decision Date and Time | Not in 2017-18 | yyyy-mm-dd hh:mm | Calculated field used in the calculation of compliance rates: "=[TEXT([@[HQ Decision Date (if pending: Not applicable) (yyyy-mm-dd)]], "yyyy-mm-dd")&TEXT([@[HQ Decision Time (if pending: Not applicable) (hh:mm)]], " hh:mm")" |
| AU | HQ Total funding Amount Approved (\$) | | Dollar Amount (\$) | The total amount approved by the National Review Centre (HQ) for the product or service. |
| AV | HQ/Escalation Comments | Decision - details (rationale) 4 | Text | Open text field for the National Review Centre (HQ) to include comments and notes related to the request. |
| AW | HQ Date of Response to Region (yyyy-mm-dd) | Date of response to region (mm-dd-yyyy) | yyyy-mm-dd | If the National Review Centre (HQ) made the decision, the date that the decision was communicated to the regional focal point. |
| AX | HQ Time of Response to Region (hh:mm) 24 hr clock | Time of response to region (hh:mm) 24 hr clock | hh:mm | If the National Review Centre (HQ) made the decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones. |
| AY | APPEAL Date Received (yyyy-mm-dd) | Not in 2017-18 | yyyy-mm-dd | If the request was appealed, this is the date the appeal occurred. |
| AZ | APPEAL Time Received (hh:mm) | Not in 2017-18 | hh:mm | If the request was appealed, this is the time that the appeal occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| BA | APPEAL Decision (Denial Upheld or Approved (Denial Overturned)) | Not in 2017-18 | Denial Upheld Approved (Denial Overturned) | What was the decision of the appeal on each product and service requested? A decision may be: Denial Upheld Approved (Denial Overturned) |
| BB | APPEAL Decision Rationale | Not in 2017-18 | Text | Rationale for the decision for the request. |
| BC | APPEAL Decision Date (if pending: Not applicable) (yyyy-mm-dd) | Not in 2017-18 | yyyy-mm-dd | If the appeal resulted in a decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates. |
| BD | APPEAL Decision Time (if pending: Not applicable) (hh:mm) | Not in 2017-18 | hh:mm | If the appeal resulted in a decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones. |
| BE | APPEAL Total funding Amount Approved (\$) | | Dollar Amount (\$) | The total amount approved for the product or service. |
| BF | APPEAL Comments | Not in 2017-18 | Text | Open text field for comments related to the appeal. |
| BG | APPEAL Date of Response to Region (yyyy-mm-dd) | Not in 2017-18 | yyyy-mm-dd | If the appeal resulted in a decision, the date that the decision was communicated to the regional focal point. |
| BH | APPEAL Time of Response to Region (hh:mm) 24 hr clock | Not in 2017-18 | hh:mm | If the appeal resulted in a decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones. |
| BI | Time Difference | # of days | hh:mm | Calculated field used in the calculation of compliance rates: "=[@[RO Decision Date and Time]-@[Date and Time Received]]" or "=[@[HQ Decision Date and Time]-@[Date and Time Received]]", depending on if the decision was made at the regional focal point or at HQ |
| BJ | Compliance | service standard | OVER WITHIN | Calculated field to indicate whether the response is over or within compliance timelines: "=[IF([@[Time Difference]]>VALUE("48:00"),"OVER","WITHIN") or "=[IF([@[Time Difference]]>VALUE("12:00"),"OVER","WITHIN")", based on the urgency of the request. |

Appendix R6. Jordan's Principle Data Tracker 2017-18 U of T – Group

Source: Unmodified information from ISC staff

Original data field specification

- Yellow =** Same data field name used in 2017-18
- Orange =** Data field name different in 2017-18 but served the same/similar purpose
- Red =** Data field is not at all present in 2017-19

| Column # | Data Field | Comparable Data Field in 2017-18 | Response options | Description* |
|----------|--|----------------------------------|--|--|
| A | Region | Region | Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern | FNIHB or ESDPP Regional office. |
| B | Province or Territory | Province / Territory | AB BC MB NB NL NS NT NU ON PE QC SK YT | Two character provincial code. |
| C | Contribution Agreement # | Agreement # | Text | Agreements will be given a contract number or a contribution agreement number and an amendment number. |
| D | Request ID # (For Inuit, add IT to Request ID #) | Not in 2017-18 | XX-XX-#### | Identifying number generated to uniquely identify each client. This number includes the department (2-3 character, HC/ISC) - Region (2-3 character, ATL, QC, ON, MB, SK, AB, BC, NT) - Unique 4-5 digit number (as required). For example, HC-AB-12345. IT indicates a request for Inuit children. |
| E | Community or Organization Name | Community/organization Name | Text | The name of the organization or community that has made the application for funding. |
| F | Regional Date of Initial Contact (yyyy-mm-dd) | Date received | yyyy-mm-dd | Date that the focal point is contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, this column records the date the focal point receives the letter. This information is used to document when the region receives a request from a client. |
| G | Regional Time of Initial Contact (hh:mm) 24 hr clock | Time proposal received | hh:mm | This column records the time at which the focal point receives the request. The following format hh:mm in a 24-hour clock is used. If an application is received by fax, the time that is printed on the fax is used and if no time is printed, it's the time the focal point receives the fax. If the request is received by lettermail, the time the focal point receives the letter is recorded in this column. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones. |
| H | Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd) | Not in 2017-18 | yyyy-mm-dd | Date that the focal point has received sufficient information about the request in order to make a decision. This includes elements such as client information (age, First Nations status, etc.) and clinical details to support the request (e.g. clinical assessment). This information establishes the initial point in time to calculate the duration needed to evaluate and determine an application. It allows for the calculation of compliance rates. |
| I | Time Region Receives Sufficient Information to Assess Request (hh:mm) 24 hr clock | Not in 2017-18 | hh:mm | This is the time the focal point receives all relevant information to sufficiently evaluate and determine the request. The time uses the following format hh:mm using a 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones. |
| J | Estimated # of Children | Estimated # of Children | Number | The estimated number of children identified by the organization or community that will benefit from the product or services requested. |
| K | Urgency (Non-urgent [7 days] or Urgent [48 hrs]) | Not in 2017-18 | Not Urgent Urgent | 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 48 hours and applications deemed not urgent are to be addressed within 7 days. This variable is used to calculate compliance rates. |

Appendix R6. Jordan's Principle Data Tracker 2017-18 U of T – Group (continued)

Original data field specification

| | |
|-----------------|--|
| Yellow = | Same data field name used in 2017-18 |
| Orange = | Data field name different in 2017-18 but served the same/similar purpose |
| Red = | Data field is not at all present in 2017-19 |

| Column # | Data Field | Comparable Data Field in 2017-18 | Response options | Description* |
|----------|---|---|---|---|
| L | Product, Support or Service Requested (List each product or service as a separate line item if the client has more than one) | Product/ support/ service requested | Text | The specific product, support, or service that has been requested in the application. |
| M | Types of Services | Type of Request | Category (as listed separately in the 'Categories-Group' tab) | To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included. |
| N | Does Product, Support or Service Meet Normative Standard? (Beyond or Within) | Does product/ support/ service meet normative standard? (Above/ Within/ Below) | Beyond Within | Is this product or service consistent with the provincial normative standard of care? |
| O | Is the request covered under an existing HC or INAC Contribution Agreement (No or Yes) | Is the request covered under an existing HC/INAC Contribution Agreement (Yes/No) | No Yes | Indicate whether the product or service that has been requested has been previously negotiated with Health Canada or INAC and is already covered under an existing agreement. |
| P | If yes, is the program CA in program deficit? (No or Yes) | If yes, is the program CA in program deficit? (Yes/No) | No Yes | If the product or service is already covered under an existing agreement, is that agreement in deficit? (i.e. are there insufficient funds available to meet the needs of the community). |
| Q | INUIT ONLY: Is Consultation Required? (Yes or No) | | On Off | Whether consultation is required for the request related to Inuit children. |
| R | INUIT ONLY: Consultation (Examples: LCO, Medical, Social or Educational Professional, HQ, Provincial or Territorial Government) | | Text | If a consultation is required for the request related to Inuit children, this field describes who should be consulted. |
| S | INUIT ONLY: If Consulted, Please Provide Reason for Consultation | | Text | If a consultation is required for the request related to Inuit children, this field provides the reason for consultation |
| T | INUIT ONLY: Date Shared with LCO (yyyy-mm-dd) | | yyyy-mm-dd | Date request is shared with an Inuit Land Claim Organization (LCO) |
| U | INUIT ONLY: LCO Decision (Recommended for Approval or Recommended for Denial) | | Recommended for Approval Recommended for Denial | Decision of the Inuit Land Claim Organization (LCO). A decision may be: Recommended for Approval Recommended for Denial |
| V | Estimated Cost (\$) | | Dollar Amount (\$) | What is the estimated cost of the product or service? What is the amount of funding that has been requested by the organization or community? |
| W | Regional Decision (Approved, Cancelled, Escalated, Pending a decision, Pending more information, or Referred to existing program [please state which program], Suspended) | Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so which /Pending) | Approved Denied Escalated Pending a decision Pending more information Referred to Existing Program [please state which program] Suspended | What was the decision of the focal point on each product and service requested? A decision may be: Approved Denied Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Pending a decision Pending more information Referred to an existing program (focal point recognizes that the requested service is eligible under an existing FNIHB or ESDPP program and refers the request there for processing - which program (e.g. NIHB, Special Education) is inserted into the "Comments" column.) |

Appendix R6. Jordan's Principle Data Tracker 2017-18 U of T – Group (continued)

Original data field specification

| | |
|-----------------|--|
| Yellow = | Same data field name used in 2017-18 |
| Orange = | Data field name different in 2017-18 but served the same/similar purpose |
| Red = | Data field is not at all present in 2017-19 |

| Column # | Data Field | Comparable Data Field in 2017-18 | Response options | Description* |
|----------|---|--|--|---|
| X | Decision Rationale | Not in 2017-18 | Numeric code OR Text | Rationale for the decision for a request. A numeric code from 1 to 15 (see 'Decision Rationales' tab for explanation of numeric code). OR Best interest: Yes/No, Culturally Appropriate: Yes/No, Normative Standard: Above/Within, Substantive Equality: yes/No, Eligibility: Eligible/Ineligible/Not Assessed/Empty |
| Y | Decision Date (if pending: not applicable) (yyyy-mm-dd) | Decision Date | yyyy-mm-dd | Date that the decision is made by the focal point. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. |
| Z | Decision Time (if pending: not applicable) (hh:mm) 24 hr clock | Time (hh:mm) | hh:mm | Time at which the decision is made by the focal point. The format used for the time is hh:mm in 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones. |
| AA | Total Funding Amount Approved (\$) | Total Funding Amount Approved | Dollar Amount (\$) | The total amount approved for the product or service. Note this may differ from the amount requested, and is used to reconcile budget transfer and assess actual approved funding. |
| AB | Comments | Decision - details (includes details of referral to other programs such as NIHB, etc.) | Text | Focal point to insert details or rationale for the decision for any group request. |
| AC | Date of Response to Requestor (yyyy-mm-dd) | Date of Response to Requestor | yyyy-mm-dd | Date that the focal point communicates decision to the requestor. |
| AD | Time of Response to Requestor (hh:mm) 24 hr clock | Time of response to requestor (hh:mm) | hh:mm | Time that the focal point communicates decision to the requestor. The format used for the time is hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| AE | HQ Date Received (yyyy-mm-dd) | Not in 2017-18 | yyyy-mm-dd | If the request was escalated to the National Review Centre (HQ) this is the date the escalation occurred. |
| AF | HQ Time Received (hh:mm) | Not in 2017-18 | hh:mm | If the request was escalated to the National Review Centre (HQ) this is the time that the escalation occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| AG | HQ Decision (Approved, Cancelled, Denied, Pending a decision, Pending more information, Referred to existing program [please state which program], Rescinded, or Suspended) | Not in 2017-18 | Approved Denied Referred to existing program if so, which Pending more information Pending a decision Cancelled Suspended | What was the decision of the National Review Centre (HQ) on each product and service requested? A decision may be: Approved Denied Referred to an existing program - the program to which they are referred (e.g. NIHB, Special Education) is listed in the "HQ Decision - details" column Pending more information Pending a decision Cancelled Suspended |
| AH | HQ Decision Rationale | Not in 2017-18 | Numeric Code OR Text | The National Review Centre (HQ) to insert rationale for the decision for any request. A numeric code from 1 to 15 (see 'Decision Rationales' tab for explanation of numeric code). OR Best interest: Yes/No, Culturally Appropriate: Yes/No, Normative Standard: Above/Within, Substantive Equality: yes/No, Eligibility: Eligible/Ineligible/Not Assessed/Empty |
| AI | HQ Decision Date (if pending: not applicable) (yyyy-mm-dd) | Not in 2017-18 | yyyy-mm-dd | If the National Review Centre (HQ) made the decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates. |
| AJ | HQ Decision Time (if pending: not applicable) (hh:mm) | Not in 2017-18 | hh:mm | If the National Review Centre (HQ) made the decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones. |
| AK | HQ Total funding Amount Approved (\$) | | Dollar Amount (\$) | The total amount approved by the National Review Centre (HQ) for the product or service. |
| AL | HQ Comments | Not in 2017-18 | Text | The National Review Centre (HQ) to insert rationale for the decision for any individual request. |
| AM | HQ Date of Response to Region (yyyy-mm-dd) | Not in 2017-18 | yyyy-mm-dd | If the National Review Centre (HQ) made the decision, the date that the decision was communicated to the regional focal point. |
| AN | HQ Time of Response to Region (hh:mm) 24 hr clock | Not in 2017-18 | hh:mm | If the National Review Centre (HQ) made the decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones. |

Appendix R6. Jordan's Principle Data Tracker 2017-18 U of T – Group (continued)

Original data field specification

| | |
|-----------------|--|
| Yellow = | Same data field name used in 2017-18 |
| Orange = | Data field name different in 2017-18 but served the same/similar purpose |
| Red = | Data field is not at all present in 2017-19 |

| Column # | Data Field | Comparable Data Field in 2017-18 | Response options | Description* |
|----------|---|----------------------------------|---|---|
| AO | APPEAL Date Received (yyyy-mm-dd) | Not in 2017-18 | yyyy-mm-dd | If the request was appealed, this is the date the appeal occurred. |
| AP | APPEAL Time Received (hh:mm) | Not in 2017-18 | hh:mm | If the request was appealed, this is the time that the appeal occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones. |
| AQ | APPEAL Decision (Denial Upheld or Approved (Denial Overturned)) | Not in 2017-18 | Denial Upheld Approved (Denial Overturned) | What was the decision of the appeal on each product and service requested? A decision may be: Denial Upheld Approved (Denial Overturned) |
| AR | APPEAL Decision Rationale | Not in 2017-18 | Text | Rationale for the decision for the request. |
| AS | APPEAL Decision Date (If pending: not applicable) (yyyy-mm-dd) | Not in 2017-18 | yyyy-mm-dd | If the appeal resulted in a decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates. |
| AT | APPEAL Decision Time (If pending: not applicable) (hh:mm) | Not in 2017-18 | hh:mm | If the appeal resulted in a decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones. |
| AU | APPEAL Total funding Amount Approved (\$) | | Dollar Amount (\$) | The total amount approved for the product or service. |
| AV | APPEAL Comments | Not in 2017-18 | Text | Comments for the decision for the request. |
| AW | APPEAL Date of Response to Region (yyyy-mm-dd) | Not in 2017-18 | yyyy-mm-dd | If the appeal resulted in a decision, the date that the decision was communicated to the regional focal point. |
| AX | APPEAL Time of Response to Region (hh:mm) 24 hr clock | Not in 2017-18 | hh:mm | If the appeal resulted in a decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones. |
| AY | Time Difference | # of days | hh:mm | Calculated field used in the calculation of compliance rates: *=[@[Decision Date (If pending: not applicable) (yyyy-mm-dd)]-[@[Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd)]]" or *=[@[HQ Decision Date (If pending: not applicable) (yyyy-mm-dd)]-[@[Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd)]]", depending on if the decision was made at the regional focal point or at HQ |
| AZ | COMPLIANCE | Service standard | OVER WITHIN | Calculated field to indicate whether the response is over or within compliance timelines: *=IF([@[Time Difference]]>2,"OVER","WITHIN")" or *=IF([@[Time Difference]]>7,"OVER","WITHIN")", based on the urgency of the request. |

Appendix S. Overview of Availability of Data Related to Jordan's Principle Individual and Group Requests in FY 2017-2018

The data dictionary for individual and group Jordan's Principle requests in FY 2017-2018 is available in Appendix Q. Appendix R provides information on the completeness and validity of these variables in FY 2017-2018. Using these documents, the project team has summarized the availability and gaps in data held at ISC regarding Jordan's Principle requests in FY 2017-2018 as they relate to the CHRT Jordan's Principle compensation categories in the table below.

Table S.1 Availability of data related to Jordan's Principle requests in FY 2017-2018

| Jordan's Principle requests at ISC – Review of data availability for individual and group requests in FY 2017-2018 | | | | | | | |
|--|--|--|----------------------|-----------------|--------------|---------------------------|-----------------------|
| Data system used: Excel spreadsheets | | | | | | | |
| Type of information needed | Information of interest | Individual requests | | Group requests | | Summary Issues identified | |
| | | Availability | Completeness | Availability | Completeness | Individual requests | Group requests |
| Can the child be identified? | Child Name (Family Name, Given Name) | No, but proxy exists: the Child Unique Identifier ¹ | Less than 1% missing | No ² | N/A | ● Availability issue | ✘ Info. not available |
| | Child Date of Birth | Yes | Less than 3% missing | No | N/A | ● No issues identified | ✘ Info. not available |
| | Child Indian Registration Number | No | N/A | No | N/A | ✘ Info. not available | ✘ Info. not available |
| Is the child First Nations? | Child's First Nations identity | Partial: called First Nations Status ³ | Less than 5% missing | No | N/A | ● Applicability issue | ✘ Info. not available |
| Can the caregiver be identified? | Caregiver Name (Family Name, Given Name) | No | N/A | No | N/A | ✘ Info. not available | ✘ Info. not available |
| | Caregiver Indian Registration Number | No | N/A | No | N/A | ✘ Info. not available | ✘ Info. not available |
| Is the caregiver First Nations? | Caregiver's First Nations identity | No | N/A | No | N/A | ✘ Info. not available | ✘ Info. not available |

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ● Potential | ● Medium | ● Significant | ✘ No information available | ? Information not provided | □ Applicability issue

(continued on following page)

1 It is not clear how the Unique Identifier has been generated or verified within the Region. Each Region has developed their own Unique Identifier format, which in some cases, is made up of personal identifiers such as an alpha-numeric code for region and DOB.
 2 Only information on community/organization name and number of children for group requests.
 3 **First Nations Status – response options:** Yes/No/Pending.

Appendix S. Overview of Availability of Data Related to Jordan's Principle Individual and Group Requests in FY 2017-2018 (continued)

Table S.1 Availability of data related to Jordan's Principle requests in FY 2017-2018 (continued)

| Type of information needed | Information of interest | Individual requests | | Group requests | | Summary Issues identified | |
|---|---|---------------------|-----------------------|----------------|--------------------|--------------------------------|----------------------|
| | | Availability | Completeness | Availability | Completeness | Individual requests | Group requests |
| Was the request approved? | Decision (Approved or Denied) | Yes ⁴ | Less than 1% missing | Yes | 0% missing | No issues identified | No issues identified |
| | Was the product/service delivered? | Yes | More than 88% missing | No | N/A | Significant completeness issue | Info. not available |
| Did the child obtain the service after an unreasonable delay? | Date request received | Yes | 0% missing | Yes | 0% missing | No issues identified | No issues identified |
| | Date region receives sufficient information to assess request | Yes | Approx 12% missing | No | N/A | Minor completeness issue | Info. not available |
| | Date of decision | Yes | Approx 11% missing | Yes | 0% missing | Minor completeness issue | No issues identified |
| | Date of response | Yes | Approx 21% missing | Yes | Approx 21% missing | Completeness issue | Completeness issue |
| | Date service was delivered | Yes | Approx 89% missing | No | N/A | Significant completeness issue | Info. not available |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

4 **Decision** – response options: Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so, which/ Pending

Appendix S. Overview of Availability of Data Related to Jordan's Principle Individual and Group Requests in FY 2017-2018 (continued)

Table S.1 Availability of data related to Jordan's Principle requests in FY 2017-2018 (continued)

| Type of information needed | Information of interest | Individual requests | | Group requests | | Summary Issues identified | |
|--|------------------------------------|-------------------------------------|-----------------------|------------------------------------|----------------------|--|--|
| | | Availability | Completeness | Availability | Completeness | Individual requests | Group requests |
| Is there a difference between the approved and requested amount? | Approved amount | Yes, total funding amount approved | Info not provided | Yes, total funding amount approved | Less than 4% missing | No issues identified within info. provided | No issues identified |
| | Requested amount | Yes, total funding amount requested | Info not provided | Yes, estimated cost | Info not provided | No issues identified within info. provided | No issues identified within info. provided |
| Should the service be covered under Jordan's Principle as defined in 2017 CHRT 35 and 14 | Reason for application/ needs | Yes, as text | Less than 10% missing | No | N/A | Minor completeness issue | Info. not available |
| | Product/service/ support requested | Yes, as text | 0 % missing | Yes, as text | Less than 3% missing | No issues identified | No issues identified |
| | Decision details (rationale) | Yes, as text | Approx. 40% missing | Yes, as text | Approx. 46% missing | Completeness issue | Completeness issue |

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

Appendix T. NIHB – Status Verification System – Data Dictionary

Source: Unmodified information from ISC staff

| SVS_CLIENT | | | | |
|----------------|----------------|--|-----------|---------------------|
| CLIENT_ID | VARCHAR2(36) | 9 CHAR long character sequence Starts with N, B, D or a number. | PK | |
| DATE_OF_BIRTH | DATE | DD-MON-YYYY | 1 | |
| AGE | VARCHAR2(40) | | 1 | |
| SEX | VARCHAR2(4) | M MALE F FEMALE X UNDEFINED (Coming soon) | 1 | FK |
| SURNAME | VARCHAR2(120) | 30 char | 1 TO MANY | Only one is current |
| GIVEN_NAME | VARCHAR2(120) | 30 char | 1 TO MANY | Only one is current |
| CURR_STAT | VARCHAR2(4) | 1 ELIGIBLE 2 INELIGIBLE 3 DECEASED | 1 TO MANY | Only one is current |
| CURR_ELIG_DATE | DATE | DD-MON-YYYY Provided at enrolment, rarely updated | 1 TO MANY | Only one is current |
| REGION_CODE | VARCHAR2(8) | 02 ALBERTA 07 ATLANTIC 04 MANITOBA 09 N.W.T. 10 NUNAVUT 05 ONTARIO 01 PACIFIC 06 QUEBEC 03 SASKATCHEWAN 08 YUKON | 1 | FK |
| CLIENT_TYPE | VARCHAR2(4) | 1 = Indian, 2 = Inuit, 3 = Other Provided at enrolment, rarely updated | 1 | FK |
| RESIDENCE | VARCHAR2(4) | 1 ON RESERVE OWN BAND 2 ON RESERVE OTHER BAND 3 ON CROWN LAND OWN BAND 4 ON CROWN LAND OTHER BAND 5 ON CROWN LAND NO BAND 6 OFF RESERVE 001 AKWESASNE 003 NISGA'A VALLEY HEALTH BOARD 004 BIGSTONE | 1 | FK |
| PILOT_ID | VARCHAR2(12) | MSB D DENTAL P PHARMACY V VISION M MEDICAL SUPPLIES AND EQUIPMENT T MEDICAL TRANSPORTATION | 1 | FK |
| PILOT_BEN | VARCHAR2(18) | C MENTAL HEALTH COUNSELLING 8 digits Unique number generated and provided by Indian Registry System | 1 TO MANY | FK |
| INDIAN_NUMBER | VARCHAR2(32) | Sequence number 3 char There are 635 bands. Only for First Nations clients, based on IRS band registry. | 1 | |
| BAND | VARCHAR2(12) | Only for First Nations clients. | 0 TO 1 | FK |
| DIAND_ID | VARCHAR2(40) | 5 char sequence provided by Indian Registration Authority. | 0 TO MANY | FK |
| FAMILY | VARCHAR2(20) | Only for First Nations clients. | 0 TO 1 | |
| COMM_CODE | VARCHAR2(16) | 3 char sequence code representing Inuit communities. | 0 TO 1 | FK |
| API | VARCHAR2(4) | Only for Inuits in NWT or Nunavut Y or Null. Representing Bill C-3 legislation | 0 TO 1 | |
| INNU_NUMBER | VARCHAR2(20) | Innu Number - Associated with B numbers | 0 TO 1 | |
| COMMENTS | VARCHAR2(4000) | Manual Additions | 0 TO 1 | |
| ADDRESS_CITY | VARCHAR2(120) | Provided at registration, rarely updated | 0 TO 1 | |
| ADDRESS_STREET | VARCHAR2(120) | Provided at registration, rarely updated | 0 TO 1 | |
| PROVINCE | VARCHAR2(8) | 01 P.E.I. 02 NOVA SCOTIA 03 NEW BRUNSWICK 04 QUEBEC 05 ONTARIO 06 MANITOBA 07 SASKATCHEWAN 08 ALBERTA 09 BRITISH COLUMBIA 10 NORTHWEST TERRITORIES 11 YUKON 12 NEWFOUNDLAND 13 OUTSIDE OF CANADA 14 NUNAVUT | 0 TO 1 | |
| POSTAL_CODE | VARCHAR2(24) | Provided at registration, rarely updated | 0 TO 1 | |
| INSERT_DATE | VARCHAR2(56) | YYYYMMDDHHMMSS | 1 | |
| INSERT_ID | VARCHAR2(120) | | 1 | |
| UPDATE_DATE | DATE | DD-MON-YYYY | 0 TO 1 | |
| UPDATE_ID | VARCHAR2(120) | | 0 TO 1 | |
| CON_CLIENT_ID | VARCHAR2(36) | | 0 TO MANY | |

Based on Bands that have Contribution Agreements.

Appendix T. NIHB – Status Verification System – Data Dictionary (continued)

| SVS_CLIENT | | | |
|---------------------|--------------------|---|-----------|
| CONSENT_IND | VARCHAR2(4) | MCIVOR OR DESCHENAUX (CURRENTLY HOSTING ONLY MCIVOR) | 0 TO MANY |
| FNHA_STATUS | VARCHAR2(4) | IN EFFECT OR EXPIRED | 0 TO MANY |
| FNHA_PROVINCE | VARCHAR2(2) | CURRENTLY HOSTING ONLY 09 BRITISH COLUMBIA | 0 TO MANY |
| FNHA_EFF_DATE | DATE | DD-MON-YYYY | 0 TO MANY |
| FNHA_EXPIRY_DATE | DATE | DD-MON-YYYY | 0 TO MANY |
| SVS_NAME | | | |
| CLIENT_ID | VARCHAR2(9 CHAR) | | |
| NAME_SEQUENCE | NUMBER(2,0) | | |
| SURNAME | VARCHAR2(30 CHAR) | | |
| GIVEN_NAME | VARCHAR2(30 CHAR) | | |
| | | 1 INAC | |
| | | 2 GNWT | |
| | | 3 REGION | |
| | | 4 NUNAVUT | |
| NAME_SOURCE | VARCHAR2(1 CHAR) | | |
| NAME_FLAG | VARCHAR2(1 CHAR) | Flag 1 = current record | |
| INSERT_DATE | VARCHAR2(14 CHAR) | | |
| INSERT_ID | VARCHAR2(30 CHAR) | | |
| UPDATE_DATE | DATE | | |
| UPDATE_ID | VARCHAR2(30 CHAR) | | |
| SVS_APPROVAL_STATUS | | | |
| | | Refers to Curr_stat and curr_elig_date fields | |
| CLIENT_ID | VARCHAR2(9 CHAR) | | |
| STATUS_SEQUENCE | NUMBER(2,0) | | |
| STATUS_EFF_DATE | DATE | | |
| AUTHORITY | VARCHAR2(30 CHAR) | | |
| | | 1 INAC | |
| | | 2 GNWT | |
| | | 3 REGION | |
| | | 4 NUNAVUT | |
| REGION_CODE | VARCHAR2(2 CHAR) | | |
| COMMENTS | VARCHAR2(80 CHAR) | | |
| STATUS_TYPE | VARCHAR2(1 CHAR) | | |
| | | 1 ELIGIBLE | |
| | | 2 INELIGIBLE | |
| | | 3 DECEASED | |
| INSERT_DATE | VARCHAR2(14 CHAR) | | |
| INSERT_ID | VARCHAR2(30 CHAR) | | |
| UPDATE_DATE | DATE | | |
| UPDATE_ID | VARCHAR2(30 CHAR) | | |
| SVS_ALTERNATE_ID | | | |
| CLIENT_ID | VARCHAR2(9 CHAR) | | |
| ALTERNATE_ID | VARCHAR2(10 CHAR) | | |
| | | Refers to DIAND numbers or other SVS CLIENT ID associated with a client | |
| EFF_DATE | DATE | | |
| EXP_DATE | DATE | | |
| TYPE | VARCHAR2(2 CHAR) | | |
| | | 02 INAC ID | |
| | | 04 TRANSFERRED CLIENT ID | |
| INSERT_DATE | VARCHAR2(14 CHAR) | | |
| INSERT_ID | VARCHAR2(30 CHAR) | | |
| UPDATE_DATE | DATE | | |
| UPDATE_ID | VARCHAR2(30 CHAR) | | |
| SVS_SERVICE_PLAN | | | |
| CLIENT_ID | VARCHAR2(9 CHAR) | | |
| PLAN_TYPE | VARCHAR2(2 CHAR) | | |
| PLAN_NUMBER | VARCHAR2(21 CHAR) | | |
| | | 0 EXPIRED | |
| | | 1 IN EFFECT | |
| PLAN_STATUS | VARCHAR2(1 CHAR) | | |
| PLAN_EFF_DATE | DATE | | |
| PLAN_EXPIRY_DATE | DATE | | |
| INSERT_DATE | VARCHAR2(14 CHAR) | | |
| INSERT_ID | VARCHAR2(30 CHAR) | | |
| UPDATE_DATE | DATE | | |
| UPDATE_ID | VARCHAR2(30 CHAR) | | |
| SVS_FNHA | | | |
| CLIENT_ID | VARCHAR2(9 CHAR) | | |
| FNHA_SEQUENCE | NUMBER(1,0) | | |
| FNHA_FLAG | NUMBER(1,0) | | |
| FNHA_PROVINCE | VARCHAR2(2 CHAR) | | |
| | | Y IN EFFECT | |
| | | N EXPIRED | |
| FNHA_STATUS | VARCHAR2(1 CHAR) | | |
| FNHA_EFF_DATE | DATE | | |
| FNHA_EXPIRY_DATE | DATE | | |
| FNHA_COMMENTS | VARCHAR2(200 CHAR) | | |
| INSERT_DATE | VARCHAR2(14 CHAR) | | |
| INSERT_ID | VARCHAR2(30 CHAR) | | |
| UPDATE_DATE | DATE | | |
| UPDATE_ID | VARCHAR2(30 CHAR) | | |

Appendix T. NIHB – Status Verification System – Data Dictionary (continued)

SVS_CLIENT

SVS_CONSENT

Will eventually be renamed to CLIENT GROUP and will include both Mcivor and Deschenaux client groups

| | |
|-------------------|------------------|
| CLIENT_ID | VARCHAR2(9 CHAR) |
| CONSENT_INDICATOR | VARCHAR2(1 CHAR) |
| SYSTEM_DATE | DATE |

SVS_BAND

| | |
|-------------|-------------------|
| BAND | VARCHAR2(3 CHAR) |
| BAND_DESC | VARCHAR2(80 CHAR) |
| REGION_CODE | VARCHAR2(2 CHAR) |
| PROVINCE | VARCHAR2(2 CHAR) |

SVS_COMMUNITY

| | |
|-----------|-------------------|
| COMM_CODE | VARCHAR2(4 CHAR) |
| COMM_TYPE | VARCHAR2(2 CHAR) |
| COMM_DESC | VARCHAR2(30 CHAR) |

SVS_REGION

| | |
|----|--------------|
| 1 | PACIFIC |
| 2 | ALBERTA |
| 3 | SASKATCHEWAN |
| 4 | MANITOBA |
| 5 | ONTARIO |
| 6 | QUEBEC |
| 7 | ATLANTIC |
| 8 | YUKON |
| 9 | N.W.T. |
| 10 | NUNAVUT |

SVS_PROVINCE

| | |
|----|-----------------------|
| 1 | P.E.I. |
| 2 | NOVA SCOTIA |
| 3 | NEW BRUNSWICK |
| 4 | QUEBEC |
| 5 | ONTARIO |
| 6 | MANITOBA |
| 7 | SASKATCHEWAN |
| 8 | ALBERTA |
| 9 | BRITISH COLUMBIA |
| 10 | NORTHWEST TERRITORIES |
| 11 | YUKON |
| 12 | NEWFOUNDLAND |
| 13 | OUTSIDE OF CANADA |
| 14 | NUNAVUT |

Appendix U. NIHB – Uses and Limitations

Source: Unmodified information from ISC staff



Non-Insured Health Benefits (NIHB) Program: Uses and Limitations of Administrative Data

Thursday, April 15, 2021



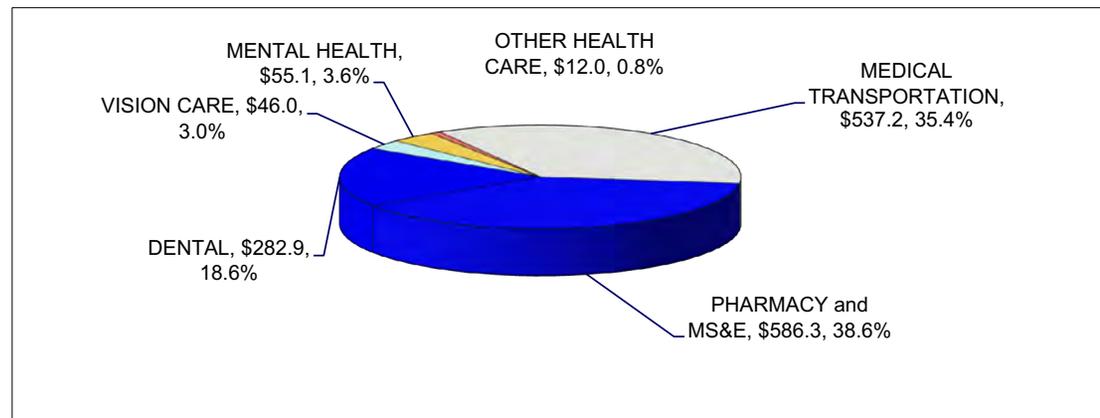
Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

Non-Insured Health Benefits

- The Non-Insured Health Benefits (NIHB) Program provides registered First Nations and recognized Inuit with coverage for a range of medically necessary health benefits including prescription drugs and over-the-counter medications, dental and vision care, medical supplies and equipment, mental health counselling, and transportation to access medically required health services that are not available on reserve or in the community of residence.
- During the 2019/20 Fiscal Year, NIHB provided access to benefits coverage to 887,518 eligible clients.
- Total NIHB program benefit expenditures in this period were \$1,519.5 million.



NIHB Data Collection

- The NIHB program makes use of data collected and stored in a variety of databases and automated systems to facilitate program management, policy development, reporting and communications activities.
- Data collected and utilized by the NIHB program is administrative in nature and falls into two categories:
 - Reference (e.g., population data, pricing lists, etc.)
 - Transactional (requests adjudicated by a claims processing system according to automated or pre-established business rules)
- Population Data: drawn from the Status Verification System.
 - Population data on First Nations clients are based on information provided by Crown-Indigenous Relations and Northern Affairs Canada (CIRNA).
 - Data on Inuit clients are based on information provided by the Governments of the Northwest Territories and Nunavut, and Inuit organizations including the Inuvialuit Regional Corporation, Nunavut Tunngavik Incorporated and the Makivik Corporation.

NIHB Data Collection (Transactional Data)

- A number of automated information management systems are used to process and pay claims in accordance with NIHB client/benefit eligibility and pricing policies.
- Claims for the NIHB pharmacy, dental, medical supplies and equipment, vision care and mental health counselling benefits are processed via the Health Information and Claims Processing Services (HICPS) system.
 - In 2019/20 a total of 29,229,020 claim lines were processed through HICPS
 - Claim lines are an administrative unit of measure as opposed to a health care unit of measure and represent a transaction in the claims processing system.
 - Prior to June 2020, Vision Care and Mental Health Counselling benefits were administered via various regionally managed systems.
- Medical Transportation data are collected through several electronic systems, including the Medical Transportation Reporting System (MTRS) through which operational data at the regional level are tracked.

NIHB Data: Uses

The administrative data collected by NIHB is used in the adjudication of benefit requests, as well as to facilitate other program management activities, including:

- development of public facing communication products, including the NIHB Annual Report
- development and implementation of client safety initiatives
- financial analysis to support forecasting and policy development
- departmental reporting
- responding to Access to Information requests
- evaluation and monitoring activities, including those to ensure efficacy and effectiveness of program processes and to determine impacts of policy changes
- negotiation and administration of Product Listing Agreements and other activities to ensure program sustainability
- supporting Indigenous Partners
- contract monitoring

NIHB Data: Limitations

Use of NIHB data is limited by several factors, including:

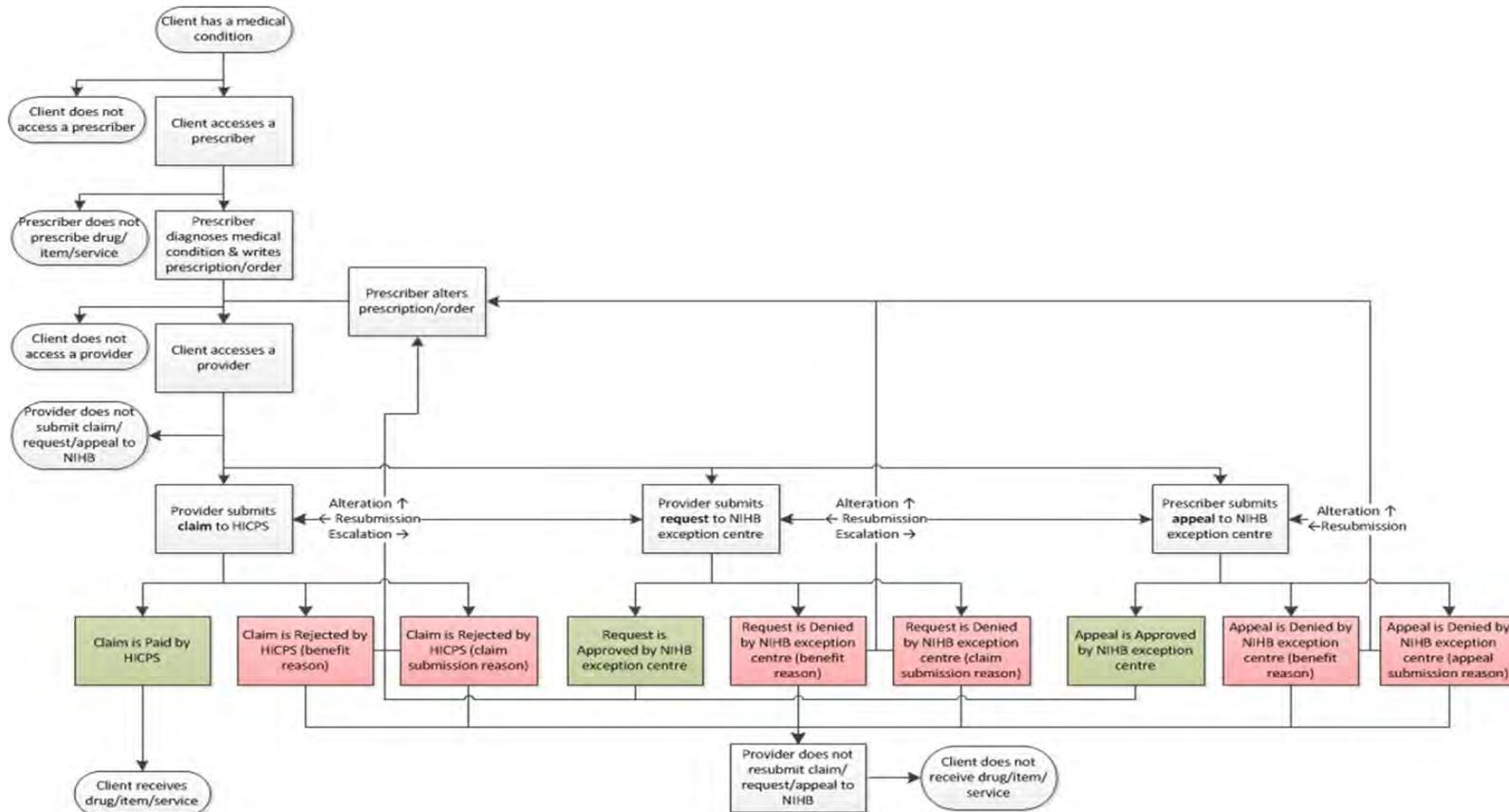
- NIHB data does not contain information on residency (client addresses)
 - Individuals are associated with the band to which they are registered or the land claim organization under which they are recognized
- A significant proportion of NIHB benefits are delivered in community under contribution agreements or other transfer arrangements
 - Data on services delivered in this manner are not collected or maintained by NIHB
 - Services delivered in this manner represent approximately 20% of NIHB expenditures
- Some NIHB benefits are provided through contracts with service providers (e.g., dentists, mental health counsellors, etc.)
 - Service level data are not maintained for most for these arrangements
- NIHB data is administrative in nature
 - Requests go through several stages of adjudication and can be stopped (or “denied”) for various reasons, including incorrect or missing information

NIHB Data: Limitations

Given its inherent limitations, NIHB data should and/or can not be used:

- To make determinations as to an individual or population's residency
 - Reporting by P/T of registration or provider location only
- As an absolute value for benefit or treatment access or uptake
 - Utilization underrepresented as claim expenditures covered by P/T plans, provincially funded programs, public or private insurance or cash transactions and data for services provided in Nursing Homes and under contribution or transfer agreements not included
- As a measure of disease prevalence
 - Data is limited to claims paid by NIHB only
 - Medications often have multiple indications
- To determine benefit approval rates
 - Claims may be rejected for administrative reasons
 - Rejected claims may have been subsequently approved for the same item/procedure, a similar item/procedure, or once a quantity-frequency limit has reset

Annex A: Claim Life Cycle - Complexity and Data Collection



Appendix V. NIHB - HICPS Pharmacy, MS&E, Dental – Data Definitions

This appendix was removed for confidentiality.

Appendix W. NIHB – HICPS Error Codes

This appendix was removed for confidentiality.

Appendix X. NIHB – Information on Historical Data Systems Used by Regions for Medical Transportation

Source: Unmodified information from ISC staff

Information on the three regions that, historically, did not utilize the national MTRS system for administration of the Medical Transportation benefit is below:

Manitoba:

- Have used MTRS for operational and non-emergency travel since MTRS developed
- Used FoxPro to track land and air ambulance travel between 2004 and 2014
 - o A subset of the FoxPro data has been downloaded to the Medical Transportation Data Store
 - o Aggregate data from FoxPro is also available in SiA

Ontario:

- Utilized a regionally developed and maintained system, the Ontario Medical Transportation System (OMTS), for the administration of Medical Transportation benefits from between 2006 and 2013 (depending on the Ontario Region Zone) and late 2016
 - o While OMTS has been decommissioned, most of the data it contained has been stored in a data warehouse and can be accessed via ISC IT services
 - o A subset of the OMTS data has also been downloaded to the Medical Transportation Data Store

Alberta:

- Utilized a regionally developed and maintained system, the Medical Transportation Reporting Database (MTRD), between 2005 and late 2019
 - o MTRD data is stored, and can be accessed, through SiA
 - o A subset of the MTRD data has also been downloaded to the Medical Transportation Data Store
- Used FoxPro to track land and air ambulance travel between 2004 and 2014
 - o A subset of the FoxPro data has been downloaded to the Medical Transportation Data Store
 - o Aggregate data from FoxPro is also available in SiA

Northwest Territories and Nunavut have their own systems that are used to manage the Medical Transportation Benefit.

- o Data from these systems can be requested from the Territorial Governments.

Appendix Y. NIHB – Medical Transportation Data Reporting

Source: Unmodified information from ISC staff

Medical Transportation Data Reporting



Indigenous Services
Canada

Services aux
Autochtones Canada

Canada

Appendix Y. NIHB – Medical Transportation Data Reporting (continued)

Table of Contents

| | |
|---|----|
| Overview | 3 |
| Definitions | 3 |
| Measures..... | 3 |
| Attributes..... | 3 |
| Travel Authorizations (TA) | 3 |
| Vouchers | 6 |
| Voucher Measures | 6 |
| Voucher Attributes..... | 6 |
| Appointments | 7 |
| Appointment Attributes..... | 8 |
| Patients | 10 |
| Patient Attributes..... | 11 |
| Additional Data Considerations | 12 |

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Overview

The Non-Insured Health Benefits (NIHB) program provides registered First Nations and recognized Inuit with coverage for a range of medically necessary health benefits including prescription drugs and over-the-counter (OTC) medications, dental and vision care, medical supplies and equipment, mental health counselling and transportation to access medically required health services that are not available on reserve or in the community of residence.

The First Nations and Inuit and Health Branch's (FNIHB) current Medical Transportation (MT) benefit processing system, the Medical Transportation Records System (MTRS), is a national, real-time, bilingual (French and English), web-based application used by NIHB regions and their partners to facilitate MT benefit delivery, payment, and the management of MT data.

The following primary MTRS subject areas can be reported on:

- Travel Authorizations
- Vouchers
- Invoices
- Appointments
- Patients

Definitions

Each subject area contains measures and attributes.

Measures

A measure is an indicator that is quantifiable such as an amount of time, the number of appointments or a cost. Measures for each of the subject areas noted above and their related business definitions / limitations are listed in the tables below.

Attributes

Attributes are the data elements needed in the information repository for reporting and analysis purposes. These data elements can be used as content in an analysis or report. They may also be used to sort, filter, summarize, or group the information in an analysis or report.

Travel Authorizations

A Travel Authorization (TA) is a request for MT benefits entered into MTRS which includes at least one appointment and any service vouchers required for the particular trip. A TA is the core of the MTRS system and defines all of the appointments, participants, estimated costs and actual costs associated with a defined medical transportation request.

Appendix Y. NIHB – Medical Transportation Data Reporting (continued)

Travel Authorization Measures

| Measure Name | Definition | Data Considerations |
|---|---|---|
| Count of Travel Authorizations | The number of TAs | A TA can be a single round trip, a single one-way trip or several trips combined |
| Count of Appointments | The number of appointments | May not include all appointments attended by the client as only appointments covered by the NIHB MT benefit are reported |
| Count of Clients | The number of clients | May exclude infants |
| Count of Escorts | The number of medical and/or non-medical escorts | |
| Count of Vouchers | The number of vouchers. A voucher can be for Transportation, Accommodation or Meals for one or more individuals (i.e. an escort can have a separate voucher or be included in the same voucher as the client) | A transportation voucher can be a ticket for a one-way flight or a round trip flight for one or more individuals. An accommodation voucher can include a stay at an accommodation for one or more individuals. A meals voucher can include all the meals for one or more individuals. |
| Costs Each TA may have one or more estimates for any of the following cost areas: accommodation, meals and transportation. Costs may be a mix of estimates and actuals and include the costs of escorts. | | |
| Total Accommodation Estimate | Total accommodation cost estimate | Accommodation costs may include meal costs |
| Total Transportation Estimate | Total transportation cost estimate | |
| Total Meal Estimate | Total meal cost estimate | |
| Grand Total Estimate | Total estimate cost | |
| Grand Total Paid | Total paid cost | May not include all paid travel |
| Grand Total Invoiced | Total invoiced cost | May not include all invoices |

Travel Authorization Attributes

TAs may be selected based on one or more of the following.

| Attribute name | Definition | Data Considerations |
|-----------------------------|--------------------------------------|---------------------|
| Travel Authorization Number | Unique computer generated identifier | |
| TA Creation Date | Date TA was created | |

Appendix Y. NIHB – Medical Transportation Data Reporting (continued)

| Attribute name | Definition | Data Considerations |
|----------------------------------|--|--|
| TA Start Date | Earliest recorded date within a TA (can be appointment date or voucher date) | |
| TA End Date | Latest recorded date within a TA (can be the appointment or voucher date) | Interpreted as the last day of travel |
| TA Status | Status of a TA: Approved, Cancelled, Completed, No Show, Pending, Rejected, Travel NS | TAs that are Approved, Completed, or Pending are considered completed |
| TA Origin | The region/city/community of departure | The TA origin does not necessarily represent the region/city/community of residence |
| TA Destination | The destination region/city/community of the patient | The TA destination does not necessarily represent the location of the service provider or the health service |
| Authorizing Region | Region that authorized the MT trip | The authorizing region does not necessarily represent the region of residence. Travel may be authorized by more than one region (i.e. cross-provincial travel). In these cases, the departing origin is selected for the purposes of the analysis. |
| TA Escort Reason | Reason client required to be accompanied during travel <ul style="list-style-type: none"> • Age restriction • Behavior • Care instructions required • Dependability • Language barrier/interpreter • Legal consent required • Medically incapacitated • Medically incompetent • Other • Personal Suitability • Physical/mental disability • Second Escort required (Exception) | |
| Jordan's Principle Indicator | Yes/No/Shared Indicator | Some Jordan's Principle travel may still be recorded as NIHB travel as the indicator was not available in the system at the time |
| Contribution Agreement Indicator | Yes/No/Shared Indicator | Some contribution agreement data may be recorded as operational data |
| Wheelchair Indicator | Yes/No Indicator | |

Appendix Y. NIHB – Medical Transportation Data Reporting (continued)

Vouchers

A voucher is an electronic or physical paper issued to clients to deliver to service providers for the purpose of communicating Canada's commitment to pay for the client's incurred expenses.

One or more vouchers may be related with a single TA. A voucher can also be related to one or more travellers (client, escorts). Voucher analysis can be related to all Travel Authorization attributes.

Voucher Measures

| Measure name | Definition | Data Considerations |
|-------------------------------|------------------------------------|--|
| Estimated Cost – Sub Total | Estimated cost before taxes | |
| Estimated Cost - Total | Total estimated cost | |
| Estimated Cost – Total Taxes | Total estimated tax | |
| Paid Total | Total paid cost | May not include all paid travel |
| Invoiced Total | Total invoice cost | May not include all invoices |
| Total Accommodation Estimate | Total accommodation cost estimate | Accommodation costs may include meal costs |
| Total Transportation Estimate | Total transportation cost estimate | |
| Total Meal Estimate | Total meal cost estimate | |

Voucher Attributes

| Attribute name | Definition | Data Considerations |
|----------------|--|---|
| Voucher Type | A voucher can be for Accommodation, Transportation, or Meals | A transportation voucher can be a ticket for a one-way flight or a round trip flight for one or more individuals. An accommodation voucher can include a stay at an accommodation for one or more individuals. A meals voucher can include all the meals for one or more individuals. |
| Service Type | Meals: Breakfast, Lunch, Dinner, Full Day Meal, Extra Meal and General Meal Accommodation: Apartment, Boarding Home, Day Room, Double Occupant, Kitchenette, Private Accommodation, Single Occupant and Suite Transportation: Air Ambulance, Boat, Chartered Bus, Chartered Flight, Ground Ambulance, Medical Van, Private Vehicle, Professional Vehicle, Scheduled Bus, Scheduled Flight, Taxi and Train | |

Appendix Y. NIHB – Medical Transportation Data Reporting (continued)

| Attribute name | Definition | Data Considerations |
|----------------------------------|--|--|
| Voucher Number | Unique computer generated identifier | |
| Voucher Start Date | Start date of service depending on voucher type <ul style="list-style-type: none"> Transportation Voucher: Departure Date Accommodation Voucher: Check-In Date Meal Voucher: Start Date | |
| Voucher End Date | End date of service depending on voucher type <ul style="list-style-type: none"> Transportation Voucher: Return Date Accommodation Voucher: Check-Out Date Meal Voucher: End Date | |
| Status | Status of a Voucher: Cancelled, Paid, Pending, Reconciled, Rejected | Vouchers that are Paid, Pending or Reconciled are considered completed |
| Quantity | Quantity depending on the voucher type: <ul style="list-style-type: none"> Accommodations: Number of Nights Meals: Number of Meals Transportation: Distance | |
| Transportation Origin | The region/city/community of departure | |
| Transportation Destination | The region/city/community of destination | |
| Service Provider | Provider of service (i.e. Air Canada, Holiday Inn) | |
| Provider Address | Address of Provider | |
| Tax Province | Tax Province | |
| Jordan's Principle Indicator | Yes/No Indicator | Some Jordan's Principle travel may still be recorded as NIHB travel as the indicator was not available in the system at the time |
| Contribution Agreement Indicator | Yes/No Indicator | Some contribution agreement data may be recorded as operational data |

Appointments

Each individual appointment is related to a single TA. There may be more than one appointment to a TA.

Values represent NIHB claim data entered in the Medical Transportation Record System (MTRS) and should not be interpreted as prevalence or incidence of treatment, disorder or disease.

May not include all appointments attended by client as only appointments covered by the NIHB MT benefit are reported.

Appendix Y. NIHB – Medical Transportation Data Reporting (continued)

Appointment Attributes

| Attribute name | Definition | Data Considerations |
|--------------------|---|--|
| Appointment Date | Date of the appointment | |
| Status | Status of an appointment: Approved, Cancelled, Completed, Missed, No Show, Pending, Rejected, Rescheduled | Appointments that are Approved, Completed and Pending are considered completed |
| Appointment Reason | Reason of the appointment <ul style="list-style-type: none"> • Cancer/Chemo/Radiation • Childbirth • Day Surgery • Dental • Detox • Diagnostic Test – Lab Work • Diagnostic Test – MRI • Diagnostic Test – Mammogram • Diagnostic Test – Other • Diagnostic Test – Scope • Diagnostic Test – Ultrasound - Prenatal • Diagnostic Test – Ultrasound - Other • Diagnostic Test – X-rays • Dialysis • Emergency Treatment • Hearing/Speech Test • Hospital Admission • Hospital Discharge • IRS-RHSP • Insured Service, not dialysis • MS&E • Mental Health • Methadone • NNADAP • Pandemic Reasons • Physiotherapy • Post-Operative Followup • Postnatal Care • Pre-Operative Visit • Prenatal Care • Scheduled Appointment • Specialist clinic • Suboxone • Telehealth • Traditional Healer • Vision Care | The appointment reason may not always represent the reason for travel as there may be multiple appointments in one TA. Many appointment reasons only contain the value of 'Scheduled Appointment'. |
| Medical Specialty | Specialty of the health provider or facility <ul style="list-style-type: none"> • Addiction | |

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

| Attribute name | Definition | Data Considerations |
|----------------|---|---------------------|
| | <ul style="list-style-type: none"> • Allergist • Alternative Med. • Anaesthesiologist • Audiologist • Audioprosthesis • Cardiologist • Cardiovascular Surgeon • Chiropractor • Community Med. • Dentist • Denturist • Dermatologist • Diabetes • Dietitian/Dietician • ENT • Electrophysiology • Emergentologist • Endocrinologist • Endodontist • Gastroenterologist • Gen. Practitioner • Gen. Surgeon • Genetist • Geriatric Med. • Hematologist • Infectious Disease • Internist • Laboratory • Mental Health • Midwife • Nephrologist • Neurologist • Neurosurgeon • Nuclear Medicine • Nurse Practitioner • Obstetrics/Gynecology • Occupational Therapist • Ocularist • Oncologist • Ophthalmologist • Optician • Optometrist • Oral Maxillofacial Surgeon • Oral Medicine • Oral Pathologist | |

Appendix Y. NIHB – Medical Transportation Data Reporting (continued)

| Attribute name | Definition | Data Considerations |
|------------------------------|---|--|
| | <ul style="list-style-type: none"> • Orthodontist • Orthopedic Surgeon • Orthotist/Prosthetist • Paedodontist • Pathologist • Pediatrician • Periodontist • Psychiatrist • Physiotherapist • Plastic Surgeon • Pneumologist • Podiatrist • Prosthodontist • Psychiatrist • Psychologist • Pulmunologist/Respirologist • Radiologist • Rehabilitation • Research • Rheumatologist • Speech Therapist • Thoracic Surgeon • Traditional Healer • Urologist • Vascular • Vascular Surgeon | |
| Provider Name | Name of the health provider or facility | |
| Provider Address | Address of the health provider or facility | |
| Jordan's Principle Indicator | Yes/No Indicator | Some Jordan's Principle travel may still be recorded as NIHB travel as the indicator was not available in the system at the time |
| Wheelchair Indicator | Yes/No Indicator | |

Patients

Only one patient can be associated with a TA. A patient may or may not be associated with a Voucher. A patient is always associated with an appointment.

Appendix Y. NIHB – Medical Transportation Data Reporting (continued)

Patient Attributes

| Attribute name | Definition | Data Considerations |
|----------------------------------|---|--|
| Client ID | Unique identifier. Data obtained from SVS | |
| Last Name | Last name of client. Data obtained from SVS | |
| First Name | First name of client. Data obtained from SVS | |
| Full Name | Last Name, First Name. Data obtained from SVS | |
| Date of Birth | Client date of birth. Data obtained from SVS | |
| Current Status | Client's eligibility status: Eligible, Ineligible or Deceased | |
| Client Type | First Nation, Inuit, Infant, Other. Data obtained from SVS | |
| Gender | Client's gender. Data obtained from SVS. | |
| Escort Reason (current) | Reason client requires to be accompanied during travel: <ul style="list-style-type: none"> • Age restriction • Behavior • Care instructions required • Dependability • Language barrier/interpreter • Legal consent required • Medically incapacitated • Medically incompetent • Other • Personal Suitability • Physical/mental disability • Second Escort required (Exception) | |
| Region | Represents the region of the band to which the client is registered. Data is obtained from SVS. | The client region does not necessarily represent the region/city/community of residence. |
| Band Number | Represents the band number to which the client is registered. Data is obtained from SVS. | |
| Band | Represents the band to which the client is registered. Data is obtained from SVS. | |
| Wheelchair Required Indicator | Yes/No Indicator | |
| Contribution Agreement Indicator | Yes/No Indicator | |
| Mclvor / Bill C3 | Yes/No indicator indicating if the client is covered as a result of the Mclvor/Bill C-3 | |
| FNHA Indicator | Yes/No indicator indicating if the client is currently covered by the First Nation Health Authority (FNHA) benefits program | |

Appendix Y. NIHB – Medical Transportation Data Reporting (continued)

Additional Data Considerations

- Medical Transportation is funded through two program envelopes, Operational (OP) and Contribution Agreements (CA), and travel can be funded by both. Depending on the region and the community, the contribution agreement portion of the trip may not be captured in MTRS. This is especially relevant for regions that receive MT funding primarily via CA, such as Quebec, the Northwest Territories and Nunavut.
- There are several limitations to the MTRS data related to data submission compliance, differences in interpretation, system limitations, and data entry practices and errors.
- Data may not necessarily represent a historical usage trend but rather changes in systems and data practices.
- MTRS contains data from 2009/10; however it does not apply to all regions. Please refer to the table below that presents availability of data in MTRS.

| Region | Data Type | 11/12 | 12/13 | 13/14 | 14/15 | 15/16 | 16/17 | 17/18 | 18/19 | 19/20 |
|--------|-----------|---------|---------|---------|----------|---------|----------|---------|---------|----------|
| AT | OP | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | CA | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| QC | OP | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | CA | Partial | Partial | Partial | Partial | Partial | Partial | Partial | Partial | Partial |
| ON | OP | | | | | | Dec 2016 | ✓ | ✓ | ✓ |
| | CA | | | | | | | | | |
| MB | OP | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Emergency | | | | Nov 2014 | ✓ | ✓ | ✓ | ✓ | ✓ |
| | CA | | | | | | | | | |
| SK | OP | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | CA | Partial | Partial | Partial | Partial | Partial | Partial | Partial | Partial | Partial |
| AB | OP | | | | | | | | | Oct 2019 |
| | Emergency | | | | Aug 2014 | ✓ | ✓ | ✓ | ✓ | ✓ |
| | CA | | | | | | | | | Oct 2019 |
| YT | OP | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

- The variance in emergency data is attributed to the differences between the provincial coverage.

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

- The volume of TAs/trips varies based on factors such as regional operations and the geography of the region. For example:
 - Trips might be captured in two different TAs. For example, the trip from the client's home to their appointment may be captured in one TA, while the return trip may be captured in another TA. This is the case for many emergency trips. An initial TA would be created for the return trip and, once the invoice for the ambulance is received, the emergency travel may be added to the existing TA if a correlation between the two components of the trip can be made. If this correlation can not easily be made, a new TA could be created for the emergency portion of the trip.
 - Recurring appointments, such as dialysis appointments, can be captured as one trip per appointment or as multiple appointments per trip.
 - Regions whose clients live in proximity to urban centres would coordinate trips less frequently than regions in which travel is primarily air.

Appendix Z. NIHB – Alberta Vision Care Database Architecture

Source: Unmodified information from ISC staff

Alberta Vision Care Database Architecture

Revision History

| Revision Number | Description of Revision | Made by | Date |
|-----------------|--|-------------|------------|
| 1.0 | Initial version – Acts as a baseline model | Chau Nguyen | 2015-11-18 |
| 1.1 | | | |
| 1.2 | | | |
| | | | |
| | | | |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

Table of Contents

| | | |
|-------|--------------------------------|----|
| 1. | ERD Diagram..... | 5 |
| 1.1. | Database Information | 5 |
| 1.2. | Table Diagram..... | 6 |
| 1.3. | Query Diagram..... | 7 |
| 2. | Table Description | 8 |
| 2.1. | Archive_log..... | 8 |
| 2.2. | Archive_table | 9 |
| 2.3. | Conversion Errors..... | 10 |
| 2.4. | CT_Amendreasons..... | 11 |
| 2.5. | CT_BenefitTypes | 12 |
| 2.6. | CT_MedicalCondition | 13 |
| 2.7. | CT_Messages..... | 14 |
| 2.8. | CT_PAStatus..... | 15 |
| 2.9. | CT_Privelege | 16 |
| 2.10. | CT_ProductType | 17 |
| 2.11. | CT_ProviderType..... | 18 |
| 2.12. | CT_RateGroup | 19 |
| 2.13. | CT_ReasonForException | 20 |
| 2.14. | CT_Users | 21 |
| 2.15. | SAP_Coding_Block..... | 22 |
| 2.16. | SAP_GL_Accounts..... | 23 |
| 2.17. | SAP_0_Batch | 24 |
| 2.18. | SAP_1_Record_Header | 25 |
| 2.19. | SAP_2_Vendor_Header | 26 |
| 2.20. | SAP_3_Vendor_Detail | 27 |
| 2.21. | SAP_To_Transfer | 29 |
| 2.22. | tblBand..... | 30 |
| 2.23. | tblBenefitItem | 31 |
| 2.24. | tbl_BenefitItem_Id..... | 33 |
| 2.25. | tbl_BenefitItem_Modified..... | 34 |
| 2.26. | tblClient..... | 36 |
| 2.27. | tblClientAlternateNumbers..... | 38 |
| 2.28. | tbl_ClientKey_Id..... | 39 |
| 2.29. | tblMclvor | 40 |

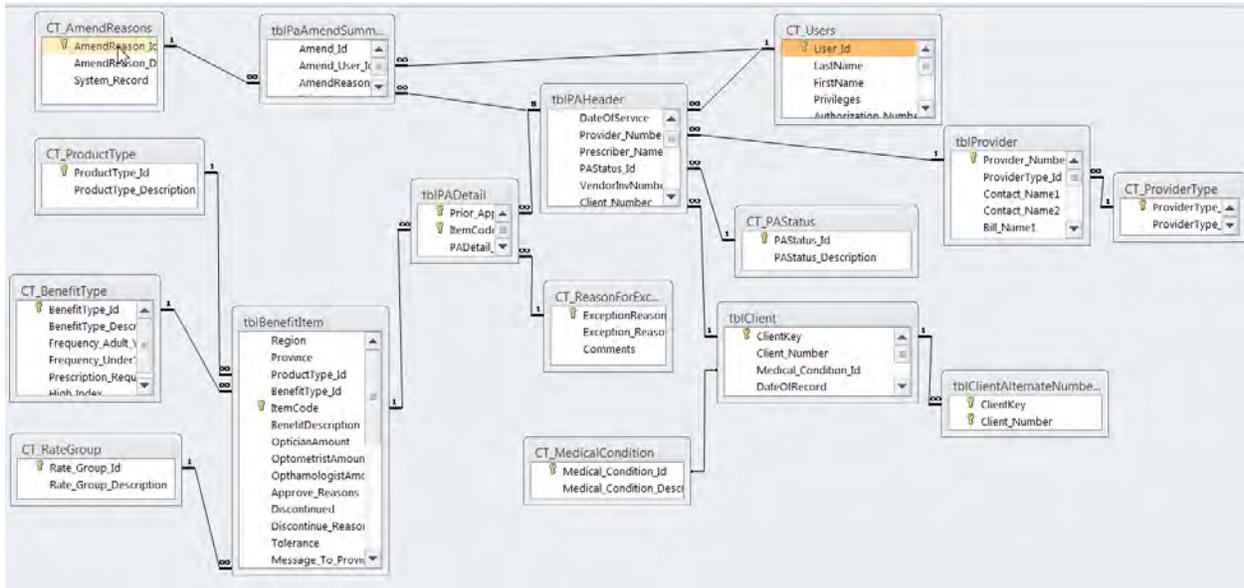
Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

| | | |
|-------|---|----|
| 2.30. | tbl_PA_Id..... | 41 |
| 2.31. | tblPaAmendSummary | 42 |
| 2.32. | tblPaAmendSummaryBackdoor | 43 |
| 2.33. | tblPADetail..... | 44 |
| 2.34. | tblPAHeader..... | 45 |
| 2.35. | tblProvider | 47 |
| 2.36. | tblProvider_ID | 49 |
| 2.37. | tblProvince..... | 50 |
| 2.38. | tblSystemVariables | 51 |
| 3 | Query Description | 52 |
| 3.1 | qry_Confirmation_Letter_Details | 52 |
| 3.2 | qry_Confirmation_Letter_Header | 53 |
| 3.3 | qry_SAP_AddAmendReason..... | 54 |
| 3.4 | qry_SAP_PrintCoverPages | 55 |
| 3.5 | qry_Send_PADetails_To_Wrk..... | 57 |
| 3.6 | Transfer_AppendAlternateNumber | 58 |
| 3.7 | Transfer_AppendClient | 59 |
| 3.8 | Transfer_AppendPADetails..... | 60 |
| 3.9 | Transfer_AppendProvider | 61 |
| 3.10 | qry_Delete_PADetails_NotInWrk..... | 62 |
| 3.11 | qry_SAP_Delete_Record_Header | 63 |
| 3.12 | qry_SAP_Delete_Transfer_Data | 64 |
| 3.13 | qry_SAP_Delete_Vendor_Detail..... | 65 |
| 3.14 | qry_SAP_Delete_Vendor_Header..... | 66 |
| 3.15 | _qry_BenefitItem | 67 |
| 3.16 | _qry_Providers_with_Missing_SAP_Codes | 68 |
| 3.17 | qry_AmendSummaryDetails | 69 |
| 3.18 | qry_BenefitItem | 70 |
| 3.19 | qry_BenefitItem_ALL | 71 |
| 3.20 | qry_Design_PADetails | 72 |
| 3.21 | qry_Detail_Exceptions | 73 |
| 3.22 | qry_Get_Benefit_Details..... | 74 |
| 3.23 | qry_Get_Details_For_PA_and_BenefitItem..... | 75 |
| 3.24 | qry_Get_PA_Details | 76 |
| 3.25 | qry_Get_PA_Details_Real | 77 |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

| | |
|--|-----|
| 3.26 qry_GetBenefitItemDisplayOrder | 78 |
| 3.27 qry_GetEyeExamsForPa | 79 |
| 3.28 qry_GetLensTypeForPa..... | 80 |
| 3.29 qry_GetPADetailsForPaAndProductType..... | 81 |
| 3.30 qry_GetPATotalApprovedAmount | 82 |
| 3.31 qry_GetStatusDescription..... | 83 |
| 3.32 qry_HasPABeenAmended | 84 |
| 3.33 qry_Medical_Justification | 85 |
| 3.34 qry_MedicalJustificationItems..... | 86 |
| 3.35 qry_PADetailTotals..... | 87 |
| 3.36 qry_SAP_Check_For_Incorrect_Payments..... | 88 |
| 3.37 qry_SAP_Get_Clients_With_No_SAP_Code..... | 89 |
| 3.38 qry_SAP_Get_Providers_With_No_SAP_Code..... | 90 |
| 3.39 qry_SAP_PA_Details_Ready_for_Transfer | 91 |
| 3.40 qry_SAP_PAs_Ready_for_Transfer | 92 |
| 3.41 qryPAHeader | 93 |
| 3.42 qryPrescriber | 94 |
| 3.43 qryProviders | 95 |
| 3.44 qrySecurity | 96 |
| 3.45 rpt_Providers | 97 |
| 3.46 qry_SAP_PAs_Successful_Transfer | 98 |
| 3.47 qry_SAP_PAs_Unsuccessful_Transfer | 99 |
| 3.48 qry_SAP_Prepare_PAs_Prior_to_Transfer | 100 |
| 3.49 qry_SAP_Print_Update_Client_VendorCodes | 101 |
| 3.50 Transfer_Update_Clients..... | 102 |

1. ERD Diagram



1.1. Database Information

Novell Path:

Database name: VIS_ALB.accdb

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

1.3. Query Diagram



2. Table Description

2.1. Archive_log

| Table Name: Archive_log | | |
|--|--------------|--|
| Table Description: This table stores the log of the archives performed on this database. It captures the number of times the archive was performed and also the date, time, user who performed and the outcome of the archive. | | |
| Field name | Data Type | Field Description |
| Id | Long Integer | System Generated Unique Number |
| Archive_Date | Date/Time | The date on which archive was performed |
| Archive_User | Text | The user who performed the archive |
| Archive_SuccessFull | Yes/No | Whether the archive was successful or not |
| Archive_Comments | Text | Contains a comment indicating success or failure and also a date before which all data was archived. Ex: "Successfully Archived All Prior Approvals and related data, where Date of Service is less than or equal to: March 31, 2012" |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.2. Archive_table

| Table Name: Archive_table | | |
|---|-----------|--|
| Table Description: This table contains a list of Reference tables that will be archived by the archive process. | | |
| Field name | Data Type | Field Description |
| TableName | Text | The name of the table that will be archived |
| Unique_Field1 | Text | The unique field in the table to be archived. Ex: for table tblProvider, Provider_Number is the unique key |
| Data_Type1 | Text | Data type of the unique field |
| Unique_Field2 | Text | Some tables have a compound key, this column is used for storing the name of the 2 nd key. |
| Data_Type2 | Text | Data type of the 2 nd key |
| Unique_Field3 | Text | Not Used |
| Data_Type3 | Text | Not Used |
| Comments | Text | Not Used |
| Update_Order | Integer | The order in which tables are archived. It starts from 1. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.3. Conversion Errors

| Table Name : Conversion Errors | | |
|--------------------------------|-----------|-------------------|
| Table Description: | | |
| Field name | Data Type | Field Description |
| Object Type | Text | |
| Object Name | Text | |
| Error Description | Memo | |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.4. CT_Amendreasons

| Table Name : CT_Amendreasons | | |
|---|--------------|---|
| Table Description: This is a code table that contains a list of reasons for amending a prior approval | | |
| Field name | Data Type | Field Description |
| AmendReason_Id | Long Integer | Unique Id |
| AmendReason_Description | Text | Reason description |
| System_Record | Yes/No | <p>This field denotes whether the reason is used internally by VCS or whether it is a user entered reason.</p> <p>Ex: PA Filed is used by VCS whenever a PA record is created and this record cannot be deleted.</p> <p>Whereas 'Adding Benefit Details' is a user entered reason and can be deleted if needed.</p> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.5. CT_BenefitTypes

| Table Name: CT_BenefitTypes | | |
|---|-----------|--|
| Table Description: This table is a reference table that contains list of all benefit types: <ul style="list-style-type: none">• New EyeWear• Eye Exams• Major Repair• Minor Repair• Eye Exam/Reassessment | | |
| Field name | Data Type | Field Description |
| BenefitType_Id | Integer | Unique Id |
| BenefitType_Description | Text | Description of benefit type, ex: New EyeWear |
| Frequency_Adult_Years | Integer | Number of years an adult has to wait before they are eligible again for the benefit type |
| Frequency_Under18_Years | Integer | Number of years an under 18 client has to wait before they are eligible again for the benefit type |
| Prescription_Required | Yes/No | Whether prescription is required for the client to be eligible for this benefit type |
| High_Index | Yes/No | Whether prescription should have an high index for the client to be eligible for this benefit type |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.6. CT_MedicalCondition

| Table Name: CT_MedicalCondition | | |
|---|--------------|----------------------------------|
| Table Description: Contains a list of medical conditions that I client may have. The conditions are related to client's eligibility for vision care benefit only. | | |
| Ex: | | |
| <ul style="list-style-type: none">• DIABETIC• VISION PROBLEMS• GLUCOMA | | |
| Field name | Data Type | Field Description |
| Medical_Condition_Id | Long Integer | Unique ID |
| Medical_Condition_Description | Text | Description of medical condition |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.7. CT_Messages

| Table Name: CT_Messages | | |
|--|-----------|---|
| Table Description: Contains a list of messages used by VCS. These messages are either displayed for information purposes or as warnings and/or questions to VCS users. | | |
| Field name | Data Type | Field Description |
| ID | Double | Unique ID |
| Msg_Id | Text | A code used by the system to lookup the message description |
| Msg_Text | Text | Actual message description |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.8. CT_PAStatus

| Table Name: CT_PAStatus | | |
|---|-----------|--------------------------------------|
| Table Description: Contains a list of all prior approval statuses: Ex: <ul style="list-style-type: none">• Incomplete• Filed• Approved• Denied• Cancelled• Paid - Selected for Payment• Paid - Export in Progress• Paid and Exported Successfully | | |
| Field name | Data Type | Field Description |
| PAStatus_Id | Integer | Unique ID |
| PAStatus_Description | Text | Description of Prior Approval Status |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.9. CT_Privelege

| Table Name: CT_Privelege | | |
|--|-----------|-------------------|
| Table Description: Contains the various roles a user can have within VCS. | | |
| Ex: | | |
| <ul style="list-style-type: none">• Administrator• User• Team Leader | | |
| Field name | Data Type | Field Description |
| Privelege_Type | Integer | Unique Id |
| Privelege_Desc | Text | Role Description |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.10. CT_ProductType

| Table Name: CT_ProductType | | |
|---|-----------|----------------------------------|
| Table Description: Contains a list of product type. Product type is broader category of benefit item. Every benefit item must belong to a product type. | | |
| Ex: Product Type "Lenses" is a parent of following benefit items: | | |
| <ul style="list-style-type: none">• Lens - Plastic - Single Vision• Lens - Plastic - Bifocal• Lens - Glass - Single Vision• Lens - Glass - Bifocal | | |
| Field name | Data Type | Field Description |
| ProductType_Id | Integer | Unique ID |
| ProductType_Description | Text | Description/Name of product type |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.11. CT_ProviderType

| Table Name: CT_ProviderType | | |
|--|-----------|--|
| Table Description: Contains eligible provider types in VCS: <ul style="list-style-type: none">• Optician• Optometrist• Ophthalmologist | | |
| Field name | Data Type | Field Description |
| ProviderType_Id | Integer | Unique Id |
| ProviderType_Description | Text | Description of provider type |
| Professional_Fee | Yes/No | Whether the provide type is eligible for professional fees |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.12. CT_RateGroup

| Table Name: CT_RateGroup | | |
|--|-----------|----------------------------|
| Table Description: Contains a list of groupings to which a certain benefit item can belong. Ex: All single vision plastic lenses belong to a rate grouping of "SV Plastic". This information is used by VCS to ensure that only item of certain rate category is approved in a Prior Approval. | | |
| Field name | Data Type | Field Description |
| Rate_Group_Id | Integer | Unique Id |
| Rate_Group_Description | Text | Description of rate group. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.13. CT_ReasonForException

| Table Name: CT_ReasonForException | | |
|--|--------------|---|
| Table Description: Contains a list of reasons for which a prior approval can be approved on exceptional basis. | | |
| Ex: | | |
| <ul style="list-style-type: none">• Exceptional Circumstances - Accident• Medical Condition• Special Design• Exceptional Circumstances - Theft• Add Power Exception• Exceptional Circumstances - House Fire• Exceptional Circumstances - Assault | | |
| Field name | Data Type | Field Description |
| ExceptionReason_Id | Long Integer | Unique Id |
| Exception_Reason_Description | Text | Description of exception reason |
| Comments | Text | Comments that can be displayed on screen to provide extra information to the user |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.14. CT_Users

| Table Name: CT_Users | | |
|--|--------------|--|
| Table Description: Contains a list of all users of VCS and their rights in the system. | | |
| Field name | Data Type | Field Description |
| User_Id | Text | Username, ex: CBen for Charles Ben |
| LastName | Text | User's lastname |
| FirstName | Text | User's firstname |
| Privileges | Integer | User role, i.e. Admin, User or Team Leader |
| Authorization_Number | Text | 4 character number/name that is saved with all prior approvals |
| Id | Long Integer | Unique Id |
| Approve | Yes/No | Whether a user can approve prior approvals |
| Deny_Cancel | Yes/No | Whether a user can deny prior approvals |
| Payments | Yes/No | Whether a user can pay prior approvals |
| Export | Yes/No | Whether a user can export payment records |
| Approve_Exception | Yes/No | Whether a user can approve prior approvals on exception basis |
| Amend_Tables | Yes/No | Whether a user can amend prior approvals |
| Delete_Records | Yes/No | Whether a user can delete prior approvals |
| Print_ConfirmationLetter | Yes/No | Whether a user can print prior approval confirmation letter |
| Print_Reports | Yes/No | Whether a user can print other reports |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.15. SAP_Coding_Block

| Table Name: SAP_Coding_Block | | |
|--|-----------|---|
| Table Description: This table stores SAP coding block. Coding block implies specific coding that the payment system requires in order for an invoice to be paid. | | |
| Field name | Data Type | Field Description |
| Region | Text | Region code of the region, ex: 07 for Atlantic |
| Province | Text | Province code of the region, ex: 02 for Atlantic |
| CostCentre | Text | Financial Coding – Cost Centre |
| GL_Account_Number | Text | Financial Coding – G/L Account Number – this field is not used as table SAP_GL_Accounts is used instead |
| DAO | Text | Financial Coding – DAO |
| AcctgPeriodMonth | Text | |
| AcctgPeriodYear | Text | |
| Fiscal_Year_Start | Text | Financial Coding – Fiscal Year's Start Year |
| Fiscal_Year_End | Text | Financial Coding – Fiscal Year's End Year |
| Commitment_Number | Text | This field is not used |
| Commitment_LineNumber | Text | This field is not used |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.16. SAP_GL_Accounts

| Table Name: SAP_GL_Accounts | | |
|--|-----------|---------------------------|
| Table Description: This table stores General Ledger (G/L) codes for various provider types | | |
| Field name | Data Type | Field Description |
| ProviderType | Integer | Provider Type Id |
| GL_AccountNumber | Text | General Ledger Code |
| Description | Text | Provider Type Description |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.17. SAP_0_Batch

| Table Name: SAP_0_Batch | | |
|---|-----------|---|
| Table Description: This is the batch header table. When a payment batch is created, a record is added to this table for every single batch. | | |
| Field name | Data Type | Field Description |
| Batch_Number | Text | VCS generated batch number |
| Data_Transfer_Date | Date/Time | The date on which batch is created |
| Transfer_User | Text | The user who created the batch |
| Transfer_Successful | Yes/No | Whether batch creation was successful(yes) or not(no) |
| Total_Number_of_Invoices | Integer | Total number of payments included in the batch |
| Total_Amount | Currency | Sum of all payments included in the batch |
| Cancelled | Yes/No | Whether batch was cancelled by user? |
| Cancelled_by | Text | The name of user who cancelled the batch |
| Cancelled_On | Date/Time | The date on which the batch was cancelled |
| FileName | Text | The temporary file name that contains all batch data i.e. payment records. This file is then ftp'ed to SAP and then subsequently deleted. |
| FileContents | Memo | The contents of the file. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.18. SAP_1_Record_Header

| Table Name: SAP_1_Record_Header | | |
|---|-----------|--|
| <p>Table Description: This table is zapped every time a new batch is created. At any given point, this table contains data related to one batch only. The table is used to arrange data as per specifications of the final output file for SAP.</p> <p>This table contains a record per vendor per invoice.</p> | | |
| Field name | Data Type | Field Description |
| Batch_Number | Text | VCS Batch Number that is being exported to SAP |
| Data_Transfer_Date | Date/Time | |
| Transfer_User | Text | |
| Transfer_Successful | Yes/No | |
| Total_Number_of_Invoices | Integer | |
| Total_Amount | Currency | |
| Cancelled | Yes/No | |
| Cancelled_by | Text | |
| Cancelled_On | Date/Time | |
| FileName | Text | |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.19. SAP_2_Vendor_Header

| Table Name: SAP_2_Vendor_Header | | |
|--|--------------|--|
| <p>Table Description: This table is zapped every time a new batch is created. At any given point, this table contains data related to one batch only. The table is used to arrange data as per specifications of the final output file for SAP.</p> <p>This table also contains a record per vendor per invoice.</p> | | |
| Field name | Data Type | Field Description |
| Vendor_Header_Id | Long Integer | Unique Id |
| Record_Header_Id | Long Integer | Record_Header_Id from table SAP_1_Record_Header |
| Record_Type | Text | Always 'V' |
| Vendor_Account_Number | Text | SAP Account number of vendor |
| Calculate_Tax | Text | Set to one space i.e. not applicable for VCS |
| Baseline_Date | Text | Vendor Invoice Date |
| Payment_Method | Text | 'C' or cheque and 'E' for Electronic |
| House_Bank | Text | Set to '27 ' |
| Amount_Of_Invoice | Text | Total amount as per vendor's invoice |
| Posting_Key | Text | Always set to '31' |
| Text_Field | Text | <p>This field is set to combination of following:</p> <ul style="list-style-type: none"> • System generated unique id per vendor + • Client's surname + • Prior Approval Number |
| Vendor_Name | Text | Name of the vendor |
| Batch_Number | Text | VCS Batch Number that is being exported to SAP |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.20. SAP_3_Vendor_Detail

Table Name: SAP_3_Vendor_Detail

Table Description: This table is zapped every time a new batch is created. At any given point, this table contains data related to one batch only. The table is used to arrange data as per specifications of the final output file for SAP.

This table is also called Vendor (invoice) Detail table.

This table also contains one or more records per vendor per invoice per VCS Prior Approval per VCS Prior Approval Detail:

- Vendor Invoice
 - Will contain one or more Prior Approvals
 - A Prior Approval will contain one or more Prior Approval Details
 - This table will contain one record per Prior Approval Detail record

| Field name | Data Type | Field Description |
|-----------------------|--------------|--|
| Detail_Id | Long Integer | Unique Id |
| Vendor_Header_Id | Long Integer | Vendor_Header_Id from table SAP_2_Vendor_Header |
| Record_Header_Id | Long Integer | Record_Header_Id from table SAP_1_Record_Header |
| Prior_Approval_Number | Text | Prior Approval number of record being paid |
| Record_Type | Text | Always set to 'D' |
| DAO | Text | DAO code from SAP_Coding_Block table |
| CostCentre | Text | CostCentre code from SAP_Coding_Block table |
| GL_Account_Number | Text | General Ledger code from SAP_GL_Accounts depending upon provider type. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

| | | |
|------------------------------|------|--|
| Internal_Order | Text | Set to '30' + Client's 3 character band code |
| Program_Activity | Text | Program Activity code fetched from tblBenefitItem: tblIPAHeader-> tblIPADetail-> tblBenefitItem |
| Funds_Commitment_Number | Text | This field is not used |
| Funds_Commitment_Line_Number | Text | This field is not used |
| Final_Payment_Indicator | Text | This field is not used |
| Tax_Code | Text | Always set to '10' for VCS |
| Tax_Jurisdiction_Code | Text | Always set to 'CAON' for VCS |
| Amount | Text | Amount being paid on each PADetail record |
| Posting_Key | Text | Always set to '40' for VCS |
| Text_Field | Text | Set to combination of following: <ul style="list-style-type: none"> • VCS Batch Number • Unique id generated per vendor per invoice • Prior Approval Number • Client's surname • Benefit Item Description |
| Client_SurName | Text | Set to client's surname |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.21. SAP_To_Transfer

| Table Name: SAP_To_Transfer | | |
|---|-----------|-------------------|
| Table Description: This table is not used | | |
| Field name | Data Type | Field Description |
| SAP_Text | Text | |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.22. tblBand

| Table Name: tblBand | | |
|---|-----------|--|
| Table Description: Stores a list of bands | | |
| Field name | Data Type | Field Description |
| BandNo | Text | Band Number |
| BandName | Text | Band Name |
| Region | Text | The region in which the band exists |
| Transferred_to_FN | Yes/No | Whether the band has been transferred to First Nations control |
| Transfer_Date | Date/Time | If yes, then transfer date |
| Transfer_Contact | Text | If yes, The name of contact person in the band office |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.23. tblBenefitItem

| Table Name: tblBenefitItem | | |
|---|--------------|---|
| Table Description: This table stores list of benefit items that VCS will approve for a Prior Approval Request. This table is also VCS's rate table. | | |
| Field name | Data Type | Field Description |
| Region | Text | Region code of the region |
| Province | Text | Province code of the region |
| ProductType_Id | Integer | This is a higher level grouping of the Benefit Item. For example, all lenses will have a Product Type of "Lenses", Benefit Items like Cleaning Kit etc., would have a product type of "Accessories". This is the code value which is fetched from CT_ProductType table. |
| BenefitType_Id | Integer | <p>There are five types of Benefits:</p> <ul style="list-style-type: none"> • New Eye Wear, • Major Repair, • Minor Repair, • Eye Exams and • Eye Exam Reassessment <p>This is another level of grouping that VCS uses to calculate the frequency. Therefore depending upon the Benefit Item, appropriate Benefit Type is stored in this field. Benefit Type Id is taken from CT_BenefitType table</p> |
| ItemCode | Long Integer | Unique Id |
| BenefitDescription | Text | Description of the Benefit Item |
| OpticianAmount | Currency | The max amount that will be paid to an Optician for this Benefit Item. |
| OptometristAmount | Currency | The max amount that will be paid to an Optometrist for this Benefit Item. |
| OphthalmologistAmount | Currency | The max amount that will be paid to an Ophthalmologist for this Benefit Item. |
| Approve_Reasons | Memo | If benefit is an exception, then reason for exception is saved in this field |
| Discontinued | Yes/No | If benefit has been discontinued |
| Discontinue_Reason | Text | Discontinued reason |
| Tolerance | Double | The recommended value for tolerance is 0.05 i.e. 5%. A tolerance of 5% denotes that the providers can bill for up to 105% of the allowable/set price. Default is 0, i.e. tolerance is 0%. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

| | | |
|--------------------------------|--------------|--|
| Message_To_Provider | Text | If a message has to be displayed to the user/provider, then a message can be saved in this field. Example: For Benefit Item "Oversize Lens - BiFocal – Major", the message can be "Measurement must be over 56mm. Record the measurement in the comment field." |
| Exception | Yes/No | Whether benefit item will be approved on exceptional basis only? |
| SAP_Activity_Code | Text | This is the SAP activity code. In order for Vision Care SAP Interface to work, every Benefit Item must have an SAP activity code. |
| SAP_GL_Account_Number | Text | This field is not used |
| LenseType_Id | Long Integer | All lens Benefit Items must have a lens type selected |
| Optometrist_Only | Yes/No | If a particular benefit item applies to optometrists only? |
| High_Index_Required | Yes/No | Whether Benefit Item has a pre-requisite of "High Index" |
| Medical_Justification_Required | Yes/No | Whether Medical Justification is required for the Benefit Item |
| Display_Order | Long Integer | This field controls the order in which the Benefit Items are displayed in the Prior Approval screen. |
| Group_Id | Integer | Default is 0. This field is used to group certain type of benefits. For example, all Lenses have a group id of 1. VCS can use this field to ensure that only one benefit item from a group can be selected in the Prior Approval Screen. If the Benefit Item is an independent, for example, "Coating - Anti Reflective", then the value can be set to 0. |
| Required_Ids | Text | This field ensures that the user cannot approve certain benefit items in the Prior Approval screen without selecting their dependent benefit items. For example, VCS will not let the user select "High Index Lens" unless the user has selected a Benefit Item of LENS. So the pre-requisites for "High Index Lens" are item codes "4,5,6,7,8,9,44,45". This value indicates that any one of these items must have been selected prior to the selection of "High Index Lens". If the Benefit Item does not depend on any other Benefit Item (for example: "Lens - Glass Bifocal"), then this field is set to 0. |
| LensType_Required | Yes/No | Whether Lens type is required for this Benefit Item |
| Prism_Required | Yes/No | Whether Prism is required for this benefit Item |
| AddPower_Required | Yes/No | Whether Add-Power is required for the Benefit Item. |
| Rate_Group_Id | Integer | Rate Group is used by the system to calculate optometrist's costs for Lenses. So, when entering a Benefit Item other than lenses, field is set to None for Rate Group or else an appropriate Rate Group is selected. |
| Prescription_Changed | Yes/No | Whether Prescription Change is required for the Benefit Item to be approved. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.24. tbl_BenefitItem_Id

| Table Name: tbl_BenefitItem_Id | | |
|--|--------------|--|
| Table Description: This table has one record and one field only. The field stores the next value for a new BenefitItem | | |
| Field name | Data Type | Field Description |
| NextCounter | Long Integer | Stores the next value that is used as a unique id of a new BenefitItem record. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.25. tbl_BenefitItem_Modified

| Table Name: tbl_BenefitItem_Modified | | |
|---|--------------|-------------------|
| Table Description: this table is not used | | |
| Field name | Data Type | Field Description |
| Region | Text | |
| Province | Text | |
| ProductType_Id | Integer | |
| BenefitType_Id | Integer | |
| ItemCode | Long Integer | |
| BenefitDescription | Text | |
| OpticianAmount | Currency | |
| OptometristAmount | Currency | |
| OphthalmologistAmount | Currency | |
| Approve_Reasons | Memo | |
| Discontinued | Yes/No | |
| Discontinue_Reason | Text | |
| Tolerance | Double | |
| Message_To_Provider | Text | |
| Exception | Yes/No | |
| SAP_Activity_Code | Text | |
| SAP_GL_Account_Number | Text | |
| LenseType_Id | Long Integer | |
| Optometrist_Only | Yes/No | |
| High_Index_Required | Yes/No | |
| Medical_Justification_Required | Yes/No | |
| Display_Order | Long Integer | |
| Group_Id | Integer | |
| Required_Ids | Text | |
| LensType_Required | Yes/No | |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

| | | |
|----------------------|---------|--|
| Prism_Required | Yes/No | |
| AddPower_Required | Yes/No | |
| Rate_Group_Id | Integer | |
| Prescription_Changed | Yes/No | |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.26. tblClient

| Table Name: tblClient | | |
|--|--------------|---|
| Table Description: This table stores all the first nation clients being serviced by VCS. | | |
| Client record get automatically added/updated when a Prior Approval record is created. | | |
| Field name | Data Type | Field Description |
| ClientKey | Text | SVS generated key |
| Client_Number | Text | 9 or 10 digit DIAND |
| Medical_Condition_Id | Long Integer | Client's medical condition – if any |
| DateOfRecord | Date/Time | Date the record is created |
| Surname | Text | Client's surname |
| GivenNames | Text | Client's firstname |
| Alias | Text | Client's alias |
| DOB | Date/Time | Client's date of birth |
| BandNo | Text | Client's 3 digit band number |
| Family | Text | Client's 5 digit family number |
| Region | Text | Client's region |
| Gender | Text | Client's gender |
| Insurance_Company_Name | Text | Client's insurance company name – if they have any insurance |
| Insurance_Company_Address | Text | Client's insurance company address – if they have any insurance |
| ThirdPartyIns | Yes/No | Whether client has 3 rd party insurance |
| Insurance_Company_Phone | Text | Client's insurance company phone – if they have any insurance |
| Insurance_Company_Amt_Covered | Long Integer | Client's insurance coverage amount – if they have any insurance |
| Insurance_Company_Per_Covered | Long Integer | Client's insurance coverage period – if they have any insurance |
| Special_Considerations | Memo | Special considerations that NIHB must be aware of as pertaining to a given client |
| Address1 | Text | Client's address line 1 |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

| | | |
|-------------------|--------------|---|
| Address2 | Text | Client's address line 2 |
| City | Text | Client's city |
| Province | Text | Client's province |
| PostalCode | Text | Client's postal code |
| Delete_Record | Yes/No | Whether record is logically deleted |
| New_Client_Key | Text | Field not used |
| Record_Checked | Yes/No | Field not used |
| Eligibility | Text | Whether client is eligible in SVS |
| Transferred_to_FN | Yes/No | Field not used |
| Client_Number_9 | Text | Client's 9 digit number |
| Client_SAPCode | Text | Client's SAP code – used in case of client reimbursements |
| ClientID | Long Integer | VCS generated unique id |
| Internal_Order | Text | Client's internal order number – '30' + 3 character band code |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.27. tblClientAlternateNumbers

| Table Name: tblClientAlternateNumbers | | |
|---|-----------|--------------------------------|
| Table Description: This table stores all alternate numbers of a client. This table is a child table of tblClient. | | |
| Every record in tblClient must have one or more records in this table | | |
| Field name | Data Type | Field Description |
| ClientKey | Text | ClientKey from tblClient table |
| Client_Number | Text | Client Number |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.28. tbl_ClientKey_Id

| Table Name: tbl_ClientKey_Id | | |
|--|--------------|---|
| Table Description: This table has one record and one field only. The field stores the next value for a new ClientKey | | |
| Field name | Data Type | Field Description |
| NextCounter | Long Integer | Stores the next value that is used as a unique id of a new Client record. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.29. tblMclvor

| Table Name: tblMclvor | | |
|--|--------------|---|
| Table Description: This table is used to store a list of all Mclvor clients. | | |
| Field name | Data Type | Field Description |
| ID | Long Integer | Unique Id |
| DIAND | Text | DIAND number of the client who is part of Mclvor initiative |
| RegionID | Long Integer | Region of the client |
| ClientKey | Text | Client's ClientKey i.e. link to VCS's tblClient |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.30. tbl_PA_Id

| Table Name: tbl_PA_Id | | |
|---|--------------|---|
| Table Description: This table has one record and one field only. The field stores the next value for a new Prior Approval | | |
| Field name | Data Type | Field Description |
| NextCounter | Long Integer | Stores the next value that is used as a unique id of a new Prior Approval record. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.31. tblPaAmendSummary

| Table Name: tblPaAmendSummary | | |
|---|--------------|---|
| Table Description: This table stores a log of all changes/actions made to a Prior Approval record | | |
| Field name | Data Type | Field Description |
| Amend_Id | Long Integer | Unique Id |
| Amend_User_Id | Text | User making changes/actions to a PA record |
| AmendReason_Id | Long Integer | Reason for making the change/action |
| Prior_Approval_Number | Text | PA# of the PA to which the change/action was made |
| PriorApprovalStatus_Before | Long Integer | Status of PA before the change |
| PriorApprovalStatus_ChangedTo | Long Integer | Status of PA after the change |
| Amend_Date | Date/Time | Date of action |
| Comments | Text | Additional comments |
| Amended | Yes/No | Whether the Prior Approval was amended |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.32. tblPaAmendSummaryBackdoor

| Table Name: tblPaAmendSummaryBackdoor | | |
|--|--------------|---|
| Table Description: This tables stores log records of changes made to a PA through a special back door function in VCS. | | |
| This function is only available to users with special privileges. | | |
| Field name | Data Type | Field Description |
| Amend_Id | Long Integer | Unique Id |
| Amend_User_Id | Text | User making changes/actions to a PA record |
| AmendReason_Id | Long Integer | Reason for making the change/action |
| Prior_Approval_Number | Text | PA# of the PA to which the change/action was made |
| PriorApprovalStatus_Before | Long Integer | Status of PA before the change |
| PriorApprovalStatus_ChangedTo | Long Integer | Status of PA after the change |
| Amend_Date | Date/Time | Date of action |
| Comments | Memo | Additional comments |
| Amended | Yes/No | Whether the Prior Approval was amended |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.33. tblPADetail

| Table Name: tblPADetail | | |
|---|--------------|--|
| Table Description: This table contains all the benefit item details contained in a Prior Approval record. This table is a child table of tblPAHeader. | | |
| For every record in tblPAHeader there will at least one or more records in this table, otherwise the Prior Approval record will not be approved by VCS. | | |
| Field name | Data Type | Field Description |
| Prior_Approval_Number | Text | PA # |
| ItemCode | Long Integer | Benefit Item code, ex: Lens, Frames etc. |
| PADetail_Id | Long Integer | Unique Id |
| Comment | Text | Comments |
| Exception | Yes/No | Whether Benefit Item is an exception |
| ExceptionReason_Id | Long Integer | If exception, this field will store reason for exception |
| RequestedAmount | Currency | Amount requested by client/vendor |
| ApprovedAmount | Currency | Amount approved by VCS. Is less than or equal to the maximum amount stored in tblBenefitItem |
| PaidAmount | Currency | Total amount paid to the vendor, is less than or equal to the approved amount |
| ApprovedBySupervisor | Yes/No | For exceptional cases, this is a confirmation field that is selected by the supervisor |
| ApprovedBySupervisor_Date | Date/Time | For exceptional cases, this is the date on which the record was approved by supervisor. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.34. tbIPAHeader

| Table Name: tbIPAHeader | | |
|-------------------------|--------------|---|
| Table Description: | | |
| Field name | Data Type | Field Description |
| Prior_Approval_Number | Text | System generated unique PA # |
| PARequestDate | Date/Time | Request date of PA |
| Last_Saved_User_Id | Text | Userid of user who last saved this record |
| DateOfService | Date/Time | Date on which provider provided services to the client |
| Provider_Number | Text | Provider number of the provider who provided services |
| Prescriber_Name | Text | Name of prescriber who wrote client's prescription |
| PAStatus_Id | Long Integer | Status of PA |
| VendorInvNumber | Text | Invoice number of vendor |
| Client_Number | Text | DIAND of client receiving services |
| ClientKey | Text | ClientKey of client receiving services |
| ProvOfResidence | Text | Province of service |
| RSphere | Single | Right eye sphere Rx |
| RCylinder | Single | Right eye cylinder Rx |
| Client_Reimbursement | Yes/No | Whether the PA is being entered as a client reimbursement |
| RAxis | Single | Right eye axis Rx |
| RPrism | Single | Right eye prism Rx |
| PA_Amended | Yes/No | Whether PA has been amended |
| Readers_Distance | Integer | Field not used |
| RPrismDirection | Text | Right eye Prism direction |
| RBase | Text | Right eye base Rx |
| RAdd | Single | Right eye add power Rx |
| LSphere | Single | Left eye sphere Rx |
| LCylinder | Single | Left eye cylinder Rx |
| LAxis | Single | Left eye axis Rx |
| LPrism | Single | Left eye prism Rx |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

| | | |
|---------------------------|--------------|--|
| LPrismDirection | Text | Left eye prism direction Rx |
| LBase | Text | Left eye base Rx |
| LAdd | Single | Left eye add power Rx |
| Current_Status_Date | Date/Time | Date on which current status was set |
| ClaimRcvdDate | Date/Time | Invoice receipt date |
| PACounter | Long Integer | VCS generated unique id |
| Comment | Memo | Internal comments |
| CommentsExternal | Memo | External comments |
| PVBatchNo | Text | Batch number in which this PA is included |
| PVDocID | Text | Payment voucher number – generated one per vendor per invoice |
| BenefitType_Id | Long Integer | Ex: Eye Exams, New Eye Wear etc. |
| Exception | Yes/No | Whether this PA is being set as an exception |
| ExceptionReason_Id | Long Integer | Exception Reason |
| InvoicePaidDate | Date/Time | Date on which this PA was paid |
| PaidAmount | Currency | Total Paid Amount |
| DM_Case_Number | Text | Field not used |
| RxDate | Date/Time | Date of Prescription |
| RefractiveIndexForHI | Double | Refractive Index for High Index lenses |
| ThirdPartyInsuranceName | Text | If client has third party insurance, then this field stores client's third party insurance company's name |
| ThirdPartyInsuranceAmount | Currency | If client has third party insurance, then this field stores client's third party insurance max coverage amount |
| SelectedForPaymentUserId | Text | The user who initiates payment of this PA |
| PaymentExportUserId | Text | User who exports this PA to SAP |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.35. tblProvider

| Table Name: tblProvider | | |
|--|--------------|---|
| Table Description: This tables stores VCS providers i.e. individuals or businesses that provide vision care services to first nation clients | | |
| Field name | Data Type | Field Description |
| Provider_Number | Text | Provider provided or system generated unique number |
| ProviderType_Id | Integer | Type of provider, ex: optician, optometrist etc. |
| Contact_Name1 | Text | Contact Name 1 of the provider |
| Contact_Name2 | Text | Contact Name 2 of the provider |
| Bill_Name1 | Text | Billing Name 1 of the provider |
| Bill_Name2 | Text | Billing Name 1 of the provider |
| Contact_Address1 | Text | Contact Address 1 of the provider |
| Contact_Address2 | Text | Contact Address 2 of the provider |
| Bill_Address1 | Text | Billing Address 1 of the provider |
| Bill_Address2 | Text | Billing Address 2 of the provider |
| Contact_City | Text | Contact city |
| Bill_City | Text | Billing city |
| Contact_Province | Text | Contact Province |
| Bill_Province | Text | Billing Province |
| Contact_PostalCode | Text | Contact Postal Code |
| Bill_PostalCode | Text | Billing Postal Code |
| Contact_PhoneNo | Text | Contact Phone Number |
| Bill_PhoneNo | Text | Billing Phone Number |
| Contact_Extension | Text | Contact Extension number |
| Bill_Extension | Text | Billing phone Extension number |
| Contact_FaxNo | Text | Contact Fax number |
| Bill_FaxNo | Text | Billing Fax number |
| Comments | Memo | Comments |
| CodeCounter | Long Integer | VCS generated unique id |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

| | | |
|--------------------|-----------|---|
| DFSCode | Text | Field is not used |
| SAPCode | Text | Every VCS provider is registered in SAP for payment purposes. This field stores the vendor id that SAP generates. |
| RegistrationNumber | Text | Field used to store vendor's email address |
| ExpiryDate | Date/Time | Expiration date of vendor record |
| PrescriberOnlyIND | Yes/No | Whether Provider is only a prescriber i.e. does not actually provide services |
| PaymentMethodCode | Text | C for cheque and E for Electronique |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.36. tblProvider_ID

| Table Name: tblProvider_ID | | |
|--|--------------|---|
| Table Description: This table has one record and one field only. The field stores the next value for a new Provider record | | |
| Field name | Data Type | Field Description |
| NextCounter | Long Integer | Stores the next value that is used as a unique id of a new Provider record. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.37. tblProvince

| Table Name: tblProvince | | |
|--|--------------|--|
| Table Description: This is the province table of VCS | | |
| Field name | Data Type | Field Description |
| ProvCode | Text | Province code, ex: 01, 02... |
| Province | Text | Province name |
| EyeExamsDeregulated | Yes/No | Whether Eye Exams are deregulated in this province |
| Region_Number | Long Integer | Region of the province |
| Region_Name | Text | Region Name |
| ProvCodeName | Text | Province code, ex: ON, BC etc. |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

2.38. tblSystemVariables

| Table Name: tblSystemVariables | | |
|---|-----------|---|
| Table Description: This table stores system options | | |
| Field name | Data Type | Field Description |
| FieldName | Text | The name of the variable, ex: HighIndexDiopterValue |
| FieldValue | Text | Value of the variable, ex: 6 |
| Description | Text | Brief description of the variable |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

3. 3 Query Description

3.1. 3.1 qry_Confirmation_Letter_Details

| | |
|--------------------|--|
| 4. Query Name: | qry_Confirmation_Letter_Details |
| Query Description: | |
| Query Statement : | <pre>PARAMETERS parmPA Text (255); INSERT INTO rpt_Confirmation_Letter_Details (BenefitDescription, High_Index_Required) SELECT tblPADetail.*, tblBenefitItem.BenefitDescription, tblBenefitItem.High_Index_Required FROM tblBenefitItem INNER JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA])) ORDER BY tblPADetail.PADetail_Id;</pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

4.1. 3.2 qry_Confirmation_Letter_Header

| | |
|---------------------------|---|
| Query Name: | qry_Confirmation_Letter_Header |
| Query Description: | |
| Query Statement : | <pre> PARAMETERS parmPA Text (255); INSERT INTO rpt_Confirmation_Letter_Header (Contact_Name1, Contact_Name2, Bill_Name1, Bill_Name2, Contact_Address1, Contact_Address2, Bill_Address1, Bill_Address2, Contact_City, Bill_City, Contact_Province, Bill_Province, Contact_PostalCode, Bill_PostalCode, Contact_PhoneNo, Bill_PhoneNo, Contact_Extension, Bill_Extension, Contact_FaxNo, Bill_FaxNo, Comments, CodeCounter, SAPCode, Surname, GivenNames, Alias, DOB, BandNo, Region, Family, Gender, Address1, Address2, City, Province, PostalCode, BenefitType) SELECT tblPAHeader.*, tblProvider.Contact_Name1, tblProvider.Contact_Name2, tblProvider.Bill_Name1, tblProvider.Bill_Name2, tblProvider.Contact_Address1, tblProvider.Contact_Address2, tblProvider.Bill_Address1, tblProvider.Bill_Address2, tblProvider.Contact_City, tblProvider.Bill_City, tblProvider.Contact_Province, tblProvider.Bill_Province, tblProvider.Contact_PostalCode, tblProvider.Bill_PostalCode, tblProvider.Contact_PhoneNo, tblProvider.Bill_PhoneNo, tblProvider.Contact_Extension, tblProvider.Bill_Extension, tblProvider.Contact_FaxNo, tblProvider.Bill_FaxNo, tblProvider.Comments, tblProvider.CodeCounter, tblProvider.SAPCode, tblClient.Surname, tblClient.GivenNames, tblClient.Alias, tblClient.DOB, tblClient.BandNo, tblClient.Region, tblClient.Family, tblClient.Gender, tblClient.Address1, tblClient.Address2, tblClient.City, tblClient.Province, tblClient.PostalCode, CT_BenefitType.BenefitType_Description FROM tblProvider INNER JOIN (tblClient INNER JOIN (tblPAHeader INNER JOIN CT_BenefitType ON tblPAHeader.BenefitType_Id = CT_BenefitType.BenefitType_Id) ON tblClient.ClientKey = tblPAHeader.ClientKey) ON tblProvider.Provider_Number = tblPAHeader.Provider_Number WHERE (((tblPAHeader.Prior_Approval_Number)=[parmPA])); </pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

4.2. 3.3 qry_SAP_AddAmendReason

| | |
|--------------------|---|
| 5. Query Name: | qry_SAP_AddAmendReason |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); INSERT INTO rpt_Confirmation_Letter_Details (BenefitDescription, High_Index_Required) SELECT tblPADetail.*, tblBenefitItem.BenefitDescription, tblBenefitItem.High_Index_Required FROM tblBenefitItem INNER JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA])) ORDER BY tblPADetail.PADetail_Id; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.1. 3.4 qry_SAP_PrintCoverPages

| | |
|--------------------|---|
| Query name: | qry_SAP_PrintCoverPages |
| Query Description: | |
| Query Statement: | <p>PARAMETERS parmBatchNumber Text (255); INSERT INTO rpt_CoverPages (PVBatchNo, Provider_Number, ClientKey, Prior_Approval_Number, PARequestDate, Last_Saved_User_Id, DateOfService, Prescriber_Name, PAStatus_Id, VendorInvNumber, Client_Number, ProvOfResidence, RSphere, RCylinder, Client_Reimbursement, RAxis, RPrism, PA_Amended, Readers_Distance, RPrismDirection, RBase, RAdd, LSphere, LCylinder, LAxis, LPrism, LPrismDirection, LBase, LAdd, Current_Status_Date, ClaimRcvdDate, PACounter, PVDocID, BenefitType_Id, [Exception], ExceptionReason_Id, InvoicePaidDate, PaidAmount, DM_Case_Number, Pr_Name, Pr_Address, Contact_City, Contact_Province, Contact_PostalCode, Contact_PhoneNo, Contact_FaxNo, SAPCode, Surname, GivenNames, Alias, DOB) SELECT tblIPAHeader.PVBatchNo, tblIPAHeader.Provider_Number, tblIPAHeader.ClientKey, tblIPAHeader.Prior_Approval_Number, tblIPAHeader.PARequestDate, tblIPAHeader.Last_Saved_User_Id, tblIPAHeader.DateOfService, tblIPAHeader.Prescriber_Name, tblIPAHeader.PAStatus_Id, tblIPAHeader.VendorInvNumber, tblIPAHeader.Client_Number, tblIPAHeader.ProvOfResidence, tblIPAHeader.RSphere, tblIPAHeader.RCylinder, tblIPAHeader.Client_Reimbursement, tblIPAHeader.RAxis, tblIPAHeader.RPrism, tblIPAHeader.PA_Amended, tblIPAHeader.Readers_Distance, tblIPAHeader.RPrismDirection, tblIPAHeader.RBase, tblIPAHeader.RAdd, tblIPAHeader.LSphere, tblIPAHeader.LCylinder, tblIPAHeader.LAxis, tblIPAHeader.LPrism, tblIPAHeader.LPrismDirection, tblIPAHeader.LBase, tblIPAHeader.LAdd, tblIPAHeader.Current_Status_Date, tblIPAHeader.ClaimRcvdDate, tblIPAHeader.PACounter, tblIPAHeader.PVDocID, tblIPAHeader.BenefitType_Id, tblIPAHeader.Exception, tblIPAHeader.ExceptionReason_Id, tblIPAHeader.InvoicePaidDate, tblIPAHeader.PaidAmount, tblIPAHeader.DM_Case_Number, [tblProvider]![Contact_Name1] & " " & [tblProvider]![Contact_Name2] AS Pr_Name, [tblProvider]![Contact_Address1] & " " & [tblProvider]![Contact_Address2] AS Pr_Address, tblProvider.Contact_City, tblProvider.Contact_Province, tblProvider.Contact_PostalCode, tblProvider.Contact_PhoneNo, tblProvider.Contact_FaxNo, tblProvider.SAPCode, tblClient.Surname, tblClient.GivenNames, tblClient.Alias,</p> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

| | |
|--|---|
| | <pre>tblClient.DOB FROM tblPAHeader, tblProvider, tblClient WHERE (((tblPAHeader.PVBatchNo)=[parmBatchNumber]) AND (tblPAHeader.Provider_Number)=[tblProvider].[Provider_Number]) AND ((tblPAHeader.ClientKey)=[tblClient].[ClientKey]));</pre> |
|--|---|

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.2. 3.5 qry_Send_PADetails_To_Wrk

| | |
|--------------------|---|
| Query Name | qry_Send_PADetails_To_Wrk |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); INSERT INTO tblPADetail_Wrk SELECT tblPADetail.* FROM tblPADetail WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.3. 3.6 Transfer_AppendAlternateNumber

| | |
|---------------------|--|
| Query Name: | Transfer_AppendAlternateNumber |
| Query Description : | |
| Query Statement : | INSERT INTO tblClientAlternateNumbers (ClientKey, Client_Number) SELECT [parmClientKey] AS Expr1, [parmClientNumber] AS Expr2; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.4. 3.7 Transfer_AppendClient

| | |
|---------------------|--|
| Query Name: | Transfer_AppendClient |
| Query Description : | |
| Query Statement : | <pre>PARAMETERS parmClientKey Text (255); INSERT INTO tblClient (ClientKey, Client_Number, DateOfRecord, Surname, GivenNames, Alias, DOB, BandNo, Family, Region, Gender, Address1, ThirdPartyIns) SELECT tblClient1.ClientKey AS Expr1, tblClient1.[Client#] AS Expr2, tblClient1.DateOfRecord AS Expr3, tblClient1.Surname AS Expr4, tblClient1.GivenNames AS Expr5, tblClient1.Alias AS Expr6, tblClient1.DOB AS Expr7, Left([tblClient1].[Client#],3) AS Expr1, tblClient1.Family AS Expr8, tblClient1.Region AS Expr9, tblClient1.Sex AS Expr10, tblClient1.Address AS Expr11, tblClient1.ThirdPartyIns AS Expr12 FROM tblClient1 WHERE ((([tblClient1].[ClientKey])=[parmClientKey]));</pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.5. 3.8 Transfer_AppendPADetails

| | |
|---------------------|--|
| Query Name: | Transfer_AppendPADetails |
| Query Description : | |
| Query Statement : | PARAMETERS parmPA Text (255); INSERT INTO tblPADetail (Prior_Approval_Number, ItemCode, Comment, RequestedAmount, ApprovedAmount, PaidAmount) SELECT tblPADetail1.[PA#] AS Expr1, tblPADetail1.ItemCode AS Expr2, tblPADetail1.Comment AS Expr3, tblPADetail1.RequestedAmount AS Expr4, tblPADetail1.ApprovedAmount AS Expr5, tblPADetail1.PaidAmount AS Expr6 FROM tblPADetail1 WHERE (((tblPADetail1.[PA#])=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.6. 3.9 Transfer_AppendProvider

| | |
|---------------------|---|
| Query Name: | Transfer_AppendProvider |
| Query Description : | |
| Query Statement : | <pre> PARAMETERS parmOptCode Text (255); INSERT INTO tblProvider (Provider_Number, ProviderType_Id, Contact_Name1, Contact_Name2, Bill_Name1, Bill_Name2, Contact_Address1, Contact_Address2, Bill_Address1, Bill_Address2, Contact_City, Bill_City, Contact_Province, Bill_Province, Contact_PostalCode, Bill_PostalCode, Contact_PhoneNo, Bill_PhoneNo, Contact_Extension, Bill_Extension, Contact_FaxNo, Bill_FaxNo, CodeCounter, DFSCode, SAPCode) SELECT tblProvider1.OptCode AS Expr1, tblProvider1.ProviderType AS Expr2, tblProvider1.Contact_Name1 AS Expr3, tblProvider1.Contact_Name2 AS Expr4, tblProvider1.Bill_Name1 AS Expr5, tblProvider1.Bill_Name2 AS Expr6, tblProvider1.Contact_Address1 AS Expr7, tblProvider1.Contact_Address2 AS Expr8, tblProvider1.Bill_Address1 AS Expr9, tblProvider1.Bill_Address2 AS Expr10, tblProvider1.Contact_City AS Expr11, tblProvider1.Bill_City AS Expr12, tblProvider1.Contact_Province AS Expr13, tblProvider1.Bill_Province AS Expr14, tblProvider1.Contact_PostalCode AS Expr15, tblProvider1.Bill_PostalCode AS Expr16, tblProvider1.Contact_PhoneNo AS Expr17, tblProvider1.Bill_PhoneNo AS Expr18, tblProvider1.Contact_Extension AS Expr19, tblProvider1.Bill_Extension AS Expr20, tblProvider1.Contact_FaxNo AS Expr21, tblProvider1.Bill_FaxNo AS Expr22, tblProvider1.CodeCounter AS Expr23, tblProvider1.DFSCode AS Expr24, tblProvider1.SAP_Vendor_Code AS Expr25 FROM tblProvider1 WHERE (((tblProvider1).[OptCode])=[parmOptCode]); </pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.7. 3.10 qry_Delete_PADetails_NotInWrk

| | |
|--------------------|--|
| Query Name: | qry_Delete_PADetails_NotInWrk |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); DELETE tblPADetail.Prior_Approval_Number, tblPADetail.PADetail_Id, tblPADetail.* FROM tblPADetail WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA]) AND ((tblPADetail.PADetail_Id) Not In (Select PADetail_Id from tblPADetail_Wrk))); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.8. 3.11 qry_SAP_Delete_Record_Header

| | |
|--------------------|---|
| Query Name: | qry_SAP_Delete_Record_Header |
| Query Description: | |
| Query Statement : | DELETE DISTINCTROW SAP_1_Record_Header.* FROM SAP_1_Record_Header; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.9. 3.12 qry_SAP_Delete_Transfer_Data

| | |
|--------------------|---|
| Query Name: | qry_SAP_Delete_Transfer_Data |
| Query Description: | |
| Query Statement : | DELETE DISTINCTROW SAP_To_Transfer.* FROM SAP_To_Transfer; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.10. 3.13 qry_SAP_Delete_Vendor_Detail

| | |
|--------------------|---|
| Query Name: | qry_SAP_Delete_Vendor_Detail |
| Query Description: | |
| Query Statement : | DELETE DISTINCTROW SAP_3_Vendor_Detail.* FROM SAP_3_Vendor_Detail; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.11. 3.14 qry_SAP_Delete_Vendor_Header

| | |
|--------------------|---|
| Query Name: | qry_SAP_Delete_Vendor_Header |
| Query Description: | |
| Query Statement : | DELETE DISTINCTROW SAP_2_Vendor_Header.* FROM SAP_2_Vendor_Header; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.12. 3.15 _qry_BenefitItem

| | |
|--------------------|--|
| Query Name: | _qry_BenefitItem |
| Query Description: | |
| Query Statement : | SELECT tblBenefitItem.* FROM tblBenefitItem WHERE (((tblBenefitItem.Discontinued)=False)) ORDER BY tblBenefitItem.BenefitDescription; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.13. 3.16 _qry_Providers_with_Missing_SAP_Codes

| | |
|--------------------|--|
| Query Name: | _qry_Providers_with_Missing_SAP_Codes |
| Query Description: | |
| Query Statement : | <pre>SELECT tblProvider.Provider_Number, tblProvider.Contact_Name1, tblProvider.Contact_Address1, tblProvider.Contact_City, tblProvider.Contact_Province, tblProvider.Contact_PostalCode, tblProvider.Contact_PhoneNo, tblProvider.Contact_FaxNo, tblProvider.SAPCode FROM tblProvider WHERE (((tblProvider.SAPCode)="" Or (tblProvider.SAPCode) Is Null)) ORDER BY tblProvider.Provider_Number;</pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.14. 3.17 qry_AmendSummaryDetails

| | |
|--------------------|---|
| Query Name: | qry_AmendSummaryDetails |
| Query Description: | |
| Query Statement : | <pre>SELECT tblPaAmendSummary.*, [CT_Users]![FirstName] & " " & [CT_Users]![LastName] AS UserName, CT_AmendReasons.AmendReason_Description, CT_PASstatus.PASstatus_Description AS BeforeStatus, CT_PASstatus_1.PASstatus_Description AS AfterStatus, CT_Users.Id FROM CT_Users RIGHT JOIN (CT_AmendReasons RIGHT JOIN ((tblPaAmendSummary LEFT JOIN CT_PASstatus ON tblPaAmendSummary.PriorApprovalStatus_Before = CT_PASstatus.PASstatus_Id) LEFT JOIN CT_PASstatus AS CT_PASstatus_1 ON tblPaAmendSummary.PriorApprovalStatus_ChangedTo = CT_PASstatus_1.PASstatus_Id) ON CT_AmendReasons.AmendReason_Id = tblPaAmendSummary.AmendReason_Id) ON CT_Users.User_Id = tblPaAmendSummary.Amend_User_Id;</pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.15. 3.18 qry_BenefitItem

| | |
|--------------------|---|
| Query Name: | qry_BenefitItem |
| Query Description: | |
| Query Statement : | PARAMETERS parmBenefitType_Id Short, parmProfFee Bit; SELECT tblBenefitItem.* FROM tblBenefitItem WHERE (((tblBenefitItem.BenefitType_Id)=[parmBenefitType_Id]) AND ((tblBenefitItem.Optometrlist_Only)=IIf([parmProfFee],True,False) Or (tblBenefitItem.Optometrlist_Only)=IIf([parmProfFee],False,False))) ORDER BY tblBenefitItem.Display_Order; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.16. 3.19 qry_BenefitItem_ALL

| | |
|--------------------|--|
| Query Name: | qry_BenefitItem_ALL |
| Query Description: | |
| Query Statement : | SELECT tblBenefitItem.*, CT_ProductType.ProductType_Description, CT_BenefitType.BenefitType_Description, CT_RateGroup.Rate_Group_Description, CT_Messages.Msg_Text FROM (CT_RateGroup INNER JOIN (CT_ProductType INNER JOIN (CT_BenefitType INNER JOIN tblBenefitItem ON CT_BenefitType.BenefitType_Id = tblBenefitItem.BenefitType_Id) ON CT_ProductType.ProductType_Id = tblBenefitItem.ProductType_Id) ON CT_RateGroup.Rate_Group_Id = tblBenefitItem.Rate_Group_Id) LEFT JOIN CT_Messages ON tblBenefitItem.Message_To_Provider = CT_Messages.Msg_Id; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.17. 3.20 qry_Design_PADetails

| | |
|--------------------|---|
| Query Name: | qry_Design_PADetails |
| Query Description: | |
| Query Statement : | SELECT tblPADetail_Wrk.*, tblBenefitItem.BenefitDescription, tblBenefitItem.OptomologistAmount AS Maximum, tblBenefitItem.Exception AS IfException, tblBenefitItem.Message_To_Provider, CT_ReasonForException.Exception_Reason_Description FROM CT_ReasonForException RIGHT JOIN (tblBenefitItem INNER JOIN tblPADetail_Wrk ON tblBenefitItem.ItemCode = tblPADetail_Wrk.ItemCode) ON CT_ReasonForException.ExceptionReason_Id = tblPADetail_Wrk.ExceptionReason_Id; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.18. 3.21 qry_Detail_Exceptions

| | |
|--------------------|--|
| Query Name: | qry_Detail_Exceptions |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT tblPADetail.ItemCode, tblBenefitItem.Medical_Justification_Required, tblBenefitItem.Exception FROM tblBenefitItem INNER JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblBenefitItem.Exception)=True) AND ((tblPADetail.Prior_Approval_Number)=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.19. 3.22 qry_Get_Benefit_Details

| | |
|--------------------|--|
| Query Name: | qry_Get_Benefit_Details |
| Query Description: | |
| Query Statement : | SELECT tblBenefitItem.* FROM tblBenefitItem WHERE (((tblBenefitItem.ItemCode)=[parmBenefitId])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.20. 3.23 qry_Get_Details_For_PA_and_BenefitItem

| | |
|--------------------|--|
| Query Name: | qry_Get_Details_For_PA_and_BenefitItem |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255), parmRequiredBenefitItem Long; SELECT tblIPADetail.*, tblBenefitItem.BenefitDescription, tblBenefitItem.Group_Id, tblBenefitItem.Required_Ids FROM tblBenefitItem RIGHT JOIN tblIPADetail ON tblBenefitItem.ItemCode = tblIPADetail.ItemCode WHERE (((tblIPADetail.Prior_Approval_Number)=[parmPA]) AND ((tblIPADetail.ItemCode)=[parmRequiredBenefitItem])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.21. 3.24 qry_Get_PA_Details

| | |
|--------------------|---|
| Query Name: | qry_Get_PA_Details |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT tblIPADetail_Wrk.*, tblBenefitItem.BenefitDescription, tblBenefitItem.Group_Id, tblBenefitItem.Required_Ids FROM tblBenefitItem RIGHT JOIN tblIPADetail_Wrk ON tblBenefitItem.ItemCode = tblIPADetail_Wrk.ItemCode WHERE (((tblIPADetail_Wrk.Prior_Approval_Number)=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.22. 3.25 qry_Get_PA_Details_Real

| | |
|--------------------|---|
| Query Name: | qry_Get_PA_Details_Real |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT tblIPADetail.*, tblBenefitItem.BenefitDescription, tblBenefitItem.Group_Id, tblBenefitItem.Required_Ids FROM tblBenefitItem RIGHT JOIN tblIPADetail ON tblBenefitItem.ItemCode = tblIPADetail.ItemCode WHERE (((tblIPADetail.Prior_Approval_Number)=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.23. 3.26 qry_GetBenefitItemDisplayOrder

| | |
|--------------------|--|
| Query Name: | qry_GetBenefitItemDisplayOrder |
| Query Description: | |
| Query Statement : | SELECT Max(tblBenefitItem.Display_Order) AS Last_Display_Order FROM tblBenefitItem; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.24. 3.27 qry_GetEyeExamsForPa

| | |
|--------------------|--|
| Query Name: | qry_GetEyeExamsForPa |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT tblIPADetail.* FROM tblBenefitItem RIGHT JOIN tblIPADetail ON tblBenefitItem.ItemCode = tblIPADetail.ItemCode WHERE (((tblIPADetail.Prior_Approval_Number)=[parmPA]) AND ((tblBenefitItem.BenefitType_Id)=2)); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.25. 3.28 qry_GetLensTypeForPa

| | |
|--------------------|---|
| Query Name: | qry_GetLensTypeForPa |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT tblIPADetail_Wrk.*, tblBenefitItem.LenseType_Id FROM tblBenefitItem RIGHT JOIN tblIPADetail_Wrk ON tblBenefitItem.ItemCode = tblIPADetail_Wrk.ItemCode WHERE (((tblBenefitItem.LenseType_Id)>0) AND ((tblIPADetail_Wrk.Prior_Approval_Number)=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.26. 3.29 qry_GetPADetailsForPaAndProductType

| | |
|--------------------|---|
| Query Name: | qry_GetPADetailsForPaAndProductType |
| Query Description: | |
| Query Statement : | PARAMETERS parmProductType_Id Short, parmPA Text (255); SELECT tblIPADetail.* FROM tblBenefitItem RIGHT JOIN tblIPADetail ON tblBenefitItem.ItemCode = tblIPADetail.ItemCode WHERE (((tblBenefitItem.ProductType_Id)=[parmProductType_Id]) AND ((tblIPADetail.Prior_Approval_Number)=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.27. 3.30 qry_GetPATotalApprovedAmount

| | |
|--------------------|---|
| Query Name: | qry_GetPATotalApprovedAmount |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT tbIPADetail_Wrk.Prior_Approval_Number, Sum(tbIPADetail_Wrk.ApprovedAmount) AS SumOfApprovedAmount, Sum(tbIPADetail_Wrk.PaidAmount) AS SumOfPaidAmount FROM tbIPADetail_Wrk GROUP BY tbIPADetail_Wrk.Prior_Approval_Number HAVING (((tbIPADetail_Wrk.Prior_Approval_Number)=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.28. 3.31 qry_GetStatusDescription

| | |
|--------------------|---|
| Query Name: | qry_GetStatusDescription |
| Query Description: | |
| Query Statement : | PARAMETERS parmStatus_Id Short; SELECT CT_PAStatus.* FROM CT_PAStatus WHERE (((CT_PAStatus.PAStatus_Id)=[parmStatus_Id])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.29. 3.32 qry_HasPABeenAmended

| | |
|--------------------|---|
| Query Name: | qry_HasPABeenAmended |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT tblPaAmendSummary.Amend_Id, tblPaAmendSummary.Amended FROM tblPaAmendSummary WHERE (((tblPaAmendSummary.Prior_Approval_Number)=[parmPA]) AND ((tblPaAmendSummary.Amended)=True)); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.30. 3.33 qry_Medical_Justification

| | |
|--------------------|---|
| Query Name: | qry_Medical_Justification |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT tblPADetail.ItemCode, tblBenefitItem.Medical_Justification_Required, tblBenefitItem.Exception FROM tblBenefitItem INNER JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblBenefitItem.Medical_Justification_Required)=True) AND ((tblPADetail.Prior_Approval_Number)=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.31. 3.34 qry_MedicalJustificationItems

| | |
|--------------------|---|
| Query Name: | qry_MedicalJustificationItems |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT tblIPADetail.Prior_Approval_Number, tblBenefitItem.BenefitDescription FROM tblBenefitItem INNER JOIN tblIPADetail ON tblBenefitItem.ItemCode = tblIPADetail.ItemCode WHERE (((tblIPADetail.Prior_Approval_Number)=[parmPA]) AND ((tblBenefitItem.Medical_Justification_Required)=True)); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.32. 3.35 qry_PADetailTotals

| | |
|--------------------|--|
| Query Name: | qry_PADetailTotals |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT Sum(tblPADetail_Wrk.RequestedAmount) AS SumOfRequestedAmount, Sum(tblPADetail_Wrk.ApprovedAmount) AS SumOfApprovedAmount, Sum(tblPADetail_Wrk.PaidAmount) AS SumOfPaidAmount, Count(tblPADetail_Wrk.Prior_Approval_Number) AS Number_Of_Items FROM tblPADetail_Wrk WHERE (((tblPADetail_Wrk.Prior_Approval_Number)=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.33. 3.36 qry_SAP_Check_For_Incorrect_Payments

| | |
|--------------------|---|
| Query Name: | qry_SAP_Check_For_Incorrect_Payments |
| Query Description: | |
| Query Statement : | <pre>SELECT DISTINCTROW tblPAHeader.Prior_Approval_Number, tblPAHeader.Last_Saved_User_Id, tblPAHeader.InvoicePaidDate, tblPAHeader.VendorInvNumber, tblPAHeader.ClaimRcvdDate, tblPAHeader.ClientKey, tblPAHeader.PaidAmount FROM tblPAHeader WHERE (((tblPAHeader.VendorInvNumber) Is Null) AND ((tblPAHeader.PAStatus_Id)=5)) OR (((tblPAHeader.ClaimRcvdDate) Is Null) AND ((tblPAHeader.PAStatus_Id)=5)) OR (((tblPAHeader.ClientKey)=" " Or (tblPAHeader.ClientKey) Is Null) AND ((tblPAHeader.PAStatus_Id)=5)) OR (((tblPAHeader.PAStatus_Id)=5) AND ((tblPAHeader.PaidAmount)=0)) ORDER BY tblPAHeader.ClaimRcvdDate;</pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.34. 3.37 qry_SAP_Get_Clients_With_No_SAP_Code

| | |
|--------------------|---|
| Query Name: | qry_SAP_Get_Clients_With_No_SAP_Code |
| Query Description: | |
| Query Statement : | <pre>SELECT DISTINCTROW tblClient.GivenNames, tblPAHeader.Prior_Approval_Number, tblClient.[GivenNames] & " " & [Surname] AS Client_Name, tblClient.Client_Number, tblClient.Client_SAPCode, tblPAHeader.Client_Reimbursement FROM tblClient RIGHT JOIN tblPAHeader ON tblClient.ClientKey = tblPAHeader.ClientKey WHERE (((tblClient.Client_SAPCode)=" " Or (tblClient.Client_SAPCode) Is Null) AND ((tblPAHeader.Client_Reimbursement)=True) AND ((tblPAHeader.PAStatus_Id)=5)) ORDER BY tblClient.Client_Number;</pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.35. 3.38 qry_SAP_Get_Providers_With_No_SAP_Code

| | |
|--------------------|---|
| Query Name: | qry_SAP_Get_Providers_With_No_SAP_Code |
| Query Description: | |
| Query Statement : | <pre>SELECT DISTINCTROW tblProvider.Contact_Name1, tblIPAHeader.Prior_Approval_Number, tblProvider.Contact_Name2, tblIPAHeader.Provider_Number, tblProvider.SAPCode FROM tblIPAHeader LEFT JOIN tblProvider ON tblIPAHeader.Provider_Number = tblProvider.Provider_Number WHERE (((tblProvider.SAPCode)="" Or (tblProvider.SAPCode) Is Null) AND ((tblIPAHeader.PAStatus_Id)=5)) ORDER BY tblIPAHeader.Provider_Number;</pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.36. 3.39 qry_SAP_PA_Details_Ready_for_Transfer

| | |
|--------------------|--|
| Query Name: | qry_SAP_PA_Details_Ready_for_Transfer |
| Query Description: | |
| Query Statement : | PARAMETERS parmPA Text (255); SELECT DISTINCTROW tblPADetail.Prior_Approval_Number, tblPADetail.ItemCode, tblBenefitItem.SAP_Activity_Code, tblBenefitItem.BenefitDescription, tblPADetail.PaidAmount FROM tblBenefitItem RIGHT JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblPADetail.PaidAmount)>0) AND ((tblPADetail.Prior_Approval_Number)=[parmPA])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.37. 3.40 qry_SAP_PAs_Ready_for_Transfer

| | |
|--------------------|---|
| Query Name: | qry_SAP_PAs_Ready_for_Transfer |
| Query Description: | |
| Query Statement : | <pre> SELECT DISTINCTROW tblIPAHeader.ClaimRcvdDate, tblIPAHeader.Client_Reimbursement, tblIPAHeader.Provider_Number, tblIPAHeader.VendorInvNumber, tblIPAHeader.Prior_Approval_Number, tblIPAHeader.PAStatus_Id, tblIPAHeader.PaidAmount, tblIPAHeader.InvoicePaidDate, tblIPAHeader.Last_Saved_User_Id, tblProvider.SAPCode, tblIPAHeader.Client_Number, tblIPAHeader.DateOfService, tblProvider.Contact_Name1, tblIPAHeader.BenefitType_Id, tblClient.Surname AS Client_Surname, tblIPAHeader.PVBatchNo, tblIPAHeader.PVDocID, tblProvider.ProviderType_Id, tblClient.Client_SAPCode FROM tblProvider INNER JOIN (tblClient INNER JOIN tblIPAHeader ON tblClient.ClientKey = tblIPAHeader.ClientKey) ON tblProvider.Provider_Number = tblIPAHeader.Provider_Number WHERE (((tblIPAHeader.PAStatus_Id)=6)) ORDER BY tblIPAHeader.ClaimRcvdDate, tblIPAHeader.Client_Reimbursement, tblIPAHeader.Provider_Number, tblIPAHeader.VendorInvNumber; </pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.38. 3.41 qryPAHeader

| | |
|--------------------|---|
| Query Name: | qryPAHeader |
| Query Description: | |
| Query Statement : | <pre>SELECT tblPAHeader.Prior_Approval_Number, tblPAHeader.DateOfService, tblPAHeader.Provider_Number, tblProvider.Contact_Name1, tblPAHeader.Client_Number, tblPAHeader.ClientKey, tblClient.DOB, CT_PAStatus.PAStatus_Description, tblClient.Surname, [Surname] & ',' & [GivenNames] AS Client_Name, CT_BenefitType.BenefitType_Description FROM tblProvider RIGHT JOIN (tblClient RIGHT JOIN (CT_PAStatus RIGHT JOIN (tblPAHeader LEFT JOIN CT_BenefitType ON tblPAHeader.BenefitType_Id = CT_BenefitType.BenefitType_Id) ON CT_PAStatus.PAStatus_Id = tblPAHeader.PAStatus_Id) ON tblClient.ClientKey = tblPAHeader.ClientKey) ON tblProvider.Provider_Number = tblPAHeader.Provider_Number ORDER BY tblPAHeader.Prior_Approval_Number;</pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.39. 3.42 qryPrescriber

| | |
|--------------------|---|
| Query Name: | qryPrescriber |
| Query Description: | |
| Query Statement : | SELECT tblPrescriber.* FROM tblPrescriber ORDER BY tblPrescriber.LastName, tblPrescriber.FirstName; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.40. 3.43 qryProviders

| | |
|--------------------|---|
| Query Name: | qryProviders |
| Query Description: | |
| Query Statement : | <pre>PARAMETERS parmProvider_Number Text (255); SELECT tblProvider.*, CT_ProviderType.ProviderType_Description, CT_ProviderType.Professional_Fee FROM CT_ProviderType INNER JOIN tblProvider ON CT_ProviderType.ProviderType_Id = tblProvider.ProviderType_Id WHERE (((tblProvider.Provider_Number)=[parmProvider_Number])) ORDER BY tblProvider.Provider_Number;</pre> |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.41. 3.44 qrySecurity

| | |
|--------------------|---|
| Query Name: | qrySecurity |
| Query Description: | |
| Query Statement : | SELECT DISTINCTROW CT_Users.*, CT_Privelege.Privelege_Desc FROM CT_Users LEFT JOIN CT_Privelege ON CT_Users.Privileges = CT_Privelege.Privelege_Type; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.42. 3.45 rpt_Providers

| | |
|--------------------|---|
| Query Name: | rpt_Providers |
| Query Description: | |
| Query Statement : | SELECT tblProvider.*, CT_ProviderType.ProviderType_Description, CT_ProviderType.Professional_Fee FROM CT_ProviderType INNER JOIN tblProvider ON CT_ProviderType.ProviderType_Id = tblProvider.ProviderType_Id ORDER BY tblProvider.Contact_Name1; |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.43. 3.46 qry_SAP_PAs_Successful_Transfer

| | |
|--------------------|--|
| Query Name: | qry_SAP_PAs_Successful_Transfer |
| Query Description: | |
| Query Statement : | PARAMETERS parmUserID Text (255), parmBatch Text (255); UPDATE DISTINCTROW tbIPAHeader SET tbIPAHeader.PAStatus_Id = 7, tbIPAHeader.Current_Status_Date = Now(), tbIPAHeader.Last_Saved_User_Id = [parmUserID] WHERE (((tbIPAHeader.PAStatus_Id)=6) AND ((tbIPAHeader.PVBatchNo)=[parmBatch])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.44. 3.47 qry_SAP_PAs_Unsuccessful_Transfer

| | |
|--------------------|---|
| Query Name: | qry_SAP_PAs_Unsuccessful_Transfer |
| Query Description: | |
| Query Statement : | PARAMETERS parmUserID Text (255), parmBatch Text (255); UPDATE DISTINCTROW tblPAHeader SET tblPAHeader.PAStatus_Id = 5 WHERE (((tblPAHeader.PAStatus_Id)=6 Or (tblPAHeader.PAStatus_Id)=7) AND ((tblPAHeader.PVBatchNo)=[parmBatch])); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.45. 3.48 qry_SAP_Prepare_PAs_Prior_to_Transfer

| | |
|--------------------|---|
| Query Name: | qry_SAP_Prepare_PAs_Prior_to_Transfer |
| Query Description: | |
| Query Statement : | PARAMETERS parmUserID Text (255), parmBatch Text (255); UPDATE DISTINCTROW tbIPAHeader SET tbIPAHeader.PAStatus_Id = 6, tbIPAHeader.PVBatchNo = [parmBatch] WHERE (((tbIPAHeader.PAStatus_Id)=5)); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.46. 3.49 qry_SAP_Print_Update_Client_VendorCodes

| | |
|--------------------|--|
| Query Name | qry_SAP_Print_Update_Client_VendorCodes |
| Query Description: | |
| Query Statement : | UPDATE tblClient INNER JOIN rpt_CoverPages ON tblClient.ClientKey = rpt_CoverPages.ClientKey SET rpt_CoverPages.SAPCode = [tblClient].[Client_SAPCode] WHERE (((rpt_CoverPages.Client_Reimbursement)=True)); |

Appendix Z. NIHB – Alberta Vision Care Database Architecture (continued)

5.47. 3.50 Transfer_Update_Clients

| | |
|--------------------|--|
| Query Name: | Transfer_Update_Clients |
| Query Description: | |
| Query Statement : | <pre> UPDATE tblClient INNER JOIN tblClient_Convert ON tblClient.ClientKey = tblClient_Convert.ClientKey SET tblClient.ClientKey = [tblClient_Convert].[ClientKey], tblClient.Client_Number = [tblClient_Convert].[Client_Number], tblClient.Surname = [tblClient_Convert].[Surname], tblClient.GivenNames = [tblClient_Convert].[GivenNames], tblClient.Alias = [tblClient_Convert].[Alias], tblClient.DOB = [tblClient_Convert].[dob], tblClient.BandNo = [tblClient_Convert].[BandNo], tblClient.Family = [tblClient_Convert].[Family], tblClient.Region = [tblClient_Convert].[Region], tblClient.Gender = [tblClient_Convert].[Gender], tblClient.Delete_Record = [tblClient_Convert].[Delete_Record], tblClient.New_Client_Key = [tblClient_Convert].[New_Client_Key], tblClient.Record_Checked = [tblClient_Convert].[Record_Checked]; </pre> |

Appendix AA. NIHB – Mental Health Care – Data Tables

Source: Unmodified information from ISC staff

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: APPROVAL

Wednesday, June 16, 2021
Page: 1

Properties

| | | | |
|--------------|-----------------------|--------------|------------------------------|
| DateCreated: | 2002/07/22 5:31:42 PM | Description: | Master Approval record table |
| LastUpdated: | 2021/06/16 2:12:34 PM | OrderByOn: | False |
| RecordCount: | 6584 | Updatable: | True |

Columns

| Name | Type | Size |
|--------------------------|--------------|------|
| APR_NUM | Text | 11 |
| REQ_DATE | Date/Time | 8 |
| CL_NUM | Text | 10 |
| TH_NUM | Text | 15 |
| PREV_TREAT | Yes/No | 1 |
| P_CASE_NUM | Text | 10 |
| MAX_HR_REQ | Double | 8 |
| MAX_HR_APR | Double | 8 |
| MAX_RT_REQ | Double | 8 |
| MAX_RT_APR | Double | 8 |
| TOT_AM_REQ | Double | 8 |
| TOT_AM_APR | Double | 8 |
| ST_DT_REQ | Date/Time | 8 |
| ST_DT_APR | Date/Time | 8 |
| EN_DT_REQ | Date/Time | 8 |
| EN_DT_APR | Date/Time | 8 |
| AMD_DT_REQ | Date/Time | 8 |
| AMD_DT_APR | Date/Time | 8 |
| Approval_Code | Long Integer | 4 |
| AMD_ST_DT_REQ | Date/Time | 8 |
| AMD_ST_DT_APR | Date/Time | 8 |
| Presenting_Problem | Memo | - |
| Primary_Issue | Memo | - |
| Secondary_Issue | Memo | - |
| Conf_Letter_Comments | Memo | - |
| General_Comments | Memo | - |
| P_CASE_START_DATE | Date/Time | 8 |
| P_CASE_END_DATE | Date/Time | 8 |
| Approval_Status | Integer | 2 |
| Authorization_Number | Text | 25 |
| Fax_Date | Date/Time | 8 |
| PA_Amended | Yes/No | 1 |
| On_Medication | Yes/No | 1 |
| Presenting_Problem_Id | Long Integer | 4 |
| Primary_Issue_Id | Long Integer | 4 |
| Secondary_Issue_Id | Long Integer | 4 |
| AmendHoursRequested1 | Double | 8 |
| AmendHoursApproved1 | Double | 8 |
| AmendHoursRequested2 | Double | 8 |
| AmendHoursApproved2 | Double | 8 |
| AmendStartDateRequested2 | Date/Time | 8 |
| AmendEndDateRequested2 | Date/Time | 8 |
| AmendStartDateApproved2 | Date/Time | 8 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

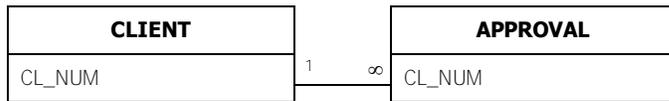
C:\MHMS_Reg\AB\MHMS_AB (8).accdb
 Table: APPROVAL

Wednesday, June 16, 2021
 Page: 2

| | | |
|-----------------------------|-----------|---|
| AmendEndDateApproved2 | Date/Time | 8 |
| AmendmentSummary | Memo | - |
| FirstAmendmentApprovedDate | Date/Time | 8 |
| SecondAmendmentApprovedDate | Date/Time | 8 |

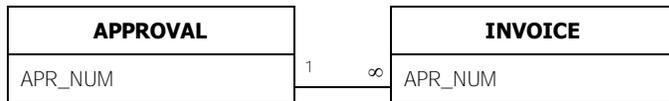
Relationships

CLIENTAPPROVAL



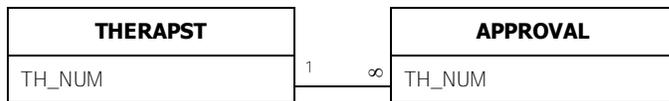
Attributes: Enforced, Cascade Updates
 RelationshipType: One-To-Many

APPROVALINVOICE



Attributes: Enforced, Cascade Updates
 RelationshipType: One-To-Many

THERAPSTAPPROVAL



Attributes: Enforced, Cascade Updates
 RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: BAND

Wednesday, June 16, 2021
Page: 3

Properties

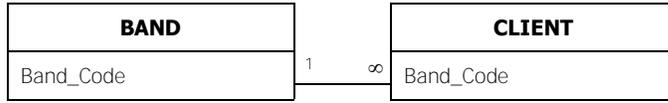
| | | | |
|--------------|-----------------------|--------------|-------------------|
| DateCreated: | 2002/07/22 5:31:44 PM | Description: | Band lookup table |
| LastUpdated: | 2021/06/16 2:12:57 PM | RecordCount: | 998 |
| Updatable: | True | | |

Columns

| Name | Type | Size |
|---------------------|---------|------|
| Band_Code | Integer | 2 |
| BandName | Text | 50 |
| Indian_Organization | Text | 50 |

Relationships

BANDCLIENT



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: CLIENT

Wednesday, June 16, 2021
Page: 4

Properties

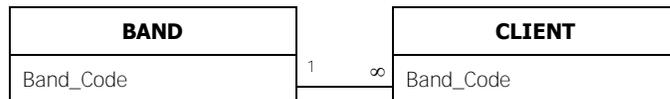
| | | | |
|--------------|-----------------------|--------------|--------------|
| DateCreated: | 2002/07/22 5:31:44 PM | Description: | Client table |
| LastUpdated: | 2021/06/16 2:13:15 PM | OrderByOn: | True |
| RecordCount: | 4177 | Updatable: | True |

Columns

| Name | Type | Size |
|-------------------|--------------|------|
| CL_NUM | Text | 10 |
| LastName | Text | 25 |
| Firstname | Text | 25 |
| Alias | Text | 50 |
| BirthDate | Date/Time | 8 |
| Sex | Text | 1 |
| Address | Text | 50 |
| City | Text | 25 |
| Province | Text | 2 |
| PostalCode | Text | 6 |
| Phone | Text | 10 |
| Band_Code | Integer | 2 |
| Client_Code | Long Integer | 4 |
| Alternate_Numbers | Text | 100 |
| SAPCode | Text | 11 |
| Internal_Order | Text | 5 |

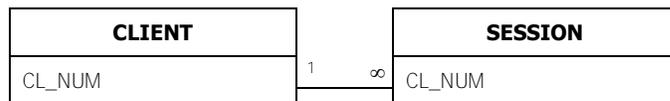
Relationships

BANDCLIENT



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

CLIENTSESSION



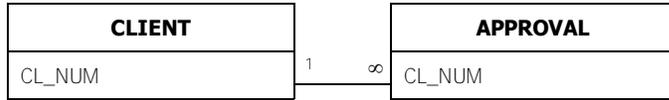
Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: CLIENT

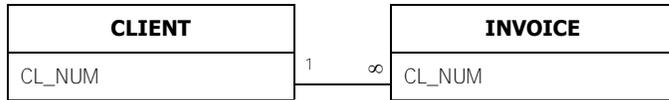
Wednesday, June 16, 2021
Page: 5

CLIENTAPPROVAL



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

CLIENTINVOICE



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: CT_AmendReasons

Wednesday, June 16, 2021
Page: 6

Properties

| | | | |
|--------------|-----------------------|--------------|--|
| DateCreated: | 2003/10/01 9:31:50 AM | Description: | Approval Amendment Reason lookup table |
| LastUpdated: | 2021/06/16 2:13:51 PM | OrderByOn: | True |
| RecordCount: | 12 | Updatable: | True |

Columns

| <u>Name</u> | <u>Type</u> | <u>Size</u> |
|-------------------------|--------------|-------------|
| AmendReason_Id | Long Integer | 4 |
| AmendReason_Description | Text | 50 |
| System_Record | Yes/No | 1 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: CT_Export_Status

Wednesday, June 16, 2021
Page: 7

Properties

| | | | |
|--------------|-----------------------|--------------|--------------------------------|
| DateCreated: | 2002/07/22 5:31:46 PM | Description: | SAP Export Status lookup table |
| LastUpdated: | 2021/06/16 2:15:13 PM | OrderByOn: | False |
| RecordCount: | 5 | Updatable: | True |

Columns

| <u>Name</u> | <u>Type</u> | <u>Size</u> |
|--------------------|--------------|-------------|
| Export_Status_Id | Long Integer | 4 |
| Export_Status_Desc | Text | 35 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: CT_PAStatus

Wednesday, June 16, 2021
Page: 8

Properties

| | | | |
|--------------|-----------------------|--------------|------------------------------|
| DateCreated: | 2003/10/01 9:31:50 AM | Description: | Approval Status lookup table |
| LastUpdated: | 2021/06/16 2:15:31 PM | OrderByOn: | False |
| RecordCount: | 3 | Updatable: | True |

Columns

| <u>Name</u> | <u>Type</u> | <u>Size</u> |
|----------------------|--------------|-------------|
| PAStatus_Id | Long Integer | 4 |
| PAStatus_Description | Text | 100 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: CT_Region

Wednesday, June 16, 2021
Page: 9

Properties

| | | | |
|--------------|------------------------|--------------|-----------------------|
| DateCreated: | 2012/11/17 12:57:24 PM | DefaultView: | 2 |
| Description: | Region lookup table | LastUpdated: | 2021/06/16 2:15:46 PM |
| OrderByOn: | False | Orientation: | Left-to-Right |
| RecordCount: | 9 | Updatable: | True |

Columns

| <u>Name</u> | <u>Type</u> | <u>Size</u> |
|-------------------|--------------|-------------|
| RegionID | Long Integer | 4 |
| RegionDescription | Text | 50 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: CT_TherapistTypes

Wednesday, June 16, 2021
Page: 10

Properties

| | | | |
|--------------|-----------------------------|--------------|-----------------------|
| DateCreated: | 2011/06/27 12:47:33 PM | DefaultView: | 2 |
| Description: | Therapist Type lookup table | LastUpdated: | 2021/06/16 2:16:11 PM |
| OrderByOn: | False | Orientation: | Left-to-Right |
| RecordCount: | 7 | Updatable: | True |

Columns

| <u>Name</u> | <u>Type</u> | <u>Size</u> |
|--------------------------|--------------|-------------|
| TherapistTypeId | Long Integer | 4 |
| TherapistTypeDescription | Text | 100 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: INVOICE

Wednesday, June 16, 2021
Page: 11

Properties

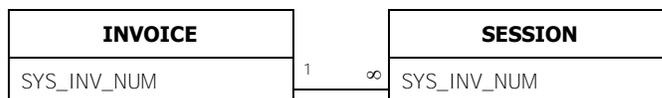
| | | | |
|-----------------------------|---|---------------------------|-------------------------------|
| AlternateBackShade: | 100 | AlternateBackThemeColorIn | -1 |
| AlternateBackTint: | 100 | BackShade: | 100 |
| BackTint: | 100 | DatasheetForeThemeColorIn | -1 |
| DatasheetGridlinesThemeCol | -1 | DateCreated: | 2002/07/22 5:31:46 PM |
| DefaultView: | 2 | Description: | Approval Invoice detail table |
| DisplayViewsOnSharePointSit | 1 | FilterOnLoad: | False |
| GUID: | {guid {E29FA1A8-17F2-45BF-8B4C-595BD035EF91}} | HideNewField: | False |
| LastUpdated: | 2021/06/16 2:16:37 PM | OrderByOn: | False |
| OrderByOnLoad: | True | Orientation: | Left-to-Right |
| PublishToWeb: | 1 | RecordCount: | 18998 |
| ThemeFontIndex: | -1 | TotalsRow: | False |
| Updatable: | True | | |

Columns

| Name | Type | Size |
|----------------------|--------------|------|
| SYS_INV_NUM | Long Integer | 4 |
| Inv_Num | Text | 16 |
| Inv_Date | Date/Time | 8 |
| APR_NUM | Text | 15 |
| CL_NUM | Text | 10 |
| TH_NUM | Text | 15 |
| Paid_Date | Date/Time | 8 |
| Tot_Amt | Currency | 8 |
| Comments | Memo | - |
| Authorization_Number | Text | 25 |
| ClientReimbursement | Yes/No | 1 |
| Export_Status_Id | Long Integer | 4 |
| PV_Number | Text | 25 |
| Batch_Number | Text | 15 |
| Exported_By | Text | 25 |
| Export_Date | Date/Time | 8 |
| GST | Yes/No | 1 |
| DatePrintedOnInvoice | Date/Time | 8 |
| UpdateDate | Date/Time | 8 |

Relationships

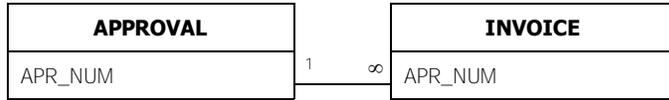
INVOICESESSION



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

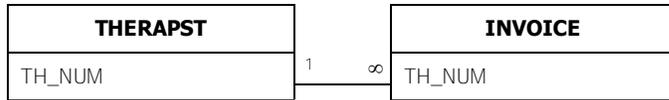
Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

APPROVALINVOICE



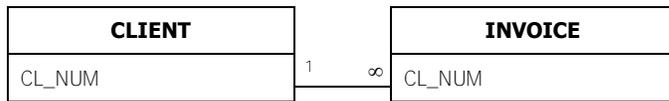
Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

THERAPSTINVOICE



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

CLIENTINVOICE



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: MentalHealthReasons

Wednesday, June 16, 2021
Page: 13

Properties

| | | | |
|--------------|-----------------------|--------------|-----------------------------------|
| DateCreated: | 2002/07/22 5:31:49 PM | Description: | Mental Health Reason lookup table |
| LastUpdated: | 2021/06/16 2:17:07 PM | OrderBy: | MentalHealthReasons.Reason_Id |
| OrderByOn: | True | RecordCount: | 77 |
| Updatable: | True | | |

Columns

| <u>Name</u> | <u>Type</u> | <u>Size</u> |
|--------------------|--------------|-------------|
| Reason_Id | Long Integer | 4 |
| Reason_Description | Text | 255 |
| Code | Text | 50 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: Province

Wednesday, June 16, 2021
Page: 14

Properties

| | | | |
|--------------|-----------------------|--------------|-----------------------|
| DateCreated: | 2002/07/22 5:31:49 PM | Description: | Province lookup table |
| LastUpdated: | 2021/06/16 2:17:24 PM | RecordCount: | 10 |
| Updatable: | True | | |

Columns

| <u>Name</u> | <u>Type</u> | <u>Size</u> |
|-------------|-------------|-------------|
| Province | Text | 2 |
| Description | Text | 50 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb

Wednesday, June 16, 2021

Table: SAP__Coding_Block

Page: 15

Properties

| | | | |
|--------------|-----------------------|--------------|-------------------------------|
| DateCreated: | 2002/07/22 5:31:49 PM | Description: | SAP Coding Block lookup table |
| LastUpdated: | 2021/06/16 2:18:04 PM | OrderByOn: | False |
| RecordCount: | 1 | Updatable: | True |

Columns

| Name | Type | Size |
|-----------------------|------|------|
| Region | Text | 2 |
| Province | Text | 2 |
| CostCentre | Text | 6 |
| GL | Text | 5 |
| Program_Activity | Text | 4 |
| DAO | Text | 4 |
| AcctgPeriodMonth | Text | 2 |
| AcctgPeriodYear | Text | 4 |
| Fiscal_Year_Start | Text | 4 |
| Fiscal_Year_End | Text | 4 |
| Commitment_Number | Text | 10 |
| Commitment_LineNumber | Text | 3 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: SAP_0_Batch

Wednesday, June 16, 2021
Page: 16

Properties

| | | | |
|--------------|------------------------|--------------|-----------------------|
| DateCreated: | 2002/07/22 5:31:49 PM | DefaultView: | 2 |
| Description: | SAP Batch Export table | LastUpdated: | 2021/06/16 2:18:29 PM |
| OrderByOn: | False | Orientation: | Left-to-Right |
| RecordCount: | 17 | Updatable: | True |

Columns

| Name | Type | Size |
|--------------------------|--------------|------|
| Batch_Number | Text | 6 |
| Data_Transfer_Date | Date/Time | 8 |
| Transfer_User | Text | 15 |
| Transfer_Successful | Yes/No | 1 |
| Total_Number_of_Invoices | Integer | 2 |
| Total_Amount | Currency | 8 |
| Cancelled | Yes/No | 1 |
| Cancelled_by | Text | 15 |
| Cancelled_On | Date/Time | 8 |
| FileName | Text | 255 |
| FileContents | Memo | - |
| ExportType | Text | 50 |
| BatchID | Long Integer | 4 |
| SAPPostingDate | Date/Time | 8 |
| FtpTransfer | Yes/No | 1 |
| FtpOmtsUserID | Text | 15 |
| FtpUserID | Text | 15 |
| FtpDate | Date/Time | 8 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: SAP_0_Batch_Log

Wednesday, June 16, 2021
Page: 17

Properties

| | | | |
|--------------|----------------------------------|--------------|-----------------------|
| DateCreated: | 2012/08/17 3:07:23 PM | DefaultView: | 2 |
| Description: | SAP Batch Export log/audit table | LastUpdated: | 2021/06/16 2:19:08 PM |
| OrderByOn: | False | Orientation: | Left-to-Right |
| RecordCount: | 44 | Updatable: | True |

Columns

| Name | Type | Size |
|--------------------------|--------------|------|
| ID | Long Integer | 4 |
| Batch_Number | Text | 10 |
| User_Id | Text | 50 |
| Action_Description | Text | 50 |
| Action_Date | Date/Time | 8 |
| Action_Time | Text | 15 |
| Log | Memo | - |
| NovelleUser_ID | Text | 15 |
| FtpUserID | Text | 15 |
| SAPBatchCancelled | Yes/No | 1 |
| SAPBatchCancellationDate | Date/Time | 8 |
| SAPBatchCancelledBy | Text | 50 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: Security

Wednesday, June 16, 2021
Page: 18

Properties

| | | | |
|-----------------------------|---|---------------------------|------------------------------|
| AlternateBackShade: | 100 | AlternateBackThemeColorIn | -1 |
| AlternateBackTint: | 100 | BackShade: | 100 |
| BackTint: | 100 | DatasheetForeThemeColorIn | -1 |
| DatasheetGridlinesThemeCol | -1 | DateCreated: | 2002/07/22 5:31:53 PM |
| DefaultView: | 2 | Description: | MHMS application user table. |
| DisplayViewsOnSharePointSit | 1 | FilterOnLoad: | False |
| GUID: | {guid {B9C6FED6-F084-42AD-A758-3E0114534008}} | HideNewField: | False |
| LastUpdated: | 2021/06/16 2:19:58 PM | OrderByOn: | False |
| OrderByOnLoad: | True | Orientation: | Left-to-Right |
| PublishToWeb: | 1 | RecordCount: | 13 |
| ThemeFontIndex: | -1 | TotalsRow: | False |
| Updatable: | True | | |

Columns

| Name | Type | Size |
|----------------------|--------------|------|
| UserID | Long Integer | 4 |
| UserName | Text | 20 |
| LastName | Text | 50 |
| FirstName | Text | 50 |
| Privileges | Integer | 2 |
| Language | Integer | 2 |
| Authorization_Number | Text | 25 |
| CanExport | Yes/No | 1 |
| CanViewPA | Yes/No | 1 |
| CanViewInvoices | Yes/No | 1 |
| CanFixSAPPayments | Yes/No | 1 |
| CanRunReports | Yes/No | 1 |
| ActiveFlag | Yes/No | 1 |
| AccountLocked | Yes/No | 1 |
| ResetPasswordOnLogin | Yes/No | 1 |
| UpdateDate | Date/Time | 8 |
| UpdateBy | Text | 50 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: SESSION

Wednesday, June 16, 2021
Page: 19

Properties

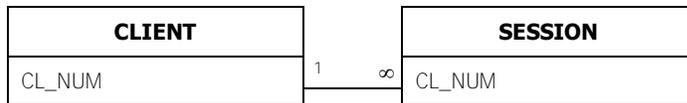
| | | | |
|--------------|--------------------------------|--------------|-----------------------|
| DateCreated: | 2002/07/22 5:31:54 PM | DefaultView: | 2 |
| Description: | Approval Session detail table. | LastUpdated: | 2021/06/16 2:20:37 PM |
| OrderByOn: | False | Orientation: | Left-to-Right |
| RecordCount: | 34838 | Updatable: | True |

Columns

| Name | Type | Size |
|----------------------|--------------|------|
| SYS_INV_NUM | Long Integer | 4 |
| Ses_Num | Double | 8 |
| Ses_Date | Date/Time | 8 |
| CL_NUM | Text | 10 |
| TH_NUM | Text | 15 |
| Hours | Double | 8 |
| Fee | Double | 8 |
| Type | Integer | 2 |
| Assessment_Date | Date/Time | 8 |
| Authorization_Number | Text | 25 |
| RequestedHours | Double | 8 |
| RequestedFeePerHour | Double | 8 |
| TotalRequestedFees | Double | 8 |
| TotalApprovedFees | Double | 8 |
| SessionID | Long Integer | 4 |
| UpdateDate | Date/Time | 8 |

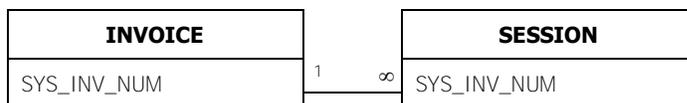
Relationships

CLIENTSESSION



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

INVOICESESSION



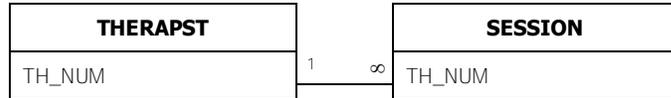
Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: SESSION

Wednesday, June 16, 2021
Page: 20

THERAPSTSESSION



Attributes:

Enforced, Cascade Updates

RelationshipType:

One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: Sex_table

Wednesday, June 16, 2021
Page: 21

Properties

| | | | |
|--------------|-----------------------|--------------|---------------------|
| DateCreated: | 2002/07/22 5:32:10 PM | Description: | Gender lookup table |
| LastUpdated: | 2021/06/16 2:21:00 PM | RecordCount: | 2 |
| Updatable: | True | | |

Columns

| <u>Name</u> | <u>Type</u> | <u>Size</u> |
|-------------|-------------|-------------|
| Sex | Text | 1 |
| Description | Text | 50 |

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: THERAPST

Wednesday, June 16, 2021
Page: 22

Properties

| | | | |
|--------------|-----------------------|--------------|-----------------------|
| DateCreated: | 2002/07/22 5:32:11 PM | DefaultView: | 2 |
| Description: | Therapist table | LastUpdated: | 2021/06/16 2:22:50 PM |
| OrderByOn: | True | Orientation: | Left-to-Right |
| RecordCount: | 365 | Updatable: | True |

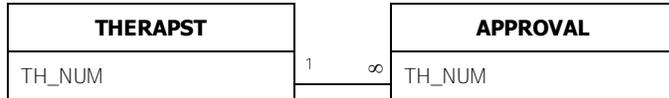
Columns

| Name | Type | Size |
|-----------------------|--------------|------|
| TH_NUM | Text | 15 |
| FirstName | Text | 50 |
| LastName | Text | 50 |
| Address | Text | 100 |
| Address2 | Text | 50 |
| City | Text | 25 |
| Province | Text | 2 |
| PostalCode | Text | 6 |
| Phone | Text | 10 |
| Fax | Text | 10 |
| Profession | Text | 25 |
| Register | Integer | 2 |
| Rehab | Text | 1 |
| Therapist_Code | Long Integer | 4 |
| Supervisor | Text | 50 |
| Rate | Currency | 8 |
| SAPCode | Text | 11 |
| ExpiryDate | Date/Time | 8 |
| GSTApplicable | Yes/No | 1 |
| RegistrationNumber | Text | 50 |
| BillingName | Text | 100 |
| MailingAddress1 | Text | 100 |
| MailingAddress2 | Text | 50 |
| MailingCity | Text | 25 |
| MailingProvince | Text | 2 |
| MailingPostalCode | Text | 6 |
| MailingPhone | Text | 15 |
| MailingFax | Text | 15 |
| TherapistTypeID | Long Integer | 4 |
| ActiveFlag | Yes/No | 1 |
| UpdateDate | Date/Time | 8 |
| UpdateBy | Text | 50 |
| Comments | Memo | - |
| OtherFnihProgramsFlag | Yes/No | 1 |
| PaymentMethodCode | Text | 1 |

Relationships

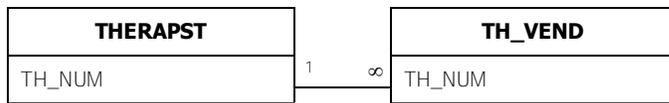
Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

THERAPSTAPPROVAL



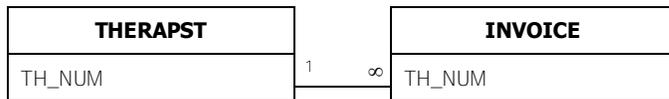
Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

THERAPSTTH_VEND



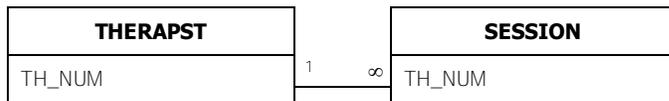
Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

THERAPSTINVOICE



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

THERAPSTSESSION



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables (continued)

C:\MHMS_Reg\AB\MHMS_AB (8).accdb
Table: VENDOR

Wednesday, June 16, 2021
Page: 24

Properties

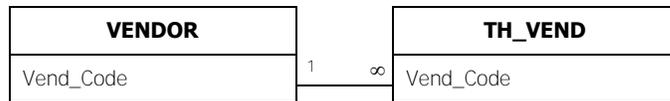
DateCreated: 2002/07/22 5:32:11 PM Description: Vendor table
LastUpdated: 2021/06/16 2:23:05 PM RecordCount: 0
Updatable: True

Columns

| Name | Type | Size |
|-----------------|--------------|------|
| Vend_Code | Text | 11 |
| FirstName | Text | 50 |
| LastName | Text | 50 |
| Name | Text | 40 |
| Address | Text | 50 |
| City | Text | 25 |
| Province | Text | 2 |
| PostalCode | Text | 6 |
| Phone | Text | 10 |
| Fax | Text | 10 |
| GST_Num | Text | 15 |
| Vendor_Sys_Code | Long Integer | 4 |

Relationships

VENDORTH_VEND



Attributes: Enforced
RelationshipType: One-To-Many

Appendix BB1. CBRT – Data Dictionary CBRT Overview

Source: Unmodified information from ISC staff

Purpose of the Community-Based Reporting Template (CBRT)

First implemented in fiscal year 2008-2009, the Community-Based Reporting Template (CBRT) is a national reporting template that collects information on program areas that some First Nations communities are required to report on annually as part of their Contribution Agreement with the First Nations and Inuit Health Branch (FNIHB). The information collected via the CBRT is one element of many that FNIHB uses to support relevant program planning and evaluation.

Program areas

The program areas covered by the CBRT from 2013-2014 through 2015-16 include:

- Healthy Child Development
- Mental Wellness
- Healthy Living
- Communicable Disease Control & Management (CDCM)
- Primary Care (Home & Community Care and Clinical & Client Care)
- Environmental Public Health.

From 2015-2016 to 2017-18, the questions on Environmental Public Health were no longer included in the CBRT.

Content

The CBRT collects four types of information relevant to FNIHB programs, including:

- What programs and services communities deliver
- How communities implement certain programs
- How community health systems operate
- Select health status and health outcome data related to clients accessing FNIHB programs or services.

Data Limitations

The data collected via the CBRT have several limitations, and any results obtained through analyses of these data should be interpreted with caution. Limitations include:

- The CBRT data represents only those communities that submitted the CBRT as required by their Contribution agreement, and is therefore not representative of all First Nations communities.
- Communities may have provided conflicting or incorrect information in error.
- There is a risk that the CBRT questions may have been interpreted differently from community to community, or that communities tracked the data reported in the CBRT in different ways.
- Not all communities that submitted a CBRT provided responses for every program area or question, and therefore not all variables have sufficient data for meaningful analysis. Variables must meet the following criteria to be eligible for FNIHB analysis purposes:
 1. The question that the variable is associated with has a sufficient response rate (i.e., at least 40% of communities that reported delivering the program responded to the question).
 2. Issues of reliability are not identified for the question responses associated with the variable (e.g., there were no obvious mathematical irregularities, the results did not rely on unverifiable counts or denominators, there were no obvious factual errors identified in the responses.)
- The CBRT datasets do not include the variables and associated data for the "Worker Information" & "CDCM Worker Information" sections of the CBRT.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15

Source: Unmodified information from ISC staff

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--------------|---|---|
| A | REGION | ALB ATL BC MB ON QC SK | Region that the community is located in. |
| B | FiscYear | yy-yy | The fiscal year during which the data was collected. E.g., '13-14' indicates the fiscal year 2013-2014. |
| C | Agnum | Text-Numeric | The contribution agreement number for the community. |
| D | BLFLTR | Block (Flexible or Flexible Transfer) CFNA Flexible Flexible (Transitional) Set | The highest type of funding model in the contribution agreement. |
| E | MultiCom | 0=No 1=Yes | The services delivered in the Agreement were for multiple communities. |
| F | NumCom | Numeric | The number of communities that services were delivered to. Asked only of those communities that reported delivering services to multiple communities. |
| G | ComName | Text | The name of the community. |
| H | ReciNam | Text | The organization / recipient name(s) linked to the agreement number. |
| I | HFName | Text | The name of the Health Facility Name linked to the agreement number. |
| J | StarDate | YYYY-MM-DD | The starting date of the fiscal year. |
| K | EndDate | YYYY-MM-DD | The end date of the fiscal year. |
| L | Submby | Text | The name of the person who submitted the completed CBRT template. |
| M | SubmPosition | Text | The position of the person who submitted the completed CBRT template. |
| N | SubmDat | YYYY-MM-DD | The date when the completed CBRT template was submitted. |
| O | Authby | Text | The name of the person who authorized the completed CBRT template. |
| P | AuthPosition | Text | The position of the person who authorized the completed CBRT template. |
| Q | AuthDat | YYYY-MM-DD | The date of authorization of the completed CBRT Template. |
| R | Hpreg | 0=No 1=Yes | Healthy Pregnancy and Early Infancy programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year. |
| S | EarChDev | 0=No 1=Yes | Early Childhood Development programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year. |
| T | OralH | 0=No 1=Yes | Oral Health programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year. |
| U | MHeSuiPr | 0=No 1=Yes | Mental Health and Suicide Prevention programs and services were provided in the community as part of the Mental Wellness initiatives during the reporting year. |
| V | SubAbuPr | 0=No 1=Yes | Substance Abuse Prevention programs and services were provided in the community as part of the Mental Wellness initiatives during the reporting year. |
| W | ChrDisPr | 0=No 1=Yes | Chronic Disease Prevention and Management programs and services were provided in the community as part of the Healthy Living initiatives during the reporting year. |
| X | InjPrev | 0=No 1=Yes | Injury Prevention programs and services were provided in the community as part of the Healthy Living initiatives during the reporting year. |
| Y | Immuni | 0=No 1=Yes | Vaccine-preventable Diseases and Immunization programs and services were provided in the community as part of the Communicable Disease Control and Management initiatives during the reporting year. |
| Z | BIBoDis | 0=No 1=Yes | Blood-Borne Disease and Sexually Transmitted Infections programs and services were provided in the community as part of the Communicable Disease Control and Management initiatives during the reporting year. |
| AA | RespInf | 0=No 1=Yes | Respiratory Infections programs and services were provided in the community as part of the Communicable Disease Control and Management initiatives during the reporting year. |
| AB | ComDisEm | 0=No 1=Yes | Communicable Disease Emergencies programs and services were provided in the Communicable Disease Control and Management initiatives during the reporting year. |
| AC | HomComCar | 0=No 1=Yes | Home and Community Care programs and services were provided in the community during the reporting year. |
| AD | ClinClCar | 0=No 1=Yes | Clinical and Client Care services* were provided in the community during the reporting year. *Clinical and Client Care services are defined as a nursing station or Health Centre with Treatment providing clinical and treatment services 24 hours a day either 5 or 7 days per week. |
| AE | CCCServ | 0=No 1=Yes | Clinical and Client Care services provided in the community during the reporting year were provided by Health Canada. Asked only of those communities that reported having Clinical and Client Care services. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|-------------------------|------------------|---|
| AF | EnvPubHea | 0=No 1=Yes | Environmental Public Health programs and services were provided in the community during the reporting year. |
| AG | FTHealthManager | Numeric | The number of Full-Time Health Managers in the community at the end of the reporting year. |
| AH | FTBENP | Numeric | The number of Full-Time Band employed nurse practitioners in the community at the end of the reporting year. |
| AI | FTBDRN | Numeric | The number of Full-Time Band employed registered nurses in the community at the end of the reporting year. |
| AJ | FTBDLPN | Numeric | The number of Full-Time Band employed licensed practical nurses in the community at the end of the reporting year. |
| AK | FTHCENP | Numeric | The number of Full-Time Health Canada employed nurse practitioners in the community at the end of the reporting year. |
| AL | FTHCERN | Numeric | The number of Full-Time Health Canada employed registered nurses in the community at the end of the reporting year. |
| AM | FTHCCLPN | Numeric | The number of Full-Time Health Canada employed licensed practical nurses in the community at the end of the reporting year. |
| AN | FTCBPOtherLicenced | Numeric | The number of Full-Time Other licensed or regulated Health Care Professionals in the community at the end of the reporting year. |
| AO | FTCBNNADAP | Numeric | The number of Full-Time Community-based health workers (e.g., CHR, NNADAP, ADI, AHSOR, CPNP, MCH Home Visitors, FASD Community Coordinators and Mentors, HCC Personal Care Workers, Youth Worker, Mental Health Worker) in the community at the end of the reporting year. |
| AP | FTCBAdmJanit | Numeric | The number of Full-Time Administrative, janitorial and housekeeping staff working in health facilities and for health programs in the community at the end of the reporting year. |
| AQ | FTTOTAL | Numeric | The total number of Full-Time health care workers in the community at the end of the reporting year. |
| AR | PTHealthManager | Numeric | The number of Part Time Health Managers in the community at the end of the reporting year. |
| AS | PTBENP | Numeric | The number of Part-Time and visiting Band employed nurse practitioners in the community at the end of the reporting year. |
| AT | PTBDRN | Numeric | The number of Part-Time and visiting Band employed registered nurses in the community at the end of the reporting year. |
| AU | PTBDLPN | Numeric | The number of Part-Time and visiting Band employed licensed practical nurses in the community at the end of the reporting year. |
| AV | PTHCEPNP | Numeric | The number of Part-Time and visiting Health Canada employed nurse practitioners in the community at the end of the reporting year. |
| AW | PTHCERN | Numeric | The number of Part-Time and visiting Health Canada employed registered nurses in the community at the end of the reporting year. |
| AX | PTHCELPN | Numeric | The number of Part-Time and visiting Health Canada employed licensed practical nurses in the community at the end of the reporting year. |
| AY | PTCBPOtherLicenced | Numeric | The number of Part-Time and visiting Other licensed or regulated Health Care Professionals in the community at the end of the reporting year. |
| AZ | PTCBNNADAP | Numeric | The number of Part-Time and visiting Community-based health workers (e.g., CHR, NNADAP, ADI, AHSOR, CPNP, MCH Home Visitors, FASD Community Coordinators and Mentors, HCC Personal Care Workers, Youth Worker, Mental Health Worker) in the community at the end of the reporting year. |
| BA | PTCBAdmJanit | Numeric | The number of Part-Time and visiting Administrative, janitorial and housekeeping staff working in health facilities and for health programs in the community at the end of the reporting year. |
| BB | PTTOTAL | Numeric | The total number of Part-Time and visiting health care workers in the community at the end of the reporting year. |
| BC | TWHealthManager | Numeric | The total number of Health Managers in the community at the end of the reporting year. |
| BD | TWBENP | Numeric | The total number of Band employed nurse practitioners in the community at the end of the reporting year. |
| BE | TWBERN | Numeric | The total number of Band employed registered nurses in the community at the end of the reporting year. |
| BF | TWBELPN | Numeric | The total number of Band employed licensed practical nurses in the community at the end of the reporting year. |
| BG | TWHCEPNP | Numeric | The total number of Health Canada employed nurse practitioners in the community at the end of the reporting year. |
| BH | TWHCERN | Numeric | The total number of Health Canada employed registered nurses in the community at the end of the reporting year. |
| BI | TWHCLPN | Numeric | The total number of Health Canada employed licensed practical nurses in the community at the end of the reporting year. |
| BJ | TWCBOtherLicenced | Numeric | The total number of Other licensed or regulated Health Care Professionals in the community at the end of the reporting year. |
| BK | TWCBNNADAP | Numeric | The total number of Community-based health workers (e.g., CHR, NNADAP, ADI, AHSOR, CPNP, MCH Home Visitors, FASD Community Coordinators and Mentors, HCC Personal Care Workers, Youth Worker, Mental Health Worker) in the community at the end of the reporting year. |
| BL | TWCBAdm | Numeric | The total number of Administrative, janitorial and housekeeping staff working in health facilities and for health programs in the community at the end of the reporting year. |
| BM | TWTOTAL | Numeric | The total number of health care workers in the community at the end of the reporting year. |
| BN | ArrangementMOH | 0=No 1=Yes | The community had an arrangement with a medical officer of health or medical health officer to provide public health services to the community. |
| BO | ProvinceOrRegional | 0=No 1=Yes | A medical officer of health or medical health officer that worked for the Province or Regional Health Authority/local health unit provided public health services to the community. Asked only of those communities that reported having an arrangement with a medical officer of health or medical health officer for provision of public health services. |
| BP | FNIH | 0=No 1=Yes | A medical officer of health or medical health officer that worked for the First Nation and Inuit Health Branch provided public health services to the community. Asked only of those communities that reported having an arrangement with a medical officer of health or medical health officer for provision of public health services. |
| BQ | TribalAuthorityOrFNBand | 0=No 1=Yes | A medical officer of health or medical health officer that worked for the Tribal Authority or First Nation Band provided public health services to the community. Asked only of those communities that reported having an arrangement with a medical officer of health or medical health officer for provision of public health services. |
| BR | | | |
| BS | | | |
| BT | | | |
| BU | | | |
| BV | | | |
| BW | | | |
| BX | | | |
| BY | | | |

The variables and associated data for "Worker Information" are not included in this dataset.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|---|
| BZ | Q2NutDiet | 0=No 1=Yes | Nutrition or dietary screening activities and services were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| CA | Q2OneNutEdu | 0=No 1=Yes | One-on-one nutrition counselling/education services were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| CB | Q2GrNutEdu | 0=No 1=Yes | Group nutrition counselling/education services were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| CC | Q2BabyFoo | 0=No 1=Yes | Baby food making workshops/classes were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| CD | Q2GrocSto | 0=No 1=Yes | Grocery store tours were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| CE | Q2FooVou | 0=No 1=Yes | Food vouchers were distributed as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community. |
| CF | Q2CommKit | 0=No 1=Yes | Community kitchens/community cooking classes were provided as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community. |
| CG | Q2FooBoxGr | 0=No 1=Yes | Food boxes or groceries were distributed as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community. |
| CH | Q2CommGar | 0=No 1=Yes | Community gardens were part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community. |
| CI | Q2TradFoo | 0=No 1=Yes | Traditional food gathering/distribution/preparation activities were provided as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community. |
| CJ | Q2EducWork | 0=No 1=Yes | Breastfeeding education workshops were delivered as part of the Pre and Postnatal Nutrition activities in the community. |
| CK | Q2OneBrSup | 0=No 1=Yes | One-on-one breastfeeding support was provided as part of the Pre and Postnatal Nutrition activities in the community. |
| CL | Q2GrBrSup | 0=No 1=Yes | Group breastfeeding support was provided as part of the Pre and Postnatal Nutrition activities in the community. |
| CM | Q2PeerSup | 0=No 1=Yes | Breastfeeding peer support programs were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| CN | Q2SuppEle | 0=No 1=Yes | Supportive Elements that address specific needs of at-risk clients (i.e., transportation, child care, etc.) were delivered in the community as part of the Pre and Postnatal Nutrition activities. |
| CO | Q3FirstTrim | Numeric | The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 1st trimester (0-12 weeks). |
| CP | Q3SecondTrim | Numeric | The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 2nd trimester (13-26 weeks). |
| CQ | Q3ThirdTrim | Numeric | The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 3rd trimester (27-40 weeks) |
| CR | Q3AfterBirth | Numeric | The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services after they had given birth (with an infant or infants 0-12 months of age). |
| CS | Q4NumbPartMoth | Numeric | The total number of participating mothers enrolled in healthy pregnancy programs with babies who turned six months during the reporting year. |
| CT | Q4BrFedLTTwoATLAN TIC | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for at least 2 months. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration. |
| CU | Q4BrFedLTFourATLAN TIC | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for at least 4 months. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration. |
| CV | Q4MothersWhoInitiatedBreastfeedingATLAN TIC | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who initiated breast feeding. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration. |
| CW | Q4BrFedLThree | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for less than 3 months (less than 15 weeks). |
| CX | Q4BrFedLTThree | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for longer than 3 months and less than 6 months (15 weeks to 23 weeks). |
| CY | Q4BrFedSixMo | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for 6 months (24 weeks to 27 weeks). |
| CZ | Q4BrFedLTSixMo | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for longer than 6 months (28 weeks or more). |
| DA | Q4DidNotBrFeed | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older who did not initiate breastfeeding. |
| DB | Q4Unknown | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older for whom it was unknown if breastfeeding was initiated. |
| DC | Q5TotPregConc | Numeric | The total number of participants in healthy pregnancy programs whose pregnancies concluded during the reporting year. |
| DD | Q5MatAgeLTTwenty | Numeric | The number of women with a maternal age less than 20 years among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| DE | Q5MatAgeGEThirtyFiv | Numeric | The number of women with a maternal age of 35 years or older among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| DF | Q5SmokDurPreg | Numeric | The number of women that smoked during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| DG | Q5DrugSolvDuringPreg | Numeric | The number of women that used drugs or solvents during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| DH | Q5AlcoholDuringPreg | Numeric | The number of women that consumed alcohol during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| DI | Q5DiabetesPriorToPreg | Numeric | The number of women diagnosed with diabetes before pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| DJ | Q5DiabetesDuringPreg | Numeric | The number of women diagnosed with diabetes during pregnancy (gestational diabetes) among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| DK | Q5PrevPostPartumMoodDis | Numeric | The number of women with a previous diagnosis of post-partum mood disorders among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| DL | Q6TotNumbBabyBorn | Numeric | The total number of babies born to mothers who lived in the community during the reporting year. |
| DM | Q7FTLTTwentyFiveHundredGr | Numeric | The number of full term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DN | Q7FTBETTTwentyFiveHundredGrandFourThousandGr | Numeric | The number of full term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DO | Q7FTGTFourThousandGr | Numeric | The number of full term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DP | Q7FTWeightUnknown | Numeric | The number of full term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year. |
| DQ | Q7PTLTTwentyFiveHundredGr | Numeric | The number of pre-term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DR | Q7PTBETTTwentyFiveHundredGrandFourThousandGr | Numeric | The number of pre-term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DS | Q7PTGTFourThousandGr | Numeric | The number of pre-term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DT | Q7PTWeightUnknown | Numeric | The number of pre-term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year. |
| DU | Q7UTLTTwentyFiveHundredGr | Numeric | The number of unknown term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DV | Q7UTBETTTwentyFiveHundredGrandFourThousandGr | Numeric | The number of unknown term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DW | Q7UTGTFourThousandGr | Numeric | The number of unknown term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DX | Q7UTWeightUnknown | Numeric | The number of unknown term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year. |
| DY | Q8InitBefSixMonths | Numeric | The number of infants who turned 6 months during the reporting year and had solid foods initiated before 6 months |
| DZ | Q8InitAtSixMonths | Numeric | The number of infants who turned 6 months during the reporting year and had solid foods initiated at 6 months |
| EA | Q8InitAfterSixMonths | Numeric | The number of infants who turned 6 months during the reporting year and had solid foods initiated after 6 months. |
| EB | Q8InitUnknown | Numeric | The number of infants who turned 6 months during the reporting year and for whom the time of initiation to solid foods was unknown. |
| EC | Q9RiskFactPregWom | 0=No 1=Yes | Screening and assessments for risk factors in pregnant women and new mothers (e.g., post partum depression, chronic conditions such as Type 2 diabetes, gestational diabetes, and tobacco/alcohol/drug/solvent use) were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year. |
| ED | Q9RiskFactDevelopMilestones | 0=No 1=Yes | Screening and assessments for risk factors for developmental milestones for infants and children were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year. |
| EE | Q9VisionHearDental | 0=No 1=Yes | Vision/hearing/dental screenings or assessments for referrals were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year. |
| EF | Q10TotaReceivHomeVisits | Numeric | The total number of participants who received home visits as part of the maternal and child health home visiting and case management programming provided by the community during the reporting year. Participant is defined as the primary contact for services. |
| EG | Q10TotalReceivCaseManagement | Numeric | The total number of participants who received case management services as part of the maternal and child health home visiting and case management programming provided by the community during the reporting year. Participant is defined as the primary contact for services. |
| EH | Q11FirstTrimester | Numeric | The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 1st trimester. |
| EI | Q11SecondTrimester | Numeric | The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 2nd trimester. |
| EJ | Q11ThirdTrimester | Numeric | The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 3rd trimester. |
| EK | Q11Postnatal | Numeric | The number of women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit within 6 months of giving birth (postnatal). |
| EL | Q12CommuCapaBuildAct | 0=No 1=Yes | Fetal Alcohol Spectrum Disorder community capacity building activities (i.e. awareness and prevention activities, and development of action plans) were delivered by the community during the reporting year. |
| EM | Q12CommuCoordinaCaseManag | 0=No 1=Yes | Fetal Alcohol Spectrum Disorder community coordination or case management services were delivered by the community during the reporting year. |
| EN | Q12Mentoring | 0=No 1=Yes | Fetal Alcohol Spectrum Disorder mentoring services were delivered by the community during the reporting year. |
| EO | Q12NumCommunityCoordinationCaseMgmt | Numeric | The number of participants that received Fetal Alcohol Spectrum Disorder community coordination services or case management services during the reporting year. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| EP | Q12NumMentoring | Numeric | The number of participants that received Fetal Alcohol Spectrum Disorder mentoring services during the reporting year. |
| EQ | Q13aNumberCommunitiesServed | Numeric | The number of communities served by the Aboriginal Head Start On Reserve program delivered by the community. |
| ER | Q13bProgramOfferOutreachHomeVisit | 0=No 1=Yes | The Aboriginal Head Start On Reserve program delivered by the community offers outreach/home visiting. |
| ES | Q13cAHSORsiteCentreBased | 0=No 1=Yes | The Aboriginal Head Start On Reserve program site in the community is centre-based. |
| ET | Q13dAHSORProgramLicensed | 0=No 1=Yes | The Aboriginal Head Start On Reserve (AHSOR) program in the community is licensed. Only asked of those communities that reported that their AHSOR site was centre-based. |
| EU | Q13eNumberFullDaysWeek | Numeric | The number of full days per week that the centre-based Aboriginal Head Start On Reserve (AHSOR) program in the community operates. Only asked of those communities that reported that their AHSOR site was centre-based. |
| EV | Q13eNumberHalfDaysWeek | Numeric | The number of half days per week that the centre-based Aboriginal Head Start On Reserve (AHSOR) program in the community operates. Only asked of those communities that reported that their AHSOR site was centre-based. |
| EW | Q13fAHSORProgramCoLocated | 0=No 1=Yes | The Aboriginal Head Start On Reserve (AHSOR) program in the community is co-located. Only asked of those communities that reported that their AHSOR site was centre-based. |
| EX | Q13gAHSORProgramCoLocatedWithSchool | 0=No 1=Yes | The Aboriginal Head Start On Reserve (AHSOR) program in the community is co-located with a school or daycare facility. Only asked of those communities that reported that their AHSOR was centre-based and co-located. |
| EY | Q14TeachingChildrenLanguage | 0=No 1=Yes | Teaching children their First Nation language(s) was an activity provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| EZ | Q14TradCeremonies | 0=No 1=Yes | Traditional ceremonies and activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| FA | Q14EarlyLiteracySkills | 0=No 1=Yes | Early literacy skills activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| FB | Q14FineGrossMotor | 0=No 1=Yes | Fine and gross motor development activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| FC | Q14ProvHealthyFoods | 0=No 1=Yes | Healthy foods (snacks and/or lunches) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| FD | Q14PersonalHygieneDental | 0=No 1=Yes | Healthy personal hygiene and dental habits activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| FE | Q14PhysicalActivity | 0=No 1=Yes | Physical activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| FF | Q14Linkages | 0=No 1=Yes | Linkages (including referrals and collaborations) to professionals and community supports and providers (e.g., housing, education, specialists) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| FG | Q14ParentAndFamily | 0=No 1=Yes | Parent and family support activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| FH | Q14VisitsHealthProfessionals | 0=No 1=Yes | Visits from health professionals (e.g., nurses and dental hygienists) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| FI | Q14SafetyEducAware | 0=No 1=Yes | Safety education and awareness activities (e.g., play ground safety, car seat technician training, car seat use, seat belt use, bike safety, etc.) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| FJ | Q15ChildrenLTThreeCB | Numeric | The number of children younger than 3 years old that participated in Centre-based Aboriginal Head Start On Reserve programming in the community. |
| FK | Q15ChildrenLTThreeOutHomeVisit | Numeric | The number of children younger than 3 years old that participated in Outreach/Home visiting Aboriginal Head Start On Reserve programming in the community. |
| FL | Q15ChildrenLTThreeProgKeepWaitingListOrN | 0=No 1=Yes | The Aboriginal Head Start On Reserve program in the community keeps a waiting list for children younger than 3 years old. |
| FM | Q15ChildrenLTThreeIfYesNumbOfChildrenOnWaitingList | Numeric | The number of children younger than 3 years old that are on the waiting list. Asked only of those communities that reported having a waiting list for children younger than 3 years old for the Aboriginal Head Start On Reserve program. |
| FN | Q15ChildrenThreeToSixCB | Numeric | The number of children 3-6 years old that participated in Centre-based Aboriginal Head Start On Reserve programming in the community. |
| FO | Q15ChildrenThreeToSixOutHomeVisit | Numeric | The number of children 3-6 years that participated in Outreach/Home visiting Aboriginal Head Start On Reserve programming in the community. |
| FP | Q15ChildrenThreeToSixProgKeepWaitingListOrN | 0=No 1=Yes | The Aboriginal Head Start On Reserve program in the community keeps a waiting list for children 3-6 years old. |
| FQ | Q15ChildrenThreeToSixIfYesNumbOfChildrenOnWaitingList | Numeric | The number of children 3-6 years old that are on the waiting list. Asked only of those communities that reported having a waiting list for children 3-6 years old for the Aboriginal Head Start On Reserve program. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| FR | Q16CBNumChildrenDiagnSpNeeds | Numeric | The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were diagnosed with special needs during the reporting year. |
| FS | Q16CBNumChildrenScreenedAssessedSpNe | Numeric | The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were screened/assessed for special needs during the reporting year. |
| FT | Q16CBNumChildrenReferredResources | Numeric | The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were referred to other resources (e.g., nurses, doctors, specialists, etc.) for special needs support or diagnosis during the reporting year. |
| FU | Q16CBNumberOnWaitListForDiagnAssessment | Numeric | The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were on a wait list for special needs diagnostic assessment at the end of the reporting year. |
| FV | Q16OUTRHVNumChildrenDiagnSpNeeds | Numeric | The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were diagnosed with special needs during the reporting year. |
| FW | Q16OUTRHVNumChildrenScreenedAssessedSpNeeds | Numeric | The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were screened/assessed for special needs during the reporting year. |
| FX | Q16OUTRHVNumChildrenReferredResources | Numeric | The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were referred to other resources (e.g., nurses, doctors, specialists, etc.) for special needs support or diagnosis during the reporting year. |
| FY | Q16OUTRHVNumberOnWaitListForDiagnAssessment | Numeric | The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were on a wait list for diagnostic assessment at the end of the reporting year. |
| FZ | Q17NPPFDaily | Numeric | The number of parent/family participants involved on a daily basis in centre-based Aboriginal Head Start On Reserve programs. |
| GA | Q17NPPFWeekly | Numeric | The number of parent/family participants involved on a weekly basis in centre-based Aboriginal Head Start On Reserve programs. |
| GB | Q17NPPFMonthlySpecialOccasions | Numeric | The number of parent/family participants involved on a monthly basis or on special occasions in centre-based Aboriginal Head Start On Reserve programs. |
| GC | Q17NPPFTotal | Numeric | The total number of parent/family participants in centre-based Aboriginal Head Start On Reserve programs. |
| GD | Q18ChildLTFiveTotalNumbCommuni | Numeric | The total number of children less than 5 years of age living in the community. |
| GE | Q18ChildLTFiveParticInCOHI | Numeric | The number of children less than 5 years of age living in the community that participated in Children's Oral Health Initiative activities during the reporting year. |
| GF | Q18ChildFiveToSevenTotalNumbCommuni | Numeric | The total number of children 5 to 7 years of age living in the community. |
| GG | Q18ChildFiveToSevenParticInCOHI | Numeric | The number of children 5 to 7 years of age living in the community that participated in Children's Oral Health Initiative activities during the reporting year. |
| GH | Q18NumbPrenatalOneOnOneOralHealth | Numeric | The number of prenatal clients in the community that participated in an individual session on oral health during the reporting year as part of the Children's Oral Health Initiative activities. |
| GI | Q18NumbPrenatalOralPresentations | Numeric | The number of individuals in the community that attended prenatal presentations on oral health during the reporting year as part of the Children's Oral Health Initiative activities. |
| GJ | Q18NumbGrOralHealthPresProvided | Numeric | The number of group oral health presentations provided in the community during the reporting year as part of the Children's Oral Health Initiative activities. |
| GK | Q19RHAHSZNutritionDietician | 0=No 1=Yes | Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GL | Q19RHAHSZPhysicalActivityRecreation | 0=No 1=Yes | Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GM | Q19RHAHSZSpecialistCare | 0=No 1=Yes | Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GN | Q19RHAHSZTreatmentManagement | 0=No 1=Yes | Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GO | Q19RHAHSZDiagnosticsScreening | 0=No 1=Yes | Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GP | Q19RHAHSZDrugAlcoholTreatment | 0=No 1=Yes | Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GQ | Q19RHAHSZDental | 0=No 1=Yes | Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GR | Q19RHAHSZChildAndFamilySocialServiceSupports | 0=No 1=Yes | Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GS | Q19RHAHSZOccupationalTherapistSpeechLanguagePathologist | 0=No 1=Yes | Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|---|--|
| HT | Q19PROVOccupationalTherapistSpeechLanguagePathologist | 0=No 1=Yes | Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| HU | Q20aHCTrackToolUsedToTrackHCDisOrNo | 0=No 1=Yes | Health Canada tracking tools were used to track community Healthy Child Development activities during the reporting year. |
| HV | Q20bIfYesProvideNameTrackTool | Text | Name of the tracking tool(s) used to track community Healthy Child Development activities during the reporting. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities. |
| HW | Q20cTrackinToolUsefulInTrackingWorkHCD | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool was useful in tracking work in Healthy Child Development. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities. |
| HX | Q20dTrackingToolAidedCompletionCBRT | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities. |
| HY | Q20eTrackingToolUsefulAcrossActivityAreas | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities. |
| HZ | Q21AAwarenessActivities | 0=No 1=Yes | Suicide Prevention Awareness activities were offered as part of the Mental Wellness initiatives in the community. |
| IA | Q21ASportRecreationOtherActiv | 0=No 1=Yes | Sport, recreation and other activities to engage youth were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community. |
| IB | Q21ATraditionalActivities | 0=No 1=Yes | Traditional activities to engage youth (e.g., land-based activities, cultural practices, skill development) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community. |
| IC | Q21ALifeSkillsActivities | 0=No 1=Yes | Life skills activities for youth (e.g., leadership, relationships, problem solving, developing positive coping skills) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community. |
| ID | Q21ASuicidalBehaviour | 0=No 1=Yes | Training on signs and symptoms and responding to suicidal behaviour (e.g., ASIST, SafeTalk, Mental Health First Aid, train-the-trainer sessions, CISM) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community. |
| IE | Q21ACrisisIntervention | 0=No 1=Yes | Crisis intervention (e.g., mobilizing to prevent spread of suicide) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community. |
| IF | Q21BWellnessActivitiesPromotingMentalHealth | 0=No 1=Yes | Wellness activities promoting mental health (e.g., parenting skills, self-care, managing stress, positive relationships, emotional and spiritual well being) were offered as part of the Mental Wellness initiatives in the community. Activities may include community celebrations and recreation activities, including physical and social activities. |
| IG | Q21CPresentationsAndWorkshops | 0=No 1=Yes | Presentations and workshops aimed at preventing substance abuse were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community. |
| IH | Q21CCulturalEvents | 0=No 1=Yes | Cultural events to support the prevention of addictions and substance abuse and support the awareness of mental health issues were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community. |
| II | Q21CSupportGroups | 0=No 1=Yes | Addictions recovery support groups were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community. |
| IJ | Q21CSchoolBasedPrograms | 0=No 1=Yes | School-based programs to support awareness of substance abuse and addictions were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community. |
| IK | Q21DMentalHealthCrisisInterventionActivities | 0=No 1=Yes | Mental health crisis intervention activities other than those specific to youth suicide prevention were offered as part of the Crisis Intervention aspect of the Mental Wellness initiatives in the community. |
| IL | Q22NIntWithYouthAtRiskForSuicide | Numeric | The total number of interventions (i.e., events) with youth at risk for suicide (e.g., counselling, assessments) that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IM | Q22NIntWithIndividualsWhoseAffectedAfterAttemptedSuicide | Numeric | The total number of interventions (i.e., events) with individuals or those affected after an attempted suicide (e.g., support, counselling, treatment planning) that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IN | Q22NIntAfterDeathSuicideWithThoseAffected | Numeric | The total number of interventions (i.e., events) with those affected by a death by suicide that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IO | Q22TNCIntWithYouthAtRiskForSuicide | Numeric | The total number of youth at risk for suicide that received an intervention (e.g., counselling, assessments) as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IP | Q22TNCIntWithIndividualsWhoseAffectedAfterAttemptedSuicide | Numeric | The total number of individuals or those affected after an attempted suicide that received an intervention (e.g., support, counselling, treatment planning) as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IQ | Q22TNCIntAfterDeathSuicideWithThoseAffected | Numeric | The total number of those affected by a death by suicide that received an intervention as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| IR | Q22NCFIntWithYouthAtRiskForSuicide | Numeric | The total number of youth at risk for suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IS | Q22NCFIntWithIndivOrThoseAffectedAfterAttemptedSuicide | Numeric | The total number of individuals or those affected after an attempted suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IT | Q22NCFIntAfterDeathSuicideWithThoseAffected | Numeric | The total number of those affected by a death by suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IU | Q23YLTEIGHTEENScreeningAndBasicAssessment | Numeric | The number of clients under 18 years of age that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IV | Q23YLTEIGHTEENBriefIntervention | Numeric | The number of clients under 18 years of age that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IW | Q23YLTEIGHTEENComprehensiveAssessment | Numeric | The number of clients under 18 years of age that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IX | Q23YLTEIGHTEENDirectCounselling | Numeric | The number of clients under 18 years of age that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IY | Q23YLTEIGHTEENCommunityBasedSupports | Numeric | The number of clients under 18 years of age that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. Note: does not include National Native Alcohol and Drug Abuse Program or Youth Solvent Abuse Program residential services. |
| IZ | Q23YLTEIGHTEENCulturalSupports | Numeric | The number of clients under 18 years of age that received Cultural support intervention services (e.g. support of community based elders and traditional healers) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JA | Q23YLTEIGHTEENReferralSpecializedSupport | Numeric | The number of clients under 18 years of age that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawal management) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JB | Q23FINScreeningAndBasicAssessment | Numeric | The number of clients under 18 years of age that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JC | Q23FINBriefIntervention | Numeric | The number of clients under 18 years of age that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JD | Q23FNIComprehensiveAssessment | Numeric | The number of clients under 18 years of age that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JE | Q23FNIDirectCounselling | Numeric | The number of clients under 18 years of age that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JF | Q23FNICBSupports | Numeric | The number of clients under 18 years of age that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. Note: does not include National Native Alcohol and Drug Abuse Program or Youth Solvent Abuse Program residential services. |
| JG | Q23FNICulturalSupports | Numeric | The number of clients under 18 years of age that received Cultural support intervention services (e.g. support of community based elders and traditional healers) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JH | Q23FNIReferralSpecializedSupports | Numeric | The number of clients under 18 years of age that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawal management) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JI | Q23ADULTScreeningAndBasicAssessment | Numeric | The number of clients 18 years of age and older that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JJ | Q23ADULTSBriefIntervention | Numeric | The number of clients 18 years of age and older that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JK | Q23ADULTSComprehensiveAssessment | Numeric | The number of clients 18 years of age and older that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JL | Q23ADULTSDirectCounselling | Numeric | The number of clients 18 years of age and older that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JM | Q23ADULTSCBSupports | Numeric | The number of clients 18 years of age and older that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JN | Q23ADULTSCulturalSupports | Numeric | The number of clients 18 years of age and older that received Cultural support intervention services (e.g. support of community based elders and traditional healers) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JO | Q23ADULTSReferralSpecializedSupports | Numeric | The number of clients 18 years of age and older that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawal management) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JP | Q23WFINITScreeningAndBasicAssessment | Numeric | The number of clients 18 years of age and older that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JQ | Q23WFINITBriefIntervention | Numeric | The number of clients 18 years of age and older that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JR | Q23WFINITComprehensiveAssessment | Numeric | The number of clients 18 years of age and older that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JS | Q23WFINITDirectCounselling | Numeric | The number of clients 18 years of age and older that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--------------------------------------|------------------|---|
| JT | Q23WFINITCBSupports | Numeric | The number of clients 18 years of age and older that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JU | Q23WFINITCulturalSupports | Numeric | The number of clients 18 years of age and older that received Cultural support intervention services (e.g. support of community based elders and traditional healers) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JV | Q23WFINITReferralSpecializedSupports | Numeric | The number of clients 18 years of age and older that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawal management) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JW | Q24NNADAPMalesUnderTwelve | Numeric | The number of male clients under 12 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JX | Q24NNADAPFemalesUnderTwelve | Numeric | The number of female clients under 12 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JY | Q24NNADAPMalesTwelveToSeventeen | Numeric | The number of male clients 12 to 17 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JZ | Q24NNADAPFemalesTwelveToSeventeen | Numeric | The number of female clients 12 to 17 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KA | Q24NNADAPMalesEighteen | Numeric | The number of male clients 18 years of age and older who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KB | Q24NNADAPFemalesEighteen | Numeric | The number of female clients 18 years of age and older who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KC | Q24NNADAPFamilyReferrals | Numeric | The number of family referrals to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KD | Q24YSAPTCMalesUnderTwelve | Numeric | The number of male clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KE | Q24YSAPTCFemalesUnderTwelve | Numeric | The number of female clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KF | Q24YSAPTCMalesTwelveToSeventeen | Numeric | The number of male clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KG | Q24YSAPTCFemalesTwelveToSeventeen | Numeric | The number of female clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KH | Q24YSAPTCMalesEighteen | Numeric | The number of male clients 18 years of age and older who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KI | Q24YSAPTCFemalesEighteen | Numeric | The number of female clients 18 years of age and older who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KJ | Q24YSAPTCFamilyReferrals | Numeric | The number of family referrals to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KK | Q24PTCMalesUnderTwelve | Numeric | The number of male clients under 12 years of age who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KL | Q24PTCFemalesUnderTwelve | Numeric | The number of female clients under 12 years of age who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KM | Q24PTCMalesTwelveToSeventeen | Numeric | The number of male clients 12 to 17 years of age who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KN | Q24PTCFemalesTwelveToSeventeen | Numeric | The number of female clients 12 to 17 years of age who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KO | Q24PTCMalesEighteen | Numeric | The number of male clients 18 years of age and older who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KP | Q24PTCFemalesEighteen | Numeric | The number of female clients 18 years of age and older who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KQ | Q24PTCFamilyReferrals | Numeric | The number of family referrals to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KR | Q24OTCMalesUnderTwelve | Numeric | The number of male clients under 12 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KS | Q24OTCFemalesUnderTwelve | Numeric | The number of female clients under 12 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KT | Q24OTCMalesTwelveToSeventeen | Numeric | The number of male clients 12 to 17 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KU | Q24OTCFemalesTwelveToSeventeen | Numeric | The number of female clients 12 to 17 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KV | Q24OTCMalesEighteen | Numeric | The number of male clients 18 years of age and older who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| KW | Q24OTCFemalesGEEighteen | Numeric | The number of female clients 18 years of age and older who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KX | Q24OTCFamilyReferrals | Numeric | The number of family referrals to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KY | Q25RHAHSZMentalWellnessPromotion | 0=No 1=Yes | Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KZ | Q25RHAHSZDetoxServ | 0=No 1=Yes | Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LA | Q25RHAHSZAddictionTreatmentAftercare | 0=No 1=Yes | Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LB | Q25RHAHSZSuicidePrevention | 0=No 1=Yes | Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LC | Q25RHAHSZMentalHealthTreatmentAftercare | 0=No 1=Yes | Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LD | Q25RHAHSZClientCaseManagement | 0=No 1=Yes | Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LE | Q25RHAHSZCrisisResponse | 0=No 1=Yes | Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LF | Q25EOMentalWellnessPromotion | 0=No 1=Yes | Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LG | Q25EODetoxServ | 0=No 1=Yes | Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LH | Q25E0AddictionTreatmentAftercare | 0=No 1=Yes | Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LI | Q25E0SuicidePrevention | 0=No 1=Yes | Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LJ | Q25E0MentalHealthTreatmentAftercare | 0=No 1=Yes | Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LK | Q25E0ClientCaseManagement | 0=No 1=Yes | Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LL | Q25E0CrisisResponse | 0=No 1=Yes | Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LM | Q25NPOMentalWellnessPromotion | 0=No 1=Yes | Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LN | Q25NPODetoxServ | 0=No 1=Yes | Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LO | Q25NPOAddictionTreatmentAftercare | 0=No 1=Yes | Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LP | Q25NPOSuicidePrevention | 0=No 1=Yes | Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LQ | Q25NPOMentalHealthTreatmentAftercare | 0=No 1=Yes | Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LR | Q25NPOClientCaseManagement | 0=No 1=Yes | Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LS | Q25NPOCrisisResponse | 0=No 1=Yes | Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LT | Q25POLMentalWellnessPromotion | 0=No 1=Yes | Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LU | Q25POLDetoxServ | 0=No 1=Yes | Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LV | Q25POLAddictionTreatmentAftercare | 0=No 1=Yes | Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LW | Q25POLSuicidePrevention | 0=No 1=Yes | Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |

| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
|------------|--------|--|
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| Column # | Data Field | Response options | Description |
|-------------------|---|--|---|
| | | | |
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. | |
| | YELLOW | Have privacy implications, and cannot be shared. | |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. | |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) | |
| Column # | Data Field | Response options | Description |
| LX | Q25POLMentalHealthTreatmentAftercare | 0=No 1=Yes | Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LY | Q25POLClientCaseManagement | 0=No 1=Yes | Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LZ | Q25POLCrisisResponse | 0=No 1=Yes | Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| MA | Q25PROVMentalWellnessPromotion | 0=No 1=Yes | Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| MB | Q25PROVDetoxServ | 0=No 1=Yes | Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| MC | Q25PROVAddictionTreatmentAftercare | 0=No 1=Yes | Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| MD | Q25PROVSuicidePrevention | 0=No 1=Yes | Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| ME | Q25PROVMentalHealthTreatmentAftercare | 0=No 1=Yes | Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| MF | Q25PROVClientCaseManagement | 0=No 1=Yes | Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| MG | Q25PROVCrisisResponse | 0=No 1=Yes | Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| MH | Q26aHCTrackingToolsUsedTrackMentalWellnessActivitiesYesOrNo | 0=No 1=Yes | Health Canada tracking tools were used to track Mental Wellness activities during the reporting year. |
| MI | Q26bNameOfTrackingTool | Text | The name of the tracking tool(s) used to track Mental Wellness activities during the reporting year. Asked only of those communities that reported using a Health Canada tracking tool. |
| MJ | Q26cTrackingToolUsefulTrackingWorkMentalWellness | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool(s) was useful in tracking work in Mental Wellness. Asked only of those communities that reported using a Health Canada tracking tool. |
| MK | Q26dTrackingToolAidedCompletionCBRT | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool(s) aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool. |
| ML | Q26eTrackingToolUsefulAcrossActivityAreas | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool(s) was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool. |
| MM | Q27PAAwarenessActivities | 0=No 1=Yes | Awareness activities related to physical activity were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MN | Q27PAWalkingClubs | 0=No 1=Yes | Walking clubs were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MO | Q27PASportRecreationActivities | 0=No 1=Yes | Sport/recreation activities (e.g., soccer, basketball, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MP | Q27PATraditionalPhysicalActivities | 0=No 1=Yes | Traditional physical activities (e.g., jiggling, dancing, games, showshoeing, canoeing) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MQ | Q27NUTRITIONCookingSessions | 0=No 1=Yes | Cooking sessions or classes (including community kitchens) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MR | Q27NUTRITIONTraditionalHarvesting | 0=No 1=Yes | Traditional harvesting, food preparation, food preservation activities (e.g., berry picking, cleaning fish, canning, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MS | Q27NUTRITIONHealthyEatingAwareness | 0=No 1=Yes | Healthy eating awareness and education activities (e.g., health fairs, radio shows, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MT | Q27NUTRITIONGroceryTours | 0=No 1=Yes | Grocery tours were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| MU | Q27NUTRITIONCommunityGardens | 0=No 1=Yes | Community gardens were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MV | Q27NUTRITIONGoodFoodBoxes | 0=No 1=Yes | Good food boxes were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MW | Q27NUTRITIONFoodVouchers | 0=No 1=Yes | Food vouchers were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MX | Q27NUTRITIONSchoolBasedFeedingProgram | 0=No 1=Yes | School-based feeding programs were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MY | Q27ADDITIONALDiabetesInfoSessions | 0=No 1=Yes | Diabetes information sessions or workshops were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MZ | Q27ADDITIONALDevelopmentResourceMaterial | 0=No 1=Yes | Development of resource materials (e.g., posters, cookbooks, displays, guides, etc.) occurred during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| NA | Q27ADDITIONALInjuryPreventionTraining | 0=No 1=Yes | Injury prevention training and awareness raising activities (e.g., safety committees, tool kits, "A Journey to the Teachings" training, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| NB | Q28DiabetesDiagnosticScreening | 0=No 1=Yes | Diabetes diagnostic screening services (e.g., fasting glucose, OGTT) were conducted in the community during the reporting year. |
| NC | Q28NumberIndividualsScreenedReportingYear | Numeric | The number of individuals that received diabetes diagnostic screening services (e.g., fasting glucose, OGTT) in the community during the reporting year. Asked only of those communities that provided this service. |
| ND | Q28NonDiagnosticDiabetesAwarenessPrevention | 0=No 1=Yes | Non-diagnostic diabetes awareness/prevention screening services (i.e., non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc.) were provided in the community during the reporting year. |
| NE | Q28EstimateNonDiagnostic | Numeric | An estimate of the number of non-diagnostic screenings (i.e., non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc.) conducted in the community during the reporting year. |
| NF | Q29DiabetesSupportHealthyLivingGroups | 0=No 1=Yes | Diabetes Support or healthy living groups were provided as part of the Diabetes Management initiatives in the community. |
| NG | Q29ScreeningComplicationsRetinalScreening | 0=No 1=Yes | Retinal screening services for diabetes related complications were provided as part of the Diabetes Management initiatives in the community. |
| NH | Q29ScreeningComplicationsRenalScreening | 0=No 1=Yes | Renal screening services for diabetes related complications were provided as part of the Diabetes Management initiatives in the community. |
| NI | Q29Referrals | 0=No 1=Yes | Referrals to health professionals or services were provided as part of the Diabetes Management initiatives in the community. |
| NJ | Q29DiabetesSelfManagementSessions | 0=No 1=Yes | Diabetes self-management sessions were provided as part of the Diabetes Management initiatives in the community. |
| NK | Q30SupportDiabetesEducationClinicsTraining | 0=No 1=Yes | Provided or supported diabetes education clinics and training for clients to support their self-management in the community. |
| NL | Q30NumberofIndividualsServed | Numeric | The number of individuals served by diabetes education clinics and training for self-management of diabetes provided by the community. Asked only of those communities that provided this service. |
| NM | Q30FootClinicsProvided | 0=No 1=Yes | Foot clinics were provided as part of the Diabetes Clinics and Training initiatives in the community. |
| NN | Q30NumberIndividualsServed | Numeric | The number of individuals served by diabetes related foot clinics provided by the community. Asked only of those communities that provided this service. |
| NO | Q31RHAHSZHealthyEatingNutrition | 0=No 1=Yes | Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NP | Q31RHAHSZPhysicalActivityRecreation | 0=No 1=Yes | Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NQ | Q31RHAHSZSpecialistCare | 0=No 1=Yes | Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NR | Q31RHAHSZInjuryPrevention | 0=No 1=Yes | Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NS | Q31RHAHSZTreatmentManagement | 0=No 1=Yes | Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NT | Q31RHAHSZDiagnosticScreening | 0=No 1=Yes | Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NU | Q31EOHealthyEatingNutrition | 0=No 1=Yes | Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NV | Q31EOPhysicalActivityRecreation | 0=No 1=Yes | Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|---|---|
| NW | Q31E0SpecialistCare | 0=No 1=Yes | Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NX | Q31E0InjuryPrevention | 0=No 1=Yes | Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NY | Q31E0TreatmentManagement | 0=No 1=Yes | Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NZ | Q31E0DiagnosticsScreening | 0=No 1=Yes | Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OA | Q31NPOHealthyEatingNutrition | 0=No 1=Yes | Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OB | Q31NPOPhysicalActivityRecreation | 0=No 1=Yes | Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OC | Q31NPOSpecialistCare | 0=No 1=Yes | Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OD | Q31NPOInjuryPrevention | 0=No 1=Yes | Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OE | Q31NPOTreatmentManagement | 0=No 1=Yes | Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OF | Q31NPODiagnosticsScreening | 0=No 1=Yes | Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OG | Q31PROHealthyEatingNutrition | 0=No 1=Yes | Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OH | Q31PROPhysicalActivityRecreation | 0=No 1=Yes | Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OI | Q31PROSpecialistCare | 0=No 1=Yes | Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OJ | Q31PROInjuryPrevention | 0=No 1=Yes | Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OK | Q31PROTreatmentManagement | 0=No 1=Yes | Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OL | Q31PRODiagnosticsScreening | 0=No 1=Yes | Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| OM | Q32aDiabetesTrackingToolChronicDiseaseRegistryT1T2 | 0=No 1=Yes | A diabetes tracking tool, chronic disease registry, or other tracking system was used to track clients living with type 1 and type 2 diabetes or other chronic diseases in the community. |
| ON | Q32bType1 | Numeric | The number of individuals in the community living with type 1 diabetes according to the tracking system used by the community. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| OO | Q32bType2 | Numeric | The number of individuals in the community living with type 2 diabetes according to the tracking system used by the community. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| OP | Q32cWasTrackingToolProvided | 0=No 1=Yes | The tracking tool used by the community to track diabetes was provided by Health Canada. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| OQ | Q32dProvideNameTrackingTool | Text | Name of the Health Canada tracking tool used by the community to track diabetes. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| OR | Q32eTrackingToolHL | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The tracking tool(s) was useful in tracking work in Healthy Living. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| OS | Q32fTrackingToolHLCCompletionCBRT | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The tracking tool(s) aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| OT | Q32gTrackingToolUsefulActivitiesAreasHL | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The tracking tool(s) was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| OU | Q33NumberPeopleWorkingCDCMCommunity | Numeric | The number of health care workers working in Communicable Disease Control and Management (CDCM) in the community. |
| OV | | | |
| OW | | | |
| OX | | | |
| OY | | | |
| OZ | | | |
| PA | | | |
| PB | | | |
| PC | | | |
| PD | Q35HIVAIDSBloodBorneSTIs | Numeric | The number of HIV/AIDS-blood borne and sexually transmitted infections awareness and education activities conducted in the community. |
| PE | Q35TB | Numeric | The number of tuberculosis awareness and education activities conducted in the community. |
| PF | Q35Immunization | Numeric | The number of immunization awareness and education activities conducted in the community. |
| PG | Q35PandemicPlanning | Numeric | The number of pandemic planning awareness and education activities conducted in the community. |
| PH | Q35InfectionPreventionControl | Numeric | The number of infection prevention and control awareness and education activities conducted in the community. |
| PI | Q36FNIHBNationalOffice | 0=No 1=Yes | A health status report that included data on communicable diseases was received by the community from the First Nations and Inuit Health Branch national office. |
| PJ | Q36FNIHRegionalOffice | 0=No 1=Yes | A health status report that included data on communicable diseases was received by the community from the First Nations and Inuit Health Branch regional office. |
| PK | Q36Province | 0=No 1=Yes | A health status report that included data on communicable diseases was received by the community from the Province. |
| PL | Q36DistrictRHA | 0=No 1=Yes | A health status report that included data on communicable diseases was received from the District/Regional Health Authority. |
| PM | Q36Other | 0=No 1=Yes | A health status report that included data on communicable diseases was received from Other Organization. |
| PN | Q37aReportReceivedInformationSpecific | 0=No 1=Yes | The community received a health status report that included data on communicable diseases, and information that was specific to the community. Asked only of those communities that reported receiving a health status report on communicable diseases. |
| PO | Q37bUseReportProgrammingDecisions | 0=No 1=Yes | The community used the health status report that included data on communicable diseases for programming decisions in the community. Asked only of those communities that reported receiving a health status report on communicable diseases. |
| PP | Q37bBriefDescription | Text | A brief description of either a) how the health status report that included data on communicable diseases was used by the community, or b) why the health status report was not used by the community. |
| PQ | Q38aCommunityPandemicPlan | 0=No 1=Yes | The community had a pandemic plan as part of its Communicable Disease Control and Management initiatives. |
| PR | Q38bCommunityPandemicPlanLastUpdated | YYYY-MM-DD | The date that the Pandemic Plan was last updated. Asked only of those communities that reported having a pandemic plan. |
| PS | Q38cCommunityTestedPandemicPlanEngagingAppropriateStakeholders | 0=No 1=Yes | The community has tested the Pandemic Plan engaging the appropriate stakeholders as identified in the plan. Asked only of those communities that reported having a pandemic plan. |
| PT | Q38dCommunityPlanTestedDate | YYYY-MM-DD | The date that the Pandemic Plan was last tested. Asked only of those communities that had tested the plan engaging the appropriate stakeholders as identified in the plan. |
| PU | Q38eCommunityAllHazardsEmergencyPlan | 0=No 1=Yes | The community had an all hazards emergency plan. Asked only of those communities that reported having a pandemic plan. |
| PV | Q38fCommunityPlanBeenIntegratedEmergencyManagementPlan | 0=No 1=Yes | The community Pandemic Plan has been integrated with the Emergency Management Plan. Asked only of those communities that reported having an all hazards emergency plan. |
| PW | Q39PNChildrenLTOneYear | Numeric | The number of children less than 1 year of age living in the community (i.e., on-reserve population including non-First Nations). |
| PX | Q39PNChildrenOneToFourYears | Numeric | The number of children 1 to 4 years of age living in the community (i.e., on-reserve population including non-First Nations). |
| PY | Q39PNChildrenYouthFiveToNineteenYears | Numeric | The number of children/youth 5 to 19 years of age living in the community (i.e., on-reserve population including non-First Nations). |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| PZ | Q39PNAAdultsTwentyToFiftyNineYears | Numeric | The number of adults 20 to 59 years of age living in the community (i.e., on-reserve population including non-First Nations). |
| QA | Q39PNAAdultsGESixtyYears | Numeric | The number of adults 60 years of age and older living in the community (i.e., on-reserve population including non-First Nations). |
| QB | Q39PNTotalPopulation | Numeric | The population count for the community (i.e., on-reserve population including non-First Nations). |
| QC | Q39PDSChildrenLTOneYear | Text | The data source used for the number of children less than 1 year of age living in the community (i.e., on-reserve population including non-First Nations). For example, INAC, Health Centre data, other community data. |
| QD | Q39PDSChildrenOneToFourYears | Text | The data source used for the number of children 1 to 4 years of age living in the community (i.e., on-reserve population including non-First Nations). For example, INAC, Health Centre data, other community data. |
| QE | Q39PDSChildrenYouthFiveToNineteenYears | Text | The data source used for the number of children/youth 5 to 19 years of age living in the community (i.e., on-reserve population including non-First Nations). For example, INAC, Health Centre data, other community data. |
| QF | Q39PDSAAdultsTwentyToFiftyNineYears | Text | The data source used for the number of adults 20 to 59 years of age living in the community (i.e., on-reserve population including non-First Nations). For example, INAC, Health Centre data, other community data. |
| QG | Q39PDSAAdultsGESixtyYears | Text | The data source used for the number of adults 60 years of age and older living in the community (i.e., on-reserve population including non-First Nations). For example, INAC, Health Centre data, other community data. |
| QH | Q40LTONEYEARDiphtheria | Numeric | The number of cases of Diphtheria in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QI | Q40LTONEYEARPertussis | Numeric | The number of cases of Pertussis in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QJ | Q40LTONEYEARTetanus | Numeric | The number of cases of Tetanus in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QK | Q40LTONEYEARPolio myelitis | Numeric | The number of cases of Poliomyelitis in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QL | Q40LTONEYEARHaemophilusInfluenzaeTypeB | Numeric | The number of cases of Haemophilus Influenzae type B (HiB) in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QM | Q40LTONEYEARMeasles | Numeric | The number of cases of Measles in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QN | Q40LTONEYEARMumps | Numeric | The number of cases of Mumps in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QO | Q40LTONEYEARRubella | Numeric | The number of cases of Rubella in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QP | Q40LTONEYEARHepatitisB | Numeric | The number of cases of Hepatitis B in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QQ | Q40LTONEYEARInvasiveMeningococcalDiseases | Numeric | The number of cases of Invasive Meningococcal Disease in children less than 1 year living in the community (i.e., on-reserve including non-First Nations). |
| QR | Q40LTONEYEARInvasivePneumococcalDisease | Numeric | The number of cases of Invasive Pneumococcal Disease in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QS | Q40LTONEYEARVaricella | Numeric | The number of cases of Varicella in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QT | Q40LTONEYEARSeasonalInfluenzaSI | Numeric | The number of cases of Seasonal Influenza (SI) in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations). |
| QU | Q40ONETOFOURDiphtheria | Numeric | The number of cases of Diphtheria in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| QV | Q40ONETOFOURPertussis | Numeric | The number of cases of Pertussis in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| QW | Q40ONETOFOURTetanus | Numeric | The number of cases of Tetanus in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| QX | Q40ONETOFOURPolio myelitis | Numeric | The number of cases of Poliomyelitis in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| QY | Q40ONETOFOURHaemophilusInfluenzaeTypeB | Numeric | The number of cases of Haemophilus Influenzae type B (HiB) in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| QZ | Q40ONETOFOURMeasles | Numeric | The number of cases of Measles in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RA | Q40ONETOFOURMumps | Numeric | The number of cases of Mumps in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| RB | Q40ONETOFOURRubella | Numeric | The number of cases of Rubella in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RC | Q40ONETOFOURHepatitisB | Numeric | The number of cases of Hepatitis B in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RD | Q40ONETOFOURInvasiveMeningococcalDiseases | Numeric | The number of cases of Invasive Meningococcal Disease in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RE | Q40ONETOFOURInvasivePneumococcalDisease | Numeric | The number of cases of Invasive Pneumococcal Disease in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RF | Q40ONETOFOURVaricella | Numeric | The number of cases of Varicella in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RG | Q40ONETOFOURSeasonalInfluenzaSI | Numeric | The number of cases of Seasonal Influenza (SI) in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RH | Q40FIVETONINETEEN Diphtheria | Numeric | The number of cases of Diphtheria in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RI | Q40FIVETONINETEEN Pertussis | Numeric | The number of cases of Pertussis in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RJ | Q40FIVETONINETEEN Tetanus | Numeric | The number of cases of Tetanus in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RK | Q40FIVETONINETEEN Poliomyelitis | Numeric | The number of cases of Poliomyelitis in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RL | Q40FIVETONINETEEN HaemophilusInfluenzaTypeBHiB | Numeric | The number of cases of Haemophilus Influenzae type B (HiB) in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RM | Q40FIVETONINETEEN Measles | Numeric | The number of cases of Measles in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RN | Q40FIVETONINETEEN Mumps | Numeric | The number of cases of Mumps in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RO | Q40FIVETONINETEEN Rubella | Numeric | The number of cases of Rubella in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RP | Q40FIVETONINETEEN HepatitisB | Numeric | The number of cases of Hepatitis B in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RQ | Q40FIVETONINETEEN InvasiveMeningococcal Diseases | Numeric | The number of cases of Invasive Meningococcal Disease in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RR | Q40FIVETONINETEEN InvasivePneumococcal Disease | Numeric | The number of cases of Invasive Pneumococcal Disease in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RS | Q40FIVETONINETEEN Varicella | Numeric | The number of cases of Varicella in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RT | Q40FIVETONINETEEN SeasonalInfluenzaSI | Numeric | The number of cases of Seasonal Influenza (SI) in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RU | Q40TWENTYTOFIFTY INEDiphtheria | Numeric | The number of cases of Diphtheria in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RV | Q40TWENTYTOFIFTY INEPertussis | Numeric | The number of cases of Pertussis in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RW | Q40TWENTYTOFIFTY INETetanus | Numeric | The number of cases of Tetanus in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RX | Q40TWENTYTOFIFTY INEPoliomyelitis | Numeric | The number of cases of Poliomyelitis in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RY | Q40TWENTYTOFIFTY INEHaemophilusInfluenzaTypeBHiB | Numeric | The number of cases of Haemophilus Influenzae type B (HiB) in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| RZ | Q40TWENTYTOFIFTY INEMeasles | Numeric | The number of cases of Measles in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| SA | Q40TWENTYTOFIFTY INEMumps | Numeric | The number of cases of Mumps in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| SB | Q40TWENTYTOFIFTYN INERubella | Numeric | The number of cases of Rubella in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| SC | Q40TWENTYTOFIFTYN INEHepatitisB | Numeric | The number of cases of Hepatitis B in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| SD | Q40TWENTYTOFIFTYN INEInvasiveMeningoco ccalDiseases | Numeric | The number of cases of Invasive Meningococcal Disease in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| SE | Q40TWENTYTOFIFTYN INEInvasivePneumoco ccalDisease | Numeric | The number of cases of Invasive Pneumococcal Disease in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| SF | Q40TWENTYTOFIFTYN INEVVaricella | Numeric | The number of cases of Varicella in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| SG | Q40TWENTYTOFIFTYN INESeasonalInfluenza | Numeric | The number of cases of Seasonal Influenza (SI) in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations). |
| SH | Q40GTSIXTYDiphtheria | Numeric | The number of cases of Diphtheria in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SI | Q40GTSIXTYPertussis | Numeric | The number of cases of Pertussis in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SJ | Q40GTSIXTYTetanus | Numeric | The number of cases of Tetanus in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SK | Q40GTSIXTYPolioyel itis | Numeric | The number of cases of Poliomyelitis in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SL | Q40GTSIXTYHaemop hilusInfluenzaTypeBHI | Numeric | The number of cases of Haemophilus Influenzae type B (HiB) in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SM | Q40GTSIXTYMeasles | Numeric | The number of cases of Measles in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SN | Q40GTSIXTYMumps | Numeric | The number of cases of Mumps in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SO | Q40GTSIXTYRubella | Numeric | The number of cases of Rubella in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SP | Q40GTSIXTYHepatitis | Numeric | The number of cases of Hepatitis B in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SQ | Q40GTSIXTYInvasiveM eningococcalDiseases | Numeric | The number of cases of Invasive Meningococcal Disease in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SR | Q40GTSIXTYInvasiveP neumococcalDisease | Numeric | The number of cases of Invasive Pneumococcal Disease in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SS | Q40GTSIXTYVaricella | Numeric | The number of cases of Varicella in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| ST | Q40GTSIXTYSeasonal nfluenzaSI | Numeric | The number of cases of Seasonal Influenza (SI) in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations). |
| SU | Q41TNDORDTapIPV | Numeric | The total number of DTaP-IPV vaccines received by the community. |
| SV | Q41TNDORDTapIPVHi | Numeric | The total number of DTaP-IPV-Hib vaccines received by the community. |
| SW | Q41TNDORDTap | Numeric | The total number of DTaP vaccines received by the community. |
| SX | Q41TNDORTdap | Numeric | The total number of Tdap vaccines received by the community. |
| SY | Q41TNDORHib | Numeric | The total number of Hib vaccines received by the community. |
| SZ | Q41TNDORMMR | Numeric | The total number of MMR vaccines received by the community. |
| TA | Q41TNDORHepatitisB | Numeric | The total number of Hepatitis B vaccines received by the community. |
| TB | Q41TNDORMeninococ calConjugate | Numeric | The total number of Meningococcal Conjugate vaccines received by the community. |
| TC | Q41TNDORPneumoco ccalConjugate | Numeric | The total number of Pneumococcal Conjugate vaccines received by the community. |
| TD | Q41TNDORVVaricella | Numeric | The total number of Varicella vaccines received by the community. |
| TE | Q41TNDORPneumoco ccalPolysaccharide | Numeric | The total number of Pneumococcal polysaccharide vaccines received by the community. |
| TF | Q41TNDORHPV | Numeric | The total number of HPV vaccines received by the community. |
| TG | Q41TNDORInfluenz | Numeric | The total number of Influenza vaccines received by the community. |
| TH | Q41TNDOROther | Numeric | The total number of Other vaccines received by the community. |
| TI | Q41NDWDtapIPV | Numeric | The total number of DTaP-IPV vaccines wasted by the community. |
| TJ | Q41NDWDtapIPVHib | Numeric | The total number of DTaP-IPV-Hib vaccines wasted by the community. |
| TK | Q41NDWDTap | Numeric | The total number of DTaP vaccines wasted by the community. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| Column # | Data Field | Response options | Description |
|----------|--|--|--|
| | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. | |
| | YELLOW | Have privacy implications, and cannot be shared. | |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. | |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) | |
| Column # | Data Field | Response options | Description |
| TL | Q41NDWTdap | Numeric | The total number of Tdap vaccines wasted by the community. |
| TM | Q41NDWHib | Numeric | The total number of Hib vaccines wasted by the community. |
| TN | Q41NDWMMR | Numeric | The total number of MMR vaccines wasted by the community. |
| TO | Q41NDWHepatitisB | Numeric | The total number of Hepatitis B vaccines wasted by the community. |
| TP | Q41NDWMeninocccalConjugate | Numeric | The total number of Meningococcal Conjugate vaccines wasted by the community. |
| TQ | Q41NDWPneumococcalConjugate | Numeric | The total number of Pneumococcal Conjugate vaccines wasted by the community. |
| TR | Q41NDWVaricella | Numeric | The total number of Varicella vaccines wasted by the community. |
| TS | Q41NDWPneumococcalPolysaccharide | Numeric | The total number of Pneumococcal polysaccharide vaccines wasted by the community. |
| TT | Q41NDWHPV | Numeric | The total number of HPV vaccines wasted by the community. |
| TU | Q41NDWinfluenzaA | Numeric | The total number of Influenza vaccines wasted by the community. |
| TV | Q41NDWOther | Numeric | The total number of Other vaccines wasted by the community. |
| TW | Q41NDLDCCBTdapIPV | Numeric | The total number of DTaP-IPV vaccines lost due to cold chain breakages in the community. |
| TX | Q41NDLDCCBTdapIP | Numeric | The total number of DTaP-IPV-Hib vaccines lost due to cold chain breakages in the community. |
| TY | Q41NDLDCCBTdap | Numeric | The total number of DTaP vaccines lost due to cold chain breakages in the community. |
| TZ | Q41NDLDCCBTdap | Numeric | The total number of Tdap vaccines lost due to cold chain breakages in the community. |
| UA | Q41NDLDCCBHib | Numeric | The total number of Hib vaccines lost due to cold chain breakages in the community. |
| UB | Q41NDLDCCBMMR | Numeric | The total number of MMR vaccines lost due to cold chain breakages in the community. |
| UC | Q41NDLDCCBHepatitisB | Numeric | The total number of Hepatitis B vaccines lost due to cold chain breakages in the community. |
| UD | Q41NDLDCCBMeninocccalConjugate | Numeric | The total number of Meningococcal Conjugate vaccines lost due to cold chain breakages in the community. |
| UE | Q41NDLDCCBPneumococcalConjugate | Numeric | The total number of Pneumococcal Conjugate vaccines lost due to cold chain breakages in the community. |
| UF | Q41NDLDCCBVaricella | Numeric | The total number of Varicella vaccines lost due to cold chain breakages in the community. |
| UG | Q41NDLDCCBPneumococcalPolysaccharide | Numeric | The total number of Pneumococcal polysaccharide vaccines lost due to cold chain breakages in the community. |
| UH | Q41NDLDCCBHPV | Numeric | The total number of HPV vaccines lost due to cold chain breakages in the community. |
| UI | Q41NDLDCCBInfluenzaA | Numeric | The total number of Influenza vaccines lost due to cold chain breakages in the community. |
| UJ | Q41NDLDCCBOther | Numeric | The total number of Other vaccines lost due to cold chain breakages in the community. |
| UK | Q42ImmunizationCoverageReportFormCompletedSubmittedReportingTemplate | 0=No 1=Yes | The immunization coverage report form was completed and submitted with the CBRT reporting template by the community. |
| UL | Q43TBTESTUNGMALES | Numeric | The number of males living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing. |
| UM | Q43MaleNumberOfPositive | Numeric | The number of males living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections and tested positive during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing. |
| UN | Q43MaleNumberOfNegative | Numeric | The number of males living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections and tested negative during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing. |
| UO | Q43MaleNumberClientsFurtherAssessedActive | Numeric | The number of males living on-reserve (including non-First Nations) who were given a tuberculosis (TST) as screening for latent tuberculosis and were further assessed for active tuberculosis during the reporting year from January 1 to December 31. |
| UP | Q43MaleNoTB | Numeric | The number of males living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and did not have tuberculosis during the reporting year from January 1 to December 31. |
| UQ | Q43MaleActiveTB | Numeric | The number of males living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and were diagnosed with active tuberculosis during the reporting year from January 1 to December 31. |
| UR | Q43MaleLTBI | Numeric | The number of males living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and were diagnosed with latent tuberculosis during the reporting year from January 1 to December 31. |
| US | Q43MalePopulationNumber | Numeric | The population count for all males living on-reserve (including non-First Nations) during the reporting year from January 1 to December 31. |
| UT | Q43MalePopulationDataSource | Text | The data source used for the community's population count of all males living on-reserve (including non-First Nations) for the reporting year January 1 to December 31. |
| UU | Q43TBTESTUNGFEMALES | Numeric | The number of females living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| Column # | Data Field | Response options | Description |
|----------|---|--|--|
| | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. | |
| | YELLOW | Have privacy implications, and cannot be shared. | |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. | |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) | |
| UV | Q43FemaleNumberOfPositive | Numeric | The number of females living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections and tested positive during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing. |
| UW | Q43FemaleNumberOfNegative | Numeric | The number of females living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections and tested negative during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing. |
| UX | Q43FemaleNumberClientsFurtherAssessedActiveTB | Numeric | The number of females living on-reserve (including non-First Nations) who were given a tuberculosis (TST) as screening for latent tuberculosis and were further assessed for active tuberculosis during the reporting year from January 1 to December 31. |
| UY | Q43FemaleNoTB | Numeric | The number of females living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and did not have tuberculosis during the reporting year from January 1 to December 31. |
| UZ | Q43FemaleActiveTB | Numeric | The number of females living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and were diagnosed with active tuberculosis during the reporting year from January 1 to December 31. |
| VA | Q43FemaleLTBI | Numeric | The number of females living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and were diagnosed with latent tuberculosis during the reporting year from January 1 to December 31. |
| VB | Q43FemalePopulationNumber | Numeric | The population count for all females living on-reserve (including non-First Nations) during the reporting year from January 1 to December 31. |
| VC | Q43FemalePopulationDataSource | Text | The data source used for the community's population count of all females living on-reserve (including non-First Nations) for the reporting year January 1 to December 31. |
| VD | Q44NANoProvincialTBPreventionControlProg | 0=No 1=Yes | The community did not use tuberculosis clinical, treatment, health promotion, or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs because these programs were not available. |
| VE | Q44YESCommunityAvailableExpertiseResources | 0=No 1=Yes | The community made use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| VF | Q44NOCCommunityDoesNotMakeAvailableExpertiseResources | 0=No 1=Yes | The community did not make use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| VG | Q44ProgramDevelopment | 0=No 1=Yes | The community used program development expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| VH | Q44ProgramImplementation | 0=No 1=Yes | The community used program implementation expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| VI | Q44ProgramEvaluation | 0=No 1=Yes | The community used program evaluation expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| VJ | Q44Research | 0=No 1=Yes | The community used research expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| VK | Q44ClinicalAdvice | 0=No 1=Yes | The community used clinical advice expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| VL | Q45HIVTestingAccessibleOnOrNearReserve | 0=No 1=Yes | HIV testing was accessible on or near the reserve. |
| VM | Q45HIVTreatmentAccessibleOnOrNearReserve | 0=No 1=Yes | HIV treatment was accessible on or near the reserve. |
| VN | Q46HIVAIDSSupportGroupsCommunity | 0=No 1=Yes | HIV/AIDS support groups were available in the community. |
| VO | Q46LimitedFunding | 0=No 1=Yes | The community did not have HIV/AIDS support groups because of limited funding. Asked only of those communities that did not have HIV/AIDS support groups. |
| VP | Q46InsufficientCapacityEstablishLeadSupportGroups | 0=No 1=Yes | The community did not have HIV/AIDS support groups because of an insufficient capacity to establish and lead support groups. Asked only of those communities that did not have HIV/AIDS support groups. |
| VQ | Q46NeedSupportGroupsNotIdentified | 0=No 1=Yes | The community did not have HIV/AIDS support groups because the need for support groups was not identified. Asked only of those communities that did not have HIV/AIDS support groups. |
| VR | Q46IndividualsHIVPreferNotToInvolveHealthCentreStaff | 0=No 1=Yes | The community did not have HIV/AIDS support groups because individuals with HIV prefer not to involve health centre staff in their follow-up. Asked only of those communities that did not have HIV/AIDS support groups. |
| VS | Q46IndividualsHIVPreferAccessServicesOffReserve | 0=No 1=Yes | The community did not have HIV/AIDS support groups because individuals with HIV prefer to access services off-reserve, especially for HIV/Sexually transmitted infections. Asked only of those communities that did not have HIV/AIDS support groups. |
| VT | Q46OtherReasons | 0=No 1=Yes | The community did not have HIV/AIDS support groups because of other reasons (e.g., stigma associated with HIV/AIDS). Asked only of those communities that did not have HIV/AIDS support groups. |
| VU | Q47CommunityCollectAdditionalInformationBloodBornePathogens | 0=No 1=Yes | Additional information on blood borne pathogens and sexually transmitted infections was collected by the community. |
| VV | Q47AdditionalInformationCollected | Text | A description of the types of additional information on blood borne pathogens and sexually transmitted infections collected by the community. Asked only of those communities that reported collecting additional information on blood borne pathogens and sexually transmitted infections. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| VW | Q48DoesCommunityOrGaCollaboServDelivArrangHCCServSupExtPr | 0=No 1=Yes | The community or organization had a collaborative service delivery arrangement for Home and Community Care services or supports with external providers. Collaborative arrangements may be formal with a written agreement in the form of a Memorandum of Understanding, protocol, agreement, contract, etc. or informal with a non-written agreement to provide services or information to support Home and Community Care clients services in the community. |
| VX | Q48NumberOfAgreeDis-trictOrRHA | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with the District or Regional Health Authority. Asked only of those communities that reported having collaborative service delivery arrangements for Home and Community Care services or supports. |
| VY | Q48NumberOfAgreeHo-sitals | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with hospitals. Asked only of those communities that reported having collaborative service delivery arrangements for Home and Community Care services or supports. |
| VZ | Q48NumberOfAgreeCli-entCareAccessCentres | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with Client Care Access Centres. Asked only of those communities that reported having collaborative service delivery arrangements for Home and Community Care services or supports. |
| WA | Q48NumberOfAgreeOth-er | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with other organizations. Asked only of those communities that reported having collaborative service delivery arrangements for Home and Community Care services or supports. |
| WB | Q49ProcessPlaceMan-ageHCCComplaintsAp-pelasYesOrNo | 0=No 1=Yes | The community had a process in place to manage Home and Community Care complaints and appeals. |
| WC | Q50HCCIncidentOccur-enceReportingProcessI-nPlaceYesOrNo | 0=No 1=Yes | The community had a Home and Community Care incident and occurrence reporting process in place. |
| WD | Q51HCCPogramAccre-ditedByAccreditationC-anadaOrOtherRecogni-zedAccreditationOrgan-izationYesOrNo | 0=No 1=Yes | The community's Home and Community Care program has been accredited by Accreditation Canada or another recognized accreditation organization. |
| WE | Q52NumberOfCommuni-tyMembersAccessedCCCServicesLeastOnc- | Numeric | The number of community members that accessed Clinical and Client Care services at least once during the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WF | Q53UrgentUnderOneYe-ar | Numeric | The number of service encounters for urgent clinical services for community members under 1 year of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WG | Q53UrgentOneToFour-Years | Numeric | The number of service encounters for urgent clinical services for community members 1-4 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WH | Q53UrgentFiveToNinet-teenYears | Numeric | The number of service encounters for urgent clinical services for community members 5-9 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WI | Q53UrgentTwentyToF-ortyFourYears | Numeric | The number of service encounters for urgent clinical services for community members 20-44 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WJ | Q53UrgentFortyFivet-oSixtyFourYears | Numeric | The number of service encounters for urgent clinical services for community members 45-64 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WK | Q53UrgentOverSixtyFiv-eYears | Numeric | The number of service encounters for urgent clinical services for community members 65 years of age and older. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WL | Q53UrgentTotalEncou-nters | Numeric | The total number of service encounters for urgent clinical services for community members. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WM | Q53NonUrgentUnderO-neYear | Numeric | The number of service encounters for non-urgent clinical services for community members under 1 year of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WN | Q53NonUrgentOneToF-ourYears | Numeric | The number of service encounters for non-urgent clinical services for community members 1-4 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WO | Q53NonUrgentFiveToN-ineteenYears | Numeric | The number of service encounters for non-urgent clinical services for community members 5-19 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WP | Q53NonUrgentTwenty-ToFortyFourYears | Numeric | The number of service encounters for non-urgent clinical services for community members 20-44 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WQ | Q53NonUrgentFortyFiv-eToSixtyFourYears | Numeric | The number of service encounters for non-urgent clinical services for community members 45-64 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WR | Q53NonUrgentOverSix-tyFiveYears | Numeric | The number of service encounters for non-urgent clinical services for community members 65 years of age and older. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WS | Q53NonUrgentTotalEn-counters | Numeric | The total number of service encounters for non-urgent clinical services for community members. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WT | Q54NEDiagnosticScre-eningPreventativeProce-dures | Numeric | The number of primary care encounters related to diagnostic, screening and preventative procedures that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| Column # | Data Field | Response options | Description |
|------------|---|--|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. | |
| | YELLOW | Have privacy implications, and cannot be shared. | |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. | |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) | |
| WU | Q54NEMedicationProvisionClinicalProcedures | Numeric | The number of primary care encounters related to medication provision and clinical procedures that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WV | Q54NESymptomsComplaints | Numeric | The number of primary care encounters related to symptoms and complaints that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WW | Q54NEProvisionTestResultsFollowUp | Numeric | The number of primary care encounters related to provision of test results and follow-up that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WX | Q54NEReferrals | Numeric | The number of primary care encounters related to referrals that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WY | Q54NEChronicDiseaseManagement | Numeric | The number of primary care encounters related to chronic disease management that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| WZ | Q54NEOtherReasons | Numeric | The number of primary care encounters related to other reasons that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XA | Q55NursingPermanentFTEAllocatedDeliveryServicesNursingStationsHealthCentreWithTreatment | Numeric | The number of nursing permanent full-time equivalents allocated to deliver the services of the nursing station/health centre with treatment at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XB | Q55NursingPermanentFTEActuallyDeliveredServicesNursingStationHealthCentreTreatment | Numeric | The number of nursing permanent full-time equivalents that actually delivered the services of the nursing station/health centre with treatment at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XC | Q55NursingFTEBandEmployedNurses | Numeric | The number of nursing permanent full-time equivalents that were filled by band-employed nurses at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XD | Q55NursingFTEAgencyNurses | Numeric | The number of nursing permanent full-time equivalents that were filled by agency nurses at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XE | Q55NursingFTEContractHCNurses | Numeric | The number of nursing permanent full-time equivalents that were filled by contract (Health Canada) nurses at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XF | Q56TotalNumberOvertimeHoursWorkedNurse | Numeric | The total number of overtime hours worked by nurses at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XG | Q57TotalNumberContractHoursWorkedAgencyNurses | Numeric | The total number of contract hours worked by agency nurses at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XH | Q58NNCPathophysiology | Numeric | The number of nurses who completed the mandatory course/certification for Pathophysiology. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XI | Q58NNCAdvancedHealthAssessment | Numeric | The number of nurses who completed the mandatory course/certification for Advanced Health Assessment. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XJ | Q58NNCPharmacotherapeutics | Numeric | The number of nurses who completed the mandatory course/certification for Pharmacotherapeutics (including a module or course to meet the upcoming Section 56 Ministerial exemption on Controlled Drugs and Substances Act CDSA). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XK | Q58NNCBasicTraumaLifeSupport | Numeric | The number of nurses who completed the mandatory course/certification for Basic Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XL | Q58NNCInternationalTraumaLifeSupport | Numeric | The number of nurses who completed the mandatory course/certification for International Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XM | Q58NNCAdvancedTraumaLifeSupport | Numeric | The number of nurses who completed the mandatory course/certification for Advanced Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XN | Q58NNCBasicCardiacLifeSupportCPR | Numeric | The number of nurses who completed the mandatory course/certification for Basic Cardiac Life Support (CPR). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XO | Q58NNCAdvancedCardiacLifeSupport | Numeric | The number of nurses who completed the mandatory course/certification for Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XP | Q58NNCPaediatricAdvancedLifeSupport | Numeric | The number of nurses who completed the mandatory course/certification for Pediatric Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XQ | Q58NNCTraumaNurseCoreCourse | Numeric | The number of nurses who completed the mandatory course/certification for Trauma Nurse Core Course. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XR | Q58NNCImmunizationCertificate | Numeric | The number of nurses who completed the mandatory course/certification for Immunization certification. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| Column # | Data Field | Response options | Description |
|-------------------|--|--|--|
| | | | |
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. | |
| | YELLOW | Have privacy implications, and cannot be shared. | |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. | |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) | |
| XS | Q58TTHPathophysiology | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for Pathophysiology. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XT | Q58TTHAdvancedHealthAssessment | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for Advanced Health Assessment. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XU | Q58TTHPharmacotherapeutics | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for Pharmacotherapeutics (including a module or course to meet the upcoming Section 56 Ministerial exemption on Controlled Drugs and Substances Act CDSA). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XV | Q58TTHBasicTraumaLifeSupport | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for Basic Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XW | Q58TTHInternationalTraumaLifeSupport | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for International Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XX | Q58TTHAdvancedTraumaLifeSupport | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for Advanced Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XY | Q58TTHBasicCardiacLifeSupportCPR | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for Basic Cardiac Life Support (CPR). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| XZ | Q58TTHAdvancedCardiacLifeSupport | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YA | Q58TTHPaediatricAdvancedLifeSupport | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for Pediatric Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YB | Q58TTHTraumaNurseCoreCourse | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for Trauma Nurse Core Course. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YC | Q58TTHImmunizationCertificate | Numeric | The total number of training hours for nurses who completed the mandatory course/certification for Immunization certification. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YD | Q59NRGeneralPractitioners | Numeric | The number of referrals (scheduled and non-scheduled) made to general practitioners/family physicians outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YE | Q59NRPhysicianSpecialists | Numeric | The number of referrals (scheduled and non-scheduled) made to physician specialists outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YF | Q59NRDiagnosticClinicalLaboratories | Numeric | The number of referrals (scheduled and non-scheduled) made to diagnostic clinics or laboratories (e.g., mammography, X-rays, ultrasound, CT and other imaging) outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YG | Q59NRTherapyServices | Numeric | The number of referrals (scheduled and non-scheduled) made to therapy services (e.g., physiotherapy, occupational therapy) outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YH | Q59NRDentistsOralSurgeons | Numeric | The number of referrals (scheduled and non-scheduled) made to dentists/oral surgeons outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YI | Q59NRNursePractitioners | Numeric | The number of referrals (scheduled and non-scheduled) made to nurse practitioners outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YJ | Q60CommunityOrganizationCollaborativeServiceDeliveryArrangementsCCCServicesSupportsExternalProviders | 0=No 1=Yes | The community has a collaborative service delivery arrangement for Clinical and Client Care services with external providers. Collaborative arrangements may be formal with a written agreement in the form of a Memorandum of Understanding, contract, etc. or informal with a non-written agreement to provide services or information to support Clinical and Client Care services in the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YK | Q60NAGRDistrictRegionalHealthAuthority | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Clinical and Client Care services with the District or Regional Health Authority. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week, and that reported having a collaborative service delivery arrangement for Clinical and Client Care services. |
| YL | Q60NAGRHospitals | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Clinical and Client Care services with hospitals. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week, and that reported having a collaborative service delivery arrangement for Clinical and Client Care services. |
| YM | Q60NAGROther | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Clinical and Client Care services with other organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week, and that reported having a collaborative service delivery arrangement for Clinical and Client Care services. |
| YN | Q61ProcessPlaceManageCCCComplaintsAppeals | 0=No 1=Yes | The community had a process in place to manage Clinical and Client Care complaints and appeals. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YO | Q62CCCIncidentOccurrenceReportingProcessPlace | 0=No 1=Yes | The community had a Clinical and Client Care incident and occurrence reporting process in place. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| YP | Q63ReportsEHOAvailableHCDirectlyEHIS | 0=No 1=Yes | Reports from the environmental health officer who works in the community were available to Health Canada directly through the Environmental Health Information System. |
| YQ | Q64ProgramActivitiesEnteredEHIntoEHIS | 0=No 1=Yes | All programs have been entered by the community environmental health officer into the Environmental Health Information System for the entire reporting year. Asked only of those communities that reported that reports from the environmental health officer were available to Health Canada through the Environmental Health Information System. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| YR | Q65ProfessionalCompetenciesTraining | 0=No 1=Yes | The environmental health officer in the community completed professional competencies training during the reporting year. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| YS | Q65OtherTraining | 0=No 1=Yes | The environmental health officer in the community completed other training during the reporting year. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| YT | Q66NRICommunityWastewaterSystems | Numeric | The number of routine inspections of community wastewater systems conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| YU | Q66NRIPermanentFoodFacilities | Numeric | The number of routine inspections of permanent food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| YV | Q66NRISeasonalFoodFacilities | Numeric | The number of routine inspections of seasonal food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| YW | Q66NRISpecialEventFoodFacilities | Numeric | The number of routine inspections of special event food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| YX | Q66NRHealthFacilities | Numeric | The number of routine inspections of health facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| YY | Q66NRICommunityCareFacilities | Numeric | The number of routine inspections of community care facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| YZ | Q66NRIGeneralFacilities | Numeric | The number of routine inspections of general facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZA | Q66NRIRecreationalFacilities | Numeric | The number of routine inspections of recreational facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZB | Q66NRIRecreationalWaterFacilities | Numeric | The number of routine inspections of recreational water facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZC | Q66NRISolidWasteDisposalSites | Numeric | The number of routine inspections of solid waste disposal sites conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZD | Q66NRINSPNewOnSiteSewageDisposalSystems | Numeric | The number of requested inspections of new on-site sewage disposal systems conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZE | Q66NRINSPExistingOnSiteSewageDisposalSystems | Numeric | The number of requested inspections of existing on-site sewage disposal systems conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZF | Q66NRINSPCommunityWasteWaterSystems | Numeric | The number of requested inspections of community wastewater systems conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZG | Q66NRINSPHousingUnits | Numeric | The number of requested inspections of housing units conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZH | Q66NRINSPPermanentFoodFacilities | Numeric | The number of requested inspections of permanent food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZI | Q66NRINSPSeasonalFoodFacilities | Numeric | The number of requested inspections of seasonal food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZJ | Q66NRINSPSpecialEventFoodFacilities | Numeric | The number of requested inspections of special event food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZK | Q66NRINSPHealthFacilities | Numeric | The number of requested inspections of health facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZL | Q66NRINSPCommunityCareFacilities | Numeric | The number of requested inspections of community care facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZM | Q66NRINSPGeneralFacilities | Numeric | The number of requested inspections of general facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZN | Q66NRINSPRecreationalFacilities | Numeric | The number of requested inspections of recreational facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZO | Q66NRINSPRecreationalWaterFacilities | Numeric | The number of requested inspections of recreational water facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZP | Q66NRINSPSolidWasteDisposalSites | Numeric | The number of requested inspections of solid waste disposal sites conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZQ | Q66TNTFYCNewOnSiteSewageDisposalSystems | Numeric | The total number of new on-site sewage disposal systems in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZR | Q66TNTFYCExistingOnSiteSewageDisposalSystems | Numeric | The total number of existing on-site sewage disposal systems in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| ZS | Q66TNTFYCCommunityWasteWaterSystems | Numeric | The total number of community wastewater systems in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZT | Q66TNTFYCHousingUnits | Numeric | The total number of housing units in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZU | Q66TNTFYCPermanentFoodFacilities | Numeric | The total number of permanent food facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZV | Q66TNTFYCSeasonalFoodFacilities | Numeric | The total number of seasonal food facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZW | Q66TNTFYCSpecialEventFoodFacilities | Numeric | The total number of special event food facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZX | Q66TNTFYCHealthFacilities | Numeric | The total number of health facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZY | Q66TNTFYCCommunityCareFacilities | Numeric | The total number of community care facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ZZ | Q66TNTFYCGeneralFacilities | Numeric | The total number of general facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAA | Q66TNTFYCRecreationalFacilities | Numeric | The total number of recreational facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAB | Q66TNTFYCRecreationalWaterFacilities | Numeric | The total number of recreational water facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAC | Q66TNTFYCSolidWasteDisposalSites | Numeric | The total number of solid waste disposal sites in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAD | Q67ANumberFoodborneIllnessInvestigationsCommunity | Numeric | The number of foodborne illness investigations completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAE | Q67AForEachIllnessInvestigationsProvideDetailsAlsoDescribeEHRoleOutcomesResultsInves | Text | The details of each foodborne illness investigation completed by the environmental health officer in the community including: type (e.g., listeriosis, salmonella, etc.), scope of investigation (e.g., duration, location, number of suspected or confirmed cases of each outbreak), the environmental health officer's role, and investigation outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having foodborne illness investigations in the community. |
| AAF | Q67BNumberWaterborneIllnessInvestigationsCommunity | Numeric | The number of waterborne illness investigations completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAG | Q67BBForEachIllnessInvestigationsProvideDetailsTypeScopeAlsoDescribeEHRoleOutcomesResultsInvestigation | Text | The details of each waterborne illness investigation completed by the environmental health officer in the community including: type (e.g., E coli, giardia, unidentified), scope of investigation (e.g., duration, location, number of suspected or confirmed cases of each outbreak), the environmental health officer's role, and investigation outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having waterborne illness investigations in the community. |
| AAH | Q67CNumberVectorborneIllnessInvestigations | Numeric | The number of vectorborne illness investigations completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAI | Q67CForEachIllnessInvestigationsProvideDetailsTypeScopeAlsoDescribeEHRoleOutcomesResultsInvestigation | Text | The details of each vectorborne illness investigation completed by the environmental health officer in the community including: type (e.g., animal bite/rabies, West Nile virus, unidentified), scope of investigation (e.g., duration, location, number of suspected or confirmed cases of each outbreak), the environmental health officer's role, and investigation outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having vectorborne illness investigations in the community. |
| AAJ | Q68NumberOtherEnvironmentalDiseaseInvestigations | Numeric | The number of other environmental disease investigations completed by the environmental health officer in the community. Other investigations are those for which the source is unknown or there are multiple sources. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAK | Q68SIXTYEIGHTForEachIllnessInvestigationsProvideDetailsTypeScopeAlsoDescribeEHRoleOutcomesResultsInve | Text | The details of each other environmental disease investigation completed by the environmental health officer in the community including: type (if known), scope of investigation (e.g., duration, location, number of suspected or confirmed cases of each outbreak), the environmental health officer's role, and investigation outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having other environmental investigations in the community. |
| AAL | Q69NumberZoonoticInterventionActivitiesCommunity | Numeric | The number of zoonotic intervention activities completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| AAM | Q69EachZoonoticInterventionActivityProvideDetailsAboutTypeScopeAlsoDescribeEHORoleOutcomesResultsInves | Text | The details of each zoonotic intervention activity completed by the environmental health officer in the community including: type (e.g., mosquito larviciding or adulticiding, dog control, rodent control), scope of surveillance activity (e.g., duration, location, number of suspected or confirmed cases of each outbreak), the environmental health officer's role, and surveillance outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having zoonotic intervention activities in the community. |
| AAN | Q70NumberEmergencyPlanningActivities | Numeric | The number of emergency planning activities completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAO | Q70ForEachEmergencyPlanningActivityProvideDetailsEHORoleOfOthersInvolvedTypesActivitiesUndertakenDurationOutcomesResults | Text | The details of each emergency planning activity completed by the environmental health officer in the community including: the environmental health officer's role, other parties involved, the types of activities undertaken, duration, and activity outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having emergency planning activities in the community. |
| AAP | Q71NumberEmergencyResponseEventsCommunity | Numeric | The number of emergency response events completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAQ | Q71ForEachEmergencyResponseEventProvideDetailsAboutEmergencyEventEHORoleOthersInvolvedTypesActivitiesUndertakenDurationOutcomesResults | Text | The details of each emergency response event completed by the environmental health officer in the community including: the environmental health officer's role, other parties involved, the types of activities undertaken, duration, and activity outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having emergency response events in the community. |
| AAR | Q72NumberEmergencyRecoveryActivitiesCommunity | Numeric | The number of emergency recovery activities completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAS | Q72ForEachEmergencyRecoveryEventProvideDetailsAboutEmergencyEventEHORoleOthersInvolvedTypesActivitiesUndertakenDurationOutcomesResults | Text | The details of each emergency recovery activity completed by the environmental health officer in the community including: the environmental health officer's role, other parties involved, the types of activities undertaken, duration, and activity outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having emergency recovery activities in the community. |
| AAT | Q73NSDFoodSafety | Numeric | The number of food safety (including food handler) training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAU | Q73NSDCCommunityBasedWaterMonitoringTraining | Numeric | The number of community-based water monitoring training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAV | Q73NSDHandWashingInfectionControl | Numeric | The number of hand washing and infection control training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAW | Q73NSDWHMIS | Numeric | The number of WHMIS (Workplace hazardous materials information system) training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAX | Q73NSDTransportationDangerousGoods | Numeric | The number of transportation of dangerous goods (TDG) training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAZ | Q73NSDOthers | Numeric | The number of other training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| AAZ | Q73TNPTFoodSafety | Numeric | The total number of people that received food safety (include food handler) training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ABA | Q73TNPTCommunityBasedWaterMonitoringTraining | Numeric | The total number of people that received community-based water monitoring training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ABB | Q73TNPTHandWashingInfectionControl | Numeric | The total number of people that received hand washing and infection control training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ABC | Q73TNPTWHMIS | Numeric | The total number of people that received WHMIS (Workplace hazardous materials information system) training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ABD | Q73TNPTTransportationDangerousGoods | Numeric | The total number of people that received transportation of dangerous goods (TDG) training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ABE | Q73TNPTOthers | Numeric | The total number of people that received other training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|--|
| ABF | Q74NumberEnvironmentalPublicHealthEducationalTrainingMaterialsDevelopedCommunity | Numeric | The number of environmental public health educational and training materials developed in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System. |
| ABG | Q74ForEachItemEducationalTrainingMaterialDevelopedProvideDetailsTypeMaterialEHORoleOtherPartners | Text | The details for each environmental public health educational and training material developed in the community including: the environmental health officer's role, the role of other partners, intended audience, distribution, and observed results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having developed environmental public health education and training material in the community. |
| ABH | Q75DrinkingWaterDataCollectedEHOCCommunityAvailableHCThroughDatabase | 0=No 1=Yes | The drinking water data collected by the environmental health officer in the community was available to Health Canada through a database (i.e., WaterTrax). |
| ABI | Q76NumberOfCBWMCCommunity | Numeric | The number of community-based drinking water quality monitors in the community during the reporting period. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABJ | Q76NumberOfCBWMCCommunityAttendedEducationalSessionOrReceivedOnSiteTraining | Numeric | The number of community-based drinking water quality monitors in the community who attended an educational session or received on-site training. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABK | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfSamplesAnalysedForBacteriologicalParametersUsingPortableKit | Numeric | The number of samples from piped water systems with 5 connections or more in the community that were analyzed for bacteriological parameters using a portable kit. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABL | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfSamplesAnalysedForBacteriologicalParametersAccreditedLaboratory | Numeric | The number of samples from piped water systems with 5 connections or more in the community that were analyzed for bacteriological parameters by an accredited laboratory. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABM | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfSamplesAnalysedForProtozoaParameters | Numeric | The number of samples from a piped water systems with 5 connections or more in the community that were analyzed for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABN | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfSamplesAnalysedForChemicalParameters | Numeric | The number of samples from piped water systems with 5 connections or more in the community that were analyzed for chemical parameters (routine and baseline). Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABO | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfSamplesAnalysedForTHMParametersWhenRequired | Numeric | The number of samples from piped water systems with 5 connections or more in the community that were analyzed for THM parameters when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABP | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfSamplesAnalysedForRadiologicalParameters | Numeric | The number of samples from piped water systems with 5 connections or more in the community that were analyzed for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABQ | Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForBacteriologicalParametersUsingPortableKit | Numeric | The number of samples from public water systems in the community that were analyzed for bacteriological parameters using a portable kit. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABR | Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForBacteriologicalParametersAccreditedLaboratory | Numeric | The number of samples from public water systems in the community that were analyzed for bacteriological parameters by an accredited laboratory. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| ABS | Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForProtozoaParameters | Numeric | The number of samples from public water systems in the community that were analyzed for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABT | Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForChemicalParameters | Numeric | The number of samples from public water systems in the community that were analyzed for chemical parameters (routine and baseline). Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABU | Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForTHMPParametersWhenRequired | Numeric | The number of samples from public water systems in the community that were analyzed for THM parameters when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABV | Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForRadiologicalParameters | Numeric | The number of samples from public water systems in the community that were analyzed for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABW | Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForBacteriologicalParametersUsingPortableKit | Numeric | Number of samples from trucked water systems in the community that were analyzed for bacteriological parameters using a portable kit. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABX | Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForBacteriologicalParametersAccreditedLaboratory | Numeric | The number of samples from trucked water systems in the community that were analyzed for bacteriological parameters by an accredited laboratory. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABY | Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForProtozoaParameters | Numeric | The number of samples from trucked water systems in the community that were analyzed for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ABZ | Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForChemicalParameters | Numeric | The number of samples from trucked water systems in the community that were analyzed for chemical parameters (routine and baseline). Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACA | Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForTHMPParametersWhenRequired | Numeric | The number of samples from trucked water systems in the community that were analyzed for THM parameters when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACB | Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForRadiologicalParameters | Numeric | The number of samples from trucked water systems in the community that were analyzed for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACC | Q76INDWATERSYSTEMSNumberSamplesAnalysedBacteriologicalParametersPortableKit | Numeric | The number of water samples from individual water systems in the community that were analyzed for bacteriological parameters using a portable kit. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACD | Q76INDWATERSYSTEMSNumberSamplesAnalysedBacteriologicalParametersAccreditedLaboratory | Numeric | The number of water samples from individual water systems in the community that were analyzed for bacteriological parameters by an accredited laboratory. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACE | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsWithFiveOrMoreConnections | Numeric | The number of piped water systems with 5 or more connections in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACF | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredWeeklyForBacteriologicalParameters | Numeric | The number of piped water systems with 5 or more connections in the community that were monitored weekly for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| ACG | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredOnlyBiWeekly | Numeric | The number of piped water systems with 5 or more connections in the community that were monitored only biweekly for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACH | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredOnlyMonthly | Numeric | The number of piped water systems with 5 or more connections in the community that were monitored only monthly for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACI | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsNeverMonitoredForBacteriologicalParameters | Numeric | The number of piped water systems with 5 or more connections in the community that were never monitored for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACJ | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredForProtozoaParameters | Numeric | The number of piped water systems with 5 or more connections in the community that were monitored for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACK | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredForRoutineChemicalParameters | Numeric | The number of piped water systems with 5 or more connections in the community that were monitored for routine chemical parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACL | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredForBaselineChemicalParametersInTheLastFiveYears | Numeric | The number of piped water systems with 5 or more connections in the community that were monitored for baseline chemical parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACM | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsThatRequireQuarterlyMonitoringForTHMs | Numeric | The number of piped water systems with 5 or more connections in the community that require quarterly monitoring for THMs. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACN | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredQuarterlyForTHMsWhenRequired | Numeric | The number of piped water systems with 5 or more connections in the community that were monitored quarterly for THMs when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACO | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredForRadiologicalParameters | Numeric | The number of piped water systems with 5 or more connections in the community that were monitored for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACP | Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredForRadiologicalParametersInTheLastFiveYears | Numeric | The number of piped water systems with 5 or more connections in the community that were monitored for radiological parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACQ | Q76PWSNumberOfPublicWaterSystemsInCommunity | Numeric | The number of public water systems in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACR | Q76PWSNumberOfPublicWaterSystemsAtLeastQuarterlyForBiologicalParameters | Numeric | The number of public water systems in the community that were monitored at least quarterly (including weekly, biweekly and monthly monitoring) for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| ACS | Q76PWSNumberOfPublicWaterSystemsNeverMonitoredForBacteriologicalParameters | Numeric | The number of public water systems in the community that were never monitored for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACT | Q76PWSNumberOfPublicWaterSystemsMonitoredForProtozoa | Numeric | The number of public water systems in the community that were monitored for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACU | Q76PWSNumberOfPublicWaterSystemsMonitoredForRoutineChemicalParameters | Numeric | The number of public water systems in the community that were monitored for routine chemical parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACV | Q76PWSNumberOfPublicWaterSystemsMonitoredForBaselineChemicalParametersLastFive | Numeric | The number of public water systems in the community that were monitored for baseline chemical parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACW | Q76PWSNumberOfPublicWaterSystemsRequireQuarterlyMonitoringTHM | Numeric | The number of public water systems in the community that require quarterly monitoring for THMs. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACX | Q76PWSNumberOfPublicWaterSystemsMonitoredQuarterlyforTHMWhenRequired | Numeric | The number of public water systems in the community that were monitored quarterly for THMs when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACY | Q76PWSNumberOfPublicWaterSystemsMonitoredForRadiologicalIP | Numeric | The number of public water systems in the community that were monitored for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ACZ | Q76PWSNumberOfPublicWaterSystemsMonitoredForRadiologicalIPParametersInTheLastFive | Numeric | The number of public water systems in the community that were monitored for radiological parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADA | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsCommunity | Numeric | The number of trucked water systems in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADB | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredAtLeastQuarterlyForBacteriologicalParameters | Numeric | The number of trucked water systems in the community that were monitored at least quarterly (including weekly, biweekly and monthly monitoring) for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADC | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsNeverMonitoredForBacteriologicalParameters | Numeric | The number of trucked water systems in the community that were never monitored for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADD | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForProtozoa | Numeric | The number of trucked water systems in the community that were monitored for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADE | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForRoutineChemicalParameters | Numeric | The number of trucked water systems in the community that were monitored for routine chemical parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADF | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForBaselineChemicalParametersInTheLastFiveYears | Numeric | The number of trucked water systems in the community that were monitored for baseline chemical parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| Column # | Data Field | Response options | Description |
|----------|---|------------------|---|
| ADG | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForTHMAtThePlant | Numeric | The number of trucked water systems in the community that were monitored for THMs at the plant. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADH | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsRequireQuarterlyMonitoring | Numeric | The number of trucked water systems in the community that required quarterly monitoring for THMs. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADI | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredQuarterlyTHMWhenRequired | Numeric | The number of trucked water systems in the community that were monitored for THMs when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADJ | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForRadiologicalParameters | Numeric | The number of trucked water systems in the community that were monitored for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADK | Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForRadiologicalParametersInLastFiveYears | Numeric | The number of trucked water systems in the community that were monitored for radiological parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADL | Q76INDWATERSYSTEMSNumberIndividualsWaterSystemsCommunity | Numeric | The number of individual water systems in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADM | Q76INDWATERSYSTEMSNumberIndividualsWaterSystemsMonitoredAtLeastOnceForBacteriologicalParameters | Numeric | The number of individual water systems in the community that were monitored at least once for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADN | Q76INDWATERSYSTEMSNumberIndividualsWaterSystemsMonitoredChemicalParameters | Numeric | The number of individual water systems in the community that were monitored for chemical parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADO | Q76DRINKINGWATERQUALITYMONITORINGNumberOfAllWaterDistributionSystemsCommunityMonitoredBacteriologicalParametersOnlyByTrainedCBWM | Numeric | The number of all water distribution systems (piped, public, trucked and individual) in the community that were monitored for bacteriological parameters only by a trained community-based drinking water quality monitor. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADP | Q76DRINKINGWATERQUALITYMONITORINGNumberOfAllWaterDistributionSystemsCommunityMonitoredBacteriologicalParametersOnlyByEHO | Numeric | The number of all water distribution systems (piped, public, trucked and individual) in the community that were monitored for bacteriological parameters only by an environmental health officer. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADQ | Q76DRINKINGWATERQUALITYMONITORINGNumberOfAllWaterDistributionSystemsCommunityMonitoredBacteriologicalParametersOnlyByTrainedCBWMorEHO | Numeric | The number of all water distribution systems (piped, public, trucked and individual) in the community that were monitored for bacteriological parameters by a trained community-based drinking water quality monitor or an environmental health officer. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |

| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
|------------|--------|--|
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 (continued)

| Column # | Data Field | Response options | Description |
|-------------------|--|--|--|
| | | | |
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. | |
| | YELLOW | Have privacy implications, and cannot be shared. | |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. | |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) | |
| ADR | Q76DRINKINGWATERQUALITYMONITORINGDoesCommunityHaveAccessToOnSiteTestKitsForBacteriologicalParameters | 0=No 1=Yes | The community had access to on-site test kits for bacteriological parameters (e.g., Colilert). Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADS | Q76DRINKINGWATERQUALITYMONITORINGDoesCommunityHaveAccessToChlorineResidualTestKits | 0=No 1=Yes | The community had access to chlorine residual test kits. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADT | Q76QANumberWaterDistributionSystemsSendingGETenPCTOfSamples | Numeric | The number of all water distribution systems (piped, public, trucked and individual) that sent at least 10% of samples to an accredited laboratory for bacteriological analyses. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADU | Q76QANumberWaterDistributionSystemsSendingBetweenFiveAndTenPCTOfSamples | Numeric | The number of all water distribution systems (piped, public, trucked and individual) that sent between 5 and 10% of samples to an accredited laboratory for bacteriological analyses. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADV | Q76QANumberWaterDistributionSystemsSendingLTFivePCTOfSamples | Numeric | The number of all water distribution systems (piped, public, trucked and individual) that sent less than 5% of samples to an accredited laboratory for bacteriological analyses. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADW | Q76DWINumberConfirmedCasesWaterborneIllnessIdentifiedCommunity | Numeric | The number of confirmed cases of waterborne illness identified in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADX | Q76DWINumberLaboratoryConfirmedOutbreaksWaterborneDiseases | Numeric | The number of laboratory confirmed outbreaks of waterborne diseases identified in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADY | Q76PANumberPublicAwarenessSessionsRelatedDrinkingWaterImplementedDeliveredCommunities | Numeric | The number of public awareness sessions related to drinking water implemented or delivered to the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database. |
| ADZ | Q76PASpecifyTypeSessionSubjectFormatAudiencePublicAwareness | Text | The details for each type of public awareness session related to drinking water including: type of session, subject, format, and audience. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database, and where the community reported delivering public awareness sessions. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18

Source: Unmodified information from ISC staff

| | | |
|------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--------------|---|--|
| A | FiscYr | yy-yy | The fiscal year during which the data was collected. E.g., '13-14' indicates the fiscal year 2013-2014. |
| B | Region | ALB ATL BC MB ON QC SK | Region that the community is located in. |
| C | Agnum | Text-Numeric | The contribution agreement number for the community. |
| D | BLFLTR | Block (Flexible or Flexible Transfer) CFNA Flexible Flexible (Transitional) Set | The highest type of funding model in the contribution agreement. |
| E | MultiCom | 0=No 1=Yes | The services delivered in the Agreement were for multiple communities. |
| F | NumCom | Numeric | The number of communities that services were delivered to. Asked only of those communities that reported delivering services to multiple communities. |
| G | ComName | Text | The name of the community. |
| H | ReciNam | Text | The organization / recipient name(s) linked to the agreement number. |
| I | HFName | Text | The name of the Health Facility Name linked to the agreement number. |
| J | StarDate | YYYY-MM-DD | The starting date of the fiscal year. |
| K | EndDate | YYYY-MM-DD | The end date of the fiscal year. |
| L | Submby | Text | The name of the person who submitted the completed CBRT template. |
| M | SubmPosition | Text | The position of the person who submitted the completed CBRT template. |
| N | SubmDat | YYYY-MM-DD | The date when the completed CBRT template was submitted. |
| O | Authby | Text | The name of the person who authorized the completed CBRT template. |
| P | AuthPosition | Text | The position of the person who authorized the completed CBRT template. |
| Q | AuthDat | YYYY-MM-DD | The date of authorization of the completed CBRT Template. |
| R | Hpreg | 0=No 1=Yes | Healthy Pregnancy and Early Infancy programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year. |
| S | EarChDev | 0=No 1=Yes | Early Childhood Development programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year. |
| T | OralH | 0=No 1=Yes | Oral Health programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year. |
| U | MHeSuiPr | 0=No 1=Yes | Mental Health and Suicide Prevention programs and services were provided in the community as part of the Mental Wellness initiatives during the reporting year. |
| V | SubAbuPr | 0=No 1=Yes | Substance Abuse Prevention programs and services were provided in the community as part of the Mental Wellness initiatives during the reporting year. |
| W | ChrDisPr | 0=No 1=Yes | Chronic Disease Prevention and Management programs and services were provided in the community as part of the Healthy Living initiatives during the reporting year. |
| X | InjPrev | 0=No 1=Yes | Injury Prevention programs and services were provided in the community as part of the Healthy Living initiatives during the reporting year. |
| Y | Immuni | 0=No 1=Yes | Vaccine-preventable Diseases and Immunization programs and services were provided in the community as part of the Communicable Disease Control and Management initiatives during the reporting year. |
| Z | BlBoDis | 0=No 1=Yes | Blood-Borne Disease and Sexually Transmitted Infections programs and services were provided in the community as part of the Communicable Disease Control and Management initiatives during the reporting year. |
| AA | ResPnf | 0=No 1=Yes | Respiratory Infections programs and services were provided in the community as part of the Communicable Disease Control and Management initiatives during the reporting year. |
| AB | ComDisEm | 0=No 1=Yes | Communicable Disease Emergencies programs and services were provided in the Communicable Disease Control and Management initiatives during the reporting year. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--------------------|------------------|---|
| AC | HomComCar | 0=No 1=Yes | Home and Community Care programs and services were provided in the community during the reporting year. |
| AD | ClinClCar | 0=No 1=Yes | Clinical and Client Care services* were provided in the community during the reporting year. *Clinical and Client Care services are defined as a nursing station or Health Centre with Treatment providing clinical and treatment services 24 hours a day either 5 or 7 days per week. |
| AE | CCCServ | 0=No 1=Yes | Clinical and Client Care services provided in the community during the reporting year were provided by Health Canada. Asked only of those communities that reported having Clinical and Client Care services. |
| AF | EnvPubHea | 0=No 1=Yes | Environmental Public Health programs and services were provided in the community during the reporting year. |
| AG | FTHealthManager | Numeric | The number of Full-Time Health Managers in the community at the end of the reporting year. |
| AH | FTBENP | Numeric | The number of Full-Time Band employed nurse practitioners in the community at the end of the reporting year. |
| AI | FTBDRN | Numeric | The number of Full-Time Band employed registered nurses in the community at the end of the reporting year. |
| AJ | FTBDLPN | Numeric | The number of Full-Time Band employed licensed practical nurses in the community at the end of the reporting year. |
| AK | FTHCENP | Numeric | The number of Full-Time Health Canada employed nurse practitioners in the community at the end of the reporting year. |
| AL | FTHCERN | Numeric | The number of Full-Time Health Canada employed registered nurses in the community at the end of the reporting year. |
| AM | FTHCELPN | Numeric | The number of Full-Time Health Canada employed licensed practical nurses in the community at the end of the reporting year. |
| AN | FTCBPOtherLicenced | Numeric | The number of Full-Time Other licensed or regulated Health Care Professionals in the community at the end of the reporting year. |
| AO | FTCBNNADAP | Numeric | The number of Full-Time Community-based health workers (e.g., CHR, NNADAP, ADI, AHSOR, CPNP, MCH Home Visitors, FASD Community Coordinators and Mentors, HCC Personal Care Workers, Youth Worker, Mental Health Worker) in the community at the end of the reporting year. |
| AP | FTCBAdmJanit | Numeric | The number of Full-Time Administrative, janitorial and housekeeping staff working in health facilities and for health programs in the community at the end of the reporting year. |
| AQ | PTHealthManager | Numeric | The number of Part Time Health Managers in the community at the end of the reporting year. |
| AR | PTBENP | Numeric | The number of Part-Time and visiting Band employed nurse practitioners in the community at the end of the reporting year. |
| AS | PTBDRN | Numeric | The number of Part-Time and visiting Band employed registered nurses in the community at the end of the reporting year. |
| AT | PTBDLPN | Numeric | The number of Part-Time and visiting Band employed licensed practical nurses in the community at the end of the reporting year. |
| AU | PTHCENP | Numeric | The number of Part-Time and visiting Health Canada employed nurse practitioners in the community at the end of the reporting year. |
| AV | PTHCERN | Numeric | The number of Part-Time and visiting Health Canada employed registered nurses in the community at the end of the reporting year. |
| AW | PTHCELPN | Numeric | The number of Part-Time and visiting Health Canada employed licensed practical nurses in the community at the end of the reporting year. |
| AX | PTCBPOtherLicenced | Numeric | The number of Part-Time and visiting Other licensed or regulated Health Care Professionals in the community at the end of the reporting year. |
| AY | PTCBNNADAP | Numeric | The number of Part-Time and visiting Community-based health workers (e.g., CHR, NNADAP, ADI, AHSOR, CPNP, MCH Home Visitors, FASD Community Coordinators and Mentors, HCC Personal Care Workers, Youth Worker, Mental Health Worker) in the community at the end of the reporting year. |
| AZ | PTCBAdmJanit | Numeric | The number of Part-Time and visiting Administrative, janitorial and housekeeping staff working in health facilities and for health programs in the community at the end of the reporting year. |
| BA | | | |
| BB | | | |
| BC | | | |
| BD | | | |
| BE | | | |
| BF | | | |
| BG | | | |
| BH | | | |
| | | | The variables and associated data for "Worker Information" are not included in this dataset. |
| BI | Q1NutDiet | 0=No 1=Yes | Nutrition or dietary screening activities and services were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| BJ | Q1OneNutEdu | 0=No 1=Yes | One-on-one nutrition counselling/education services were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| BK | Q1GrNutEdu | 0=No 1=Yes | Group nutrition counselling/education services were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| BL | Q1BabyFoo | 0=No 1=Yes | Baby food making workshops/classes were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| BM | Q1GrocSto | 0=No 1=Yes | Grocery store tours were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| BN | Q1FooVou | 0=No 1=Yes | Food vouchers were distributed as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community. |
| BO | Q1CommKit | 0=No 1=Yes | Community kitchens/community cooking classes were provided as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community. |
| BP | Q1FooBoxGr | 0=No 1=Yes | Food boxes or groceries were distributed as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| BQ | Q1CommGar | 0=No 1=Yes | Community gardens were part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community. |
| BR | Q1TradFoo | 0=No 1=Yes | Traditional food gathering/distribution/preparation activities were provided as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community. |
| BS | Q1EducWork | 0=No 1=Yes | Breastfeeding education workshops were delivered as part of the Pre and Postnatal Nutrition activities in the community. |
| BT | Q1OneBrSup | 0=No 1=Yes | One-on-one breastfeeding support was provided as part of the Pre and Postnatal Nutrition activities in the community. |
| BU | Q1GrBrSup | 0=No 1=Yes | Group breastfeeding support was provided as part of the Pre and Postnatal Nutrition activities in the community. |
| BV | Q1PeerSup | 0=No 1=Yes | Breastfeeding peer support programs were provided as part of the Pre and Postnatal Nutrition activities in the community. |
| BW | Q1SuppEle | 0=No 1=Yes | Supportive Elements that address specific needs of at-risk clients (i.e., transportation, child care, etc.) were delivered in the community as part of the Pre and Postnatal Nutrition activities. |
| BX | Q2FirstTrim | Numeric | The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 1st trimester (0-12 weeks). |
| BY | Q2SecondTrim | Numeric | The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 2nd trimester (13-26 weeks). |
| BZ | Q2ThirdTrim | Numeric | The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 3rd trimester (27-40 weeks). |
| CA | Q2AfterBirth | Numeric | The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services after they had given birth (with an infant or infants 0-12 months of age). |
| CB | Q3NumbPartMoth | Numeric | The total number of participating mothers enrolled in healthy pregnancy programs with babies who turned six months during the reporting year. |
| CC | Q3BrFedLTTwoATLAN TIC | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for at least 2 months. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration. |
| CD | Q3BrFedLTFourATLAN TIC | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for at least 4 months. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration. |
| CE | Q3MothersWholnintiatedBreastfeedingATLAN TIC | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who initiated breast feeding. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration. |
| CF | Q3BrFedLThree | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for less than 3 months (less than 15 weeks). |
| CG | Q3BrFedLTHree | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for longer than 3 months and less than 6 months (15 weeks to 23 weeks). |
| CH | Q3BrFedSixMo | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for 6 months (24 weeks to 27 weeks). |
| CI | Q3BrFedLTSixMo | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for longer than 6 months (28 weeks or more). |
| CJ | Q3DidNotBrFeed | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older who did not initiate breastfeeding. |
| CK | Q3Unknown | Numeric | The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older for whom it was unknown if breastfeeding was initiated. |
| CL | Q4TotPregConc | Numeric | The total number of participants in healthy pregnancy programs whose pregnancies concluded during the reporting year. |
| CM | Q4MatAgeLTTwenty | Numeric | The number of women with a maternal age less than 20 years among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| CN | Q4MatAgeGEThirtyFiv e | Numeric | The number of women with a maternal age of 35 years or older among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| CO | Q4SmokDurPreg | Numeric | The number of women that smoked during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| CP | Q4DrugSolvDuringPreg | Numeric | The number of women that used drugs or solvents during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| CQ | Q4AlcoholDuringPreg | Numeric | The number of women that consumed alcohol during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| CR | Q4DiabetesPriortoPreg | Numeric | The number of women diagnosed with diabetes before pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| CS | Q4DiabetesDuringPreg | Numeric | The number of women diagnosed with diabetes during pregnancy (gestational diabetes) among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| CT | Q4PrevPostPartumMoodDis | Numeric | The number of women with a previous diagnosis of post-partum mood disorders among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year. |
| CU | Q5TotNumbBabyBorn | Numeric | The total number of babies born to mothers who lived in the community during the reporting year. |
| CV | Q6FTLTTwentyFiveHundredGr | Numeric | The number of full term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|---|
| CW | Q6FTBETTtwentyFiveHundredGrFourThousandGr | Numeric | The number of full term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| CX | Q6FTGTFourThousandGr | Numeric | The number of full term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| CY | Q6FTWeightUnknown | Numeric | The number of full term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year. |
| CZ | Q6PTLTTwentyFiveHundredGr | Numeric | The number of pre-term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DA | Q6PTBETTtwentyFiveHundredGrFourThousandGr | Numeric | The number of pre-term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DB | Q6PTGTFourThousandGr | Numeric | The number of pre-term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DC | Q6PTWeightUnknown | Numeric | The number of pre-term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year. |
| DD | Q6UTLTTwentyFiveHundredGr | Numeric | The number of unknown term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DE | Q6UTBETTtwentyFiveHundredGrFourThousandGr | Numeric | The number of unknown term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DF | Q6UTGTFourThousandGr | Numeric | The number of unknown term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year. |
| DG | Q6UTWeightUnknown | Numeric | The number of unknown term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year. |
| DH | Q7InitBefSixMonths | Numeric | The number of infants who turned 6 months during the reporting year and had solid foods initiated before 6 months |
| DI | Q7InitAtSixMonths | Numeric | The number of infants who turned 6 months during the reporting year and had solid foods initiated at 6 months |
| DJ | Q7InitAfterSixMonths | Numeric | The number of infants who turned 6 months during the reporting year and had solid foods initiated after 6 months. |
| DK | Q7InitUnknown | Numeric | The number of infants who turned 6 months during the reporting year and for whom the time of initiation to solid foods was unknown. |
| DL | Q8RiskFactPregWom | 0=No 1=Yes | Screening and assessments for risk factors in pregnant women and new mothers (e.g., post partum depression, chronic conditions such as Type 2 diabetes, gestational diabetes, and tobacco/alcohol/drug/solvent use) were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year. |
| DM | Q8RiskFactDevelopMilestones | 0=No 1=Yes | Screening and assessments for risk factors for developmental milestones for infants and children were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year. |
| DN | Q8VisionHearDental | 0=No 1=Yes | Vision/hearing/dental screenings or assessments for referrals were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year. |
| DO | Q9TotaReceivHomeVisits | Numeric | The total number of participants who received home visits as part of the maternal and child health home visiting and case management programming provided by the community during the reporting year. Participant is defined as the primary contact for services. |
| DP | Q9TotalReceivCaseManagement | Numeric | The total number of participants who received case management services as part of the maternal and child health home visiting and case management programming provided by the community during the reporting year. Participant is defined as the primary contact for services. |
| DQ | Q10FirstTrimester | Numeric | The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 1st trimester. |
| DR | Q10SecondTrimester | Numeric | The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 2nd trimester. |
| DS | Q10ThirdTrimester | Numeric | The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 3rd trimester. |
| DT | Q10Postnatal | Numeric | The number of women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit within 6 months of giving birth (postnatal). |
| DU | Q11CommuCapaBuildAct | 0=No 1=Yes | Fetal Alcohol Spectrum Disorder community capacity building activities (i.e. awareness and prevention activities, and development of action plans) were delivered by the community during the reporting year. |
| DV | Q11CommuCoordinaCaseManag | 0=No 1=Yes | Fetal Alcohol Spectrum Disorder community coordination or case management services were delivered by the community during the reporting year. |
| DW | Q11Mentoring | 0=No 1=Yes | Fetal Alcohol Spectrum Disorder mentoring services were delivered by the community during the reporting year. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| DX | Q11CommunityCoordinationCaseMgmt | Numeric | The number of participants that received Fetal Alcohol Spectrum Disorder community coordination services or case management services during the reporting year. |
| DY | Q11NumMentoring | Numeric | The number of participants that received Fetal Alcohol Spectrum Disorder mentoring services during the reporting year. |
| DZ | Q12NumberCommunitiesServed | Numeric | The number of communities served by the Aboriginal Head Start On Reserve program delivered by the community. |
| EA | Q12ProgramOfferOutreachHomeVisit | 0=No 1=Yes | The Aboriginal Head Start On Reserve program delivered by the community offers outreach/home visiting. |
| EB | Q12AHSORsiteCentreBased | 0=No 1=Yes | The Aboriginal Head Start On Reserve program site in the community is centre-based. |
| EC | Q12AHSORProgramLicensed | 0=No 1=Yes | The Aboriginal Head Start On Reserve (AHSOR) program in the community is licensed. Only asked of those communities that reported that their AHSOR site was centre-based. |
| ED | Q12NumberFullDaysWeek | Numeric | The number of full days per week that the centre-based Aboriginal Head Start On Reserve (AHSOR) program in the community operates. Only asked of those communities that reported that their AHSOR site was centre-based. |
| EE | Q12NumberHalfDaysWeek | Numeric | The number of half days per week that the centre-based Aboriginal Head Start On Reserve (AHSOR) program in the community operates. Only asked of those communities that reported that their AHSOR site was centre-based. |
| EF | Q12AHSORProgCoLocated | 0=No 1=Yes | The Aboriginal Head Start On Reserve (AHSOR) program in the community is co-located. Only asked of those communities that reported that their AHSOR site was centre-based. |
| EG | Q12AHSORProgCoLocatedSchool | 0=No 1=Yes | The Aboriginal Head Start On Reserve (AHSOR) program in the community is co-located with a school or daycare facility. Only asked of those communities that reported that their AHSOR was centre-based and co-located. |
| EH | Q13TeachingChildrenLanguage | 0=No 1=Yes | Teaching children their First Nation language(s) was an activity provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| EI | Q13TradCeremonies | 0=No 1=Yes | Traditional ceremonies and activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| EJ | Q13EarlyLiteracySkills | 0=No 1=Yes | Early literacy skills activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| EK | Q13FineGrossMotor | 0=No 1=Yes | Fine and gross motor development activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| EL | Q13ProvHealthyFoods | 0=No 1=Yes | Healthy foods (snacks and/or lunches) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| EM | Q13PersonalHygieneDental | 0=No 1=Yes | Healthy personal hygiene and dental habits activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| EN | Q13PhysicalActivity | 0=No 1=Yes | Physical activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| EO | Q13Linkages | 0=No 1=Yes | Linkages (including referrals and collaborations) to professionals and community supports and providers (e.g., housing, education, specialists) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| EP | Q13ParentAndFamily | 0=No 1=Yes | Parent and family support activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| EQ | Q13VisitsHealthProfessionals | 0=No 1=Yes | Visits from health professionals (e.g., nurses and dental hygienists) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| ER | Q13SafetyEducAware | 0=No 1=Yes | Safety education and awareness activities (e.g., play ground safety, car seat technician training, car seat use, seat belt use, bike safety, etc.) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year. |
| ES | Q14ChildrenLTThreeCB | Numeric | The number of children younger than 3 years old that participated in Centre-based Aboriginal Head Start On Reserve programming in the community. |
| ET | Q14ChildrenLTThreeOutreachHomeVisit | Numeric | The number of children younger than 3 years old that participated in Outreach/Home visiting Aboriginal Head Start On Reserve programming in the community. |
| EU | Q14ChildrenLTThreeProgKeepWaitingListYesOrNo | 0=No 1=Yes | The Aboriginal Head Start On Reserve program in the community keeps a waiting list for children younger than 3 years old. |
| EV | Q14ChildrenLTThreeIfYesNumOfChildrenOnWaitingList | Numeric | The number of children younger than 3 years old that are on the waiting list. Asked only of those communities that reported having a waiting list for children younger than 3 years old for the Aboriginal Head Start On Reserve program. |
| EW | Q14ChildrenThreeToSixCB | Numeric | The number of children 3-6 years old that participated in Centre-based Aboriginal Head Start On Reserve programming in the community. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|---|
| EX | Q14ChildrenThreeToSixOutrHomeVisit | Numeric | The number of children 3-6 years that participated in Outreach/Home visiting Aboriginal Head Start On Reserve programming in the community. |
| EY | Q14ChildrenThreeToSixProgKeepWaitingListOrN | 0=No 1=Yes | The Aboriginal Head Start On Reserve program in the community keeps a waiting list for children 3-6 years old. |
| EZ | Q14ChildrenThreeToSixIfYesNumbOfChildrenOnWaitingList | Numeric | The number of children 3-6 years old that are on the waiting list. Asked only of those communities that reported having a waiting list for children 3-6 years old for the Aboriginal Head Start On Reserve program. |
| FA | Q15CBNumbChildrenDiagnSpNeeds | Numeric | The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were diagnosed with special needs during the reporting year. |
| FB | Q15CBNumbChildrenScreenedAssessedSpNeeds | Numeric | The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were screened/assessed for special needs during the reporting year. |
| FC | Q15CBNumbChildrenReferResources | Numeric | The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were referred to other resources (e.g., nurses, doctors, specialists, etc.) for special needs support or diagnosis during the reporting year. |
| FD | Q15CBNumberOnWaitListForDiagnAssessment | Numeric | The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were on a wait list for special needs diagnostic assessment at the end of the reporting year. |
| FE | Q15OUTRHNumbChildrenDiagnSpNeeds | Numeric | The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were diagnosed with special needs during the reporting year. |
| FF | Q15OUTRHNumbChildrenScreenedAssessedSpNeeds | Numeric | The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were screened/assessed for special needs during the reporting year. |
| FG | Q15OUTRHNumbChildrenReferResources | Numeric | The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were referred to other resources (e.g., nurses, doctors, specialists, etc.) for special needs support or diagnosis during the reporting year. |
| FH | Q15OUTRHNumbOnWaitListForDiagnAssessment | Numeric | The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were on a wait list for diagnostic assessment at the end of the reporting year. |
| FI | Q16NPFPPDaily | Numeric | The number of parent/family participants involved on a daily basis in centre-based Aboriginal Head Start On Reserve programs. |
| FJ | Q16NPFPPWeekly | Numeric | The number of parent/family participants involved on a weekly basis in centre-based Aboriginal Head Start On Reserve programs. |
| FK | Q16NPFPPMonthlySpecialOccasions | Numeric | The number of parent/family participants involved on a monthly basis or on special occasions in centre-based Aboriginal Head Start On Reserve programs. |
| FL | Q16NPFPPTotal | Numeric | The total number of parent/family participants in centre-based Aboriginal Head Start On Reserve programs. |
| FM | Q17ChildLTFiveTotalNumbCommuni | Numeric | The total number of children less than 5 years of age living in the community. |
| FN | Q17ChildLTFiveParticInCOHI | Numeric | The number of children less than 5 years of age living in the community that participated in Children's Oral Health Initiative activities during the reporting year. |
| FO | Q17aChildFiveToSevenTotalNumbCommuni | Numeric | The total number of children 5 to 7 years of age living in the community. |
| FP | Q17aChildFiveToSevenParticInCOHI | Numeric | The number of children 5 to 7 years of age living in the community that participated in Children's Oral Health Initiative activities during the reporting year. |
| FQ | Q17bNumbPrenatalOneOnOneOralHealth | Numeric | The number of prenatal clients in the community that participated in an individual session on oral health during the reporting year as part of the Children's Oral Health Initiative activities. |
| FR | Q17bNumbPrenatalOralPresentations | Numeric | The number of individuals in the community that attended prenatal presentations on oral health during the reporting year as part of the Children's Oral Health Initiative activities. |
| FS | Q17bNumbGrOralHealthPresProvided | Numeric | The number of group oral health presentations provided in the community during the reporting year as part of the Children's Oral Health Initiative activities. |
| FT | Q18RHAHSZNutritionDietician | 0=No 1=Yes | Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| FU | Q18RHAHZNPhysicalActivityRecreation | 0=No 1=Yes | Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| FV | Q18RHAHZNSpecialistCare | 0=No 1=Yes | Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| FW | Q18RHAHZNTreatmentManagement | 0=No 1=Yes | Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| FX | Q18RHAHZNDiagnosticsScreening | 0=No 1=Yes | Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| FY | Q18RHAHSZDrugAlcoholTreatment | 0=No 1=Yes | Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| FZ | Q18RHAHZDDental | 0=No 1=Yes | Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GA | Q18RHAHZDChildAndFamilySocialServiceSupports | 0=No 1=Yes | Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GB | Q18RHAHSZOccupationalTherapistSpeechLanguagePathologist | 0=No 1=Yes | Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GC | Q18EONutritionDietician | 0=No 1=Yes | Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GD | Q18EOPhysicalActivityRecreation | 0=No 1=Yes | Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GE | Q18EOSpecialistCare | 0=No 1=Yes | Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GF | Q18EOTreatmentManagement | 0=No 1=Yes | Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GG | Q18EODiagnosticsScreening | 0=No 1=Yes | Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GH | Q18EODrugAlcoholTreatment | 0=No 1=Yes | Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GI | Q18EODental | 0=No 1=Yes | Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GJ | Q18EOChildAndFamilySocialServiceSupports | 0=No 1=Yes | Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GK | Q18EOOccupationalTherapistSpeechLanguagePathologist | 0=No 1=Yes | Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GL | Q18NPONutritionDietician | 0=No 1=Yes | Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GM | Q18NPOPhysicalActivityRecreation | 0=No 1=Yes | Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GN | Q18NPOSpecialistCare | 0=No 1=Yes | Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GO | Q18NPOTreatmentManagement | 0=No 1=Yes | Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GP | Q18NPODiagnosticsScreening | 0=No 1=Yes | Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GQ | Q18NPOTDrugAlcoholTreatment | 0=No 1=Yes | Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|---|---|
| GR | Q18NPODental | 0=No 1=Yes | Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GS | Q18NPOChildAndFamilySocialServiceSupports | 0=No 1=Yes | Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GT | Q18NPOOccupationalTherapistSpeechLanguagePathologist | 0=No 1=Yes | Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GU | Q18PROVNutritionDietician | 0=No 1=Yes | Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GV | Q18PROVPhysicalActivityRecreation | 0=No 1=Yes | Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GW | Q18PROVSpecialistCare | 0=No 1=Yes | Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GX | Q18PROVTreatmentManagement | 0=No 1=Yes | Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GY | Q18PROVDiagnosticsScreening | 0=No 1=Yes | Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| GZ | Q18PROVDrugAlcoholTreatment | 0=No 1=Yes | Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| HA | Q18PROVDental | 0=No 1=Yes | Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| HB | Q18PROVChildAndFamilySocialServiceSupports | 0=No 1=Yes | Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| HC | Q18PROVOccupationalTherapistSpeechLanguagePathologist | 0=No 1=Yes | Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| HD | Q19aHCTrackToolUsedToTrackHCDYesOrNo | 0=No 1=Yes | Health Canada tracking tools were used to track community Healthy Child Development activities during the reporting year. |
| HE | Q19bIfYesProvideNameTrackTool | Text | Name of the tracking tool(s) used to track community Healthy Child Development activities during the reporting. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities. |
| HF | Q19cTrackToolUsefulInTrackingWorkHCD | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool was useful in tracking work in Healthy Child Development. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities. |
| HG | Q19dTrackingToolAidedCompletionCBRT | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities. |
| HH | Q19eTrackingToolUsefulAcrossActivityAreas | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities. |
| HI | Q20AAwarenessActivities | 0=No 1=Yes | Suicide Prevention Awareness activities were offered as part of the Mental Wellness initiatives in the community. |
| HJ | Q20ASportRecreationOtherActiv | 0=No 1=Yes | Sport, recreation and other activities to engage youth were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| HK | Q20ATraditionalActivities | 0=No 1=Yes | Traditional activities to engage youth (e.g., land-based activities, cultural practices, skill development) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community. |
| HL | Q20ALifeSkillsActivities | 0=No 1=Yes | Life skills activities for youth (e.g., leadership, relationships, problem solving, developing positive coping skills) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community. |
| HM | Q20ASuicidalBehaviour | 0=No 1=Yes | Training on signs and symptoms and responding to suicidal behaviour (e.g., ASIST, SafeTalk, Mental Health First Aid, train-the-trainer sessions, CISM) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community. |
| HN | Q20ACrisisIntervention | 0=No 1=Yes | Crisis intervention (e.g., mobilizing to prevent spread of suicide) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community. |
| HO | Q20BWellnessActivitiesPromotingMentalHealth | 0=No 1=Yes | Wellness activities promoting mental health (e.g., parenting skills, self-care, managing stress, positive relationships, emotional and spiritual well being) were offered as part of the Mental Wellness initiatives in the community. Activities may include community celebrations and recreation activities, including physical and social activities. |
| HP | Q20CPresentationsAndWorkshops | 0=No 1=Yes | Presentations and workshops aimed at preventing substance abuse were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community. |
| HQ | Q20CCulturalEvents | 0=No 1=Yes | Cultural events to support the prevention of addictions and substance abuse and support the awareness of mental health issues were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community. |
| HR | Q20CSupportGroups | 0=No 1=Yes | Addictions recovery support groups were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community. |
| HS | Q20CSchoolBasedPrograms | 0=No 1=Yes | School-based programs to support awareness of substance abuse and addictions were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community. |
| HT | Q20DMentalHealthCrisisInterventionActivities | 0=No 1=Yes | Mental health crisis intervention activities other than those specific to youth suicide prevention were offered as part of the Crisis Intervention aspect of the Mental Wellness initiatives in the community. |
| HU | Q21TNIIntWithYouthAtRiskForSuicide | Numeric | The total number of interventions (i.e., events) with youth at risk for suicide (e.g., counselling, assessments) that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| HV | Q21TNIIntWithIndivOrThoseAffectedAfterAttemptedSuicide | Numeric | The total number of interventions (i.e., events) with individuals or those affected after an attempted suicide (e.g., support, counselling, treatment planning) that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| HW | Q21TNIIntAfterDeathSuicideWithThoseAffected | Numeric | The total number of interventions (i.e., events) with those affected by a death by suicide that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| HX | Q21TNCIntWithYouthAtRiskForSuicide | Numeric | The total number of youth at risk for suicide that received an intervention (e.g., counselling, assessments) as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| HY | Q21TNCIntWithIndivOrThoseAffectedAfterAttemptedSuicide | Numeric | The total number of individuals or those affected after an attempted suicide that received an intervention (e.g., support, counselling, treatment planning) as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| HZ | Q21TNCIntAfterDeathSuicideWithThoseAffected | Numeric | The total number of those affected by a death by suicide that received an intervention as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IA | Q21NCFIntWithYouthAtRiskForSuicide | Numeric | The total number of youth at risk for suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IB | Q21NCFIntWithIndivOrThoseAffectedAfterAttemptedSuicide | Numeric | The total number of individuals or those affected after an attempted suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| IC | Q21NCFIntAfterDeathSuicideWithThoseAffected | Numeric | The total number of those affected by a death by suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community. |
| ID | Q22YLTEIGHTEENScreeningAndBasicAssessment | Numeric | The number of clients under 18 years of age that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IE | Q22YLTEIGHTEENBriefIntervention | Numeric | The number of clients under 18 years of age that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| IF | Q22YLTEIGHTEENSC omprehensiveAssess ment | Numeric | The number of clients under 18 years of age that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IG | Q22YLTEIGHTEENDir ectCounselling | Numeric | The number of clients under 18 years of age that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IH | Q22YLTEIGHTEENCB Supports | Numeric | The number of clients under 18 years of age that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. Note: does not include National Native Alcohol and Drug Abuse Program or Youth Solvent Abuse Program residential services. |
| II | Q22YLTEIGHTEENCul turalSupports | Numeric | The number of clients under 18 years of age that received Cultural support intervention services (e.g. support of community based elders and traditional healers) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IJ | Q22YLTEIGHTEENRef erralsSpecializedSupp orts | Numeric | The number of clients under 18 years of age that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawal management) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IK | Q22FINScreeningAnd BasicAssessment | Numeric | The number of clients under 18 years of age that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IL | Q22FINBriefIntervi tion | Numeric | The number of clients under 18 years of age that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IM | Q22FINComprehensiv eAssessment | Numeric | The number of clients under 18 years of age that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IN | Q22FINDirectCounsell ing | Numeric | The number of clients under 18 years of age that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IO | Q22FINCBSupports | Numeric | The number of clients under 18 years of age that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. Note: does not include National Native Alcohol and Drug Abuse Program or Youth Solvent Abuse Program residential services. |
| IP | Q22FINCulturalSuppo rts | Numeric | The number of clients under 18 years of age that received Cultural support intervention services (e.g. support of community based elders and traditional healers) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IQ | Q22FINReferralsSpecia lizedSupports | Numeric | The number of clients under 18 years of age that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawal management) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IR | Q22ADULTScreening AndBasicAssessment | Numeric | The number of clients 18 years of age and older that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IS | Q22ADULTSBriefInter vention | Numeric | The number of clients 18 years of age and older that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IT | Q22ADULTSComprehe nsiveAssessment | Numeric | The number of clients 18 years of age and older that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IU | Q22ADULTSDirectCo unselling | Numeric | The number of clients 18 years of age and older that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IV | Q22ADULTSCBSuppo rts | Numeric | The number of clients 18 years of age and older that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IW | Q22ADULTSCulturalS upports | Numeric | The number of clients 18 years of age and older that received Cultural support intervention services (e.g. support of community based elders and traditional healers) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IX | Q22ADULTSReferralsS pecializedSupports | Numeric | The number of clients 18 years of age and older that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawal management) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IY | Q22WFININTscreenin gAndBasicAssessme nt | Numeric | The number of clients 18 years of age and older that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| IZ | Q22WFININTBriefInter vention | Numeric | The number of clients 18 years of age and older that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JA | Q22WFINITComprehe nsiveAssessment | Numeric | The number of clients 18 years of age and older that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JB | Q22WFINITDirectCou nselling | Numeric | The number of clients 18 years of age and older that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JC | Q22WFINITCBSupport s | Numeric | The number of clients 18 years of age and older that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--------------------------------------|------------------|---|
| JD | Q22WFINITCulturalSupports | Numeric | The number of clients 18 years of age and older that received Cultural support intervention services (e.g. support of community based elders and traditional healers) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JE | Q22WFINITReferralSpecializedSupports | Numeric | The number of clients 18 years of age and older that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawal management) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JF | Q23NNADAPMalesUnderTwelve | Numeric | The number of male clients under 12 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JG | Q23NNADAPFemalesUnderTwelve | Numeric | The number of female clients under 12 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JH | Q23NNADAPMalesTwelveToSeventeen | Numeric | The number of male clients 12 to 17 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JI | Q23NNADAPFemalesTwelveToSeventeen | Numeric | The number of female clients 12 to 17 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JJ | Q23NNADAPMalesGEEighteen | Numeric | The number of male clients 18 years of age and older who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JK | Q23NNADAPFemalesGEEighteen | Numeric | The number of female clients 18 years of age and older who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JL | Q23NNADAPFamilyReferrals | Numeric | The number of family referrals to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JM | Q23YSAPTCMalesUnderTwelve | Numeric | The number of male clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JN | Q23YSAPTCFemalesUnderTwelve | Numeric | The number of female clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JO | Q23YSAPTCMalesTwelveToSeventeen | Numeric | The number of male clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JP | Q23YSAPTCFemalesTwelveToSeventeen | Numeric | The number of female clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JQ | Q23YSAPTCMalesGEEighteen | Numeric | The number of male clients 18 years of age and older who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JR | Q23YSAPTCFemalesGEEighteen | Numeric | The number of female clients 18 years of age and older who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JS | Q23YSAPTCFamilyReferrals | Numeric | The number of family referrals to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JT | Q23PTCMalesUnderTwelve | Numeric | The number of male clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JU | Q23PTCFemalesUnderTwelve | Numeric | The number of female clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JV | Q23PTCMalesTwelveToSeventeen | Numeric | The number of male clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JW | Q23PTCFemalesTwelveToSeventeen | Numeric | The number of female clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JX | Q23PTCMalesGEEighteen | Numeric | The number of male clients 18 years of age and older who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JY | Q23malesGEEighteen | Numeric | The number of male clients 18 years of age and older who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| JZ | Q23familyReferrals | Numeric | The number of family referrals to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KA | Q23OTCMalesUnderTwelve | Numeric | The number of male clients under 12 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KB | Q23OTCFemalesUnderTwelve | Numeric | The number of female clients under 12 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KC | Q23OTCMalesTwelveToSeventeen | Numeric | The number of male clients 12 to 17 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| KD | Q230TCFemalesTwelveToSeventeen | Numeric | The number of female clients 12 to 17 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KE | Q230TCMalesEighteen | Numeric | The number of male clients 18 years of age and older who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KF | Q230TCFemalesEighteen | Numeric | The number of female clients 18 years of age and older who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KG | Q230TCFamilyReferrals | Numeric | The number of family referrals to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. |
| KH | Q24RHAHSZMentalWellnessPromotion | 0=No 1=Yes | Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KI | Q24RHAHSZDetoxService | 0=No 1=Yes | Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KJ | Q24RHAHSZAddictionTreatmentAftercare | 0=No 1=Yes | Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KK | Q24RHAHSZSuicidePrevention | 0=No 1=Yes | Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KL | Q24RHAHSZMentalHealthTreatmentAftercare | 0=No 1=Yes | Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KM | Q24RHAHSZClientCaseManagement | 0=No 1=Yes | Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KN | Q24RHAHSZCrisisResponse | 0=No 1=Yes | Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KO | Q24EOMentalWellnessPromotion | 0=No 1=Yes | Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KP | Q24EODetoxServ | 0=No 1=Yes | Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KQ | Q24EODddictionTreatmentAftercare | 0=No 1=Yes | Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KR | Q24EOSuicidePrevention | 0=No 1=Yes | Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KS | Q24EOMentalHealthTreatmentAftercare | 0=No 1=Yes | Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KT | Q24EOClientCaseManagement | 0=No 1=Yes | Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KU | Q24EOCrisisResponse | 0=No 1=Yes | Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KV | Q24NPOMentalWellnessPromotion | 0=No 1=Yes | Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KW | Q24NPODetoxServ | 0=No 1=Yes | Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KX | Q24NPODddictionTreatmentAftercare | 0=No 1=Yes | Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KY | Q24NPOSuicidePrevention | 0=No 1=Yes | Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| KZ | Q24NPOMentalHealthTreatmentAftercare | 0=No 1=Yes | Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LA | Q24NPOClientCaseManagement | 0=No 1=Yes | Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|---|---|
| LB | Q24NPOCrisisResponse | 0=No 1=Yes | Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LC | Q24POLMentalWellnessPromotion | 0=No 1=Yes | Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LD | Q24POLDetoxServ | 0=No 1=Yes | Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LE | Q24POLAddictionTreatmentAftercare | 0=No 1=Yes | Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LF | Q24POLSuicidePrevention | 0=No 1=Yes | Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LG | Q24POLMentalHealthTreatmentAftercare | 0=No 1=Yes | Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LH | Q24POLClientCaseManagement | 0=No 1=Yes | Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LI | Q24POLCrisisResponse | 0=No 1=Yes | Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LJ | Q24PROVMentalWellnessPromotion | 0=No 1=Yes | Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LK | Q24PROVDetoxServ | 0=No 1=Yes | Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LL | Q24PROVAddictionTreatmentAftercare | 0=No 1=Yes | Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LM | Q24PROVSuicidePrevention | 0=No 1=Yes | Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LN | Q24PROVMentalHealthTreatmentAftercare | 0=No 1=Yes | Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LO | Q24PROVClientCaseManagement | 0=No 1=Yes | Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LP | Q24PROVCrisisResponse | 0=No 1=Yes | Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| LQ | Q25aHCTrackingToolsUsedTrackMentalWellnessActivitiesYesOrNo | 0=No 1=Yes | Health Canada tracking tools were used to track Mental Wellness activities during the reporting year. |
| LR | Q25bNameOfTrackingTool | Text | The name of the tracking tool(s) used to track Mental Wellness activities during the reporting year. Asked only of those communities that reported using a Health Canada tracking tool. |
| LS | Q25cTrackingToolUsefulTrackingWorkMentalWellness | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool(s) was useful in tracking work in Mental Wellness. Asked only of those communities that reported using a Health Canada tracking tool. |
| LT | Q25dTrackingToolAidedCompletionCBRT | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|---|---|
| LU | Q25eTrackingToolUsefulAcrossActivityAreas | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The Health Canada tracking tool was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities. |
| LV | Q26PAAwarenessActivities | 0=No 1=Yes | Awareness activities related to physical activity were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| LW | Q26PAWalkingClubs | 0=No 1=Yes | Walking clubs were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| LX | Q26PASportRecreationActivities | 0=No 1=Yes | Sport/recreation activities (e.g., soccer, basketball, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| LY | Q26PATraditionalPhysicalActivities | 0=No 1=Yes | Traditional physical activities (e.g., jigging, dancing, games, showshoeing, canoeing) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| LZ | Q26NUTRITIONCookingSessions | 0=No 1=Yes | Cooking sessions or classes (including community kitchens) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MA | Q26NUTRITIONTraditionalHarvesting | 0=No 1=Yes | Traditional harvesting, food preparation, food preservation activities (e.g., berry picking, cleaning fish, canning, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MB | Q26NUTRITIONHealthyEatingAwareness | 0=No 1=Yes | Healthy eating awareness and education activities (e.g., health fairs, radio shows, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MC | Q26NUTRITIONGroceryTours | 0=No 1=Yes | Grocery tours were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MD | Q26NUTRITIONCommunityGardens | 0=No 1=Yes | Community gardens were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| ME | Q26NUTRITIONGoodFoodBoxes | 0=No 1=Yes | Good food boxes were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MF | Q26NUTRITIONFoodVouchers | 0=No 1=Yes | Food vouchers were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MG | Q26NUTRITIONSchoolBasedFeedingPrograms | 0=No 1=Yes | School-based feeding programs were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MH | Q26ADDITIONALDiabetesInfoSessions | 0=No 1=Yes | Diabetes information sessions or workshops were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MI | Q26ADDITIONALDevelopmentResourceMaterial | 0=No 1=Yes | Development of resource materials (e.g., posters, cookbooks, displays, guides, etc.) occurred during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MJ | Q26ADDITIONALInjuryPreventionTraining | 0=No 1=Yes | Injury prevention training and awareness raising activities (e.g., safety committees, tool kits, "A Journey to the Teachings" training, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community. |
| MK | Q27DiabetesDiagnosticScreening | 0=No 1=Yes | Diabetes diagnostic screening services (e.g., fasting glucose, OGTT) were conducted in the community during the reporting year. |
| ML | Q27NumberIndividualsScreenedReportingYear | Numeric | The number of individuals that received diabetes diagnostic screening services (e.g., fasting glucose, OGTT) in the community during the reporting year. Asked only of those communities that provided this service. |
| MM | Q27NonDiagnosticDiabetesAwarenessPrevention | 0=No 1=Yes | Non-diagnostic diabetes awareness/prevention screening services (i.e., non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc.) were provided in the community during the reporting year. |
| MN | Q27EstimateNonDiagnostic | Numeric | An estimate of the number of non-diagnostic screenings (i.e., non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc.) conducted in the community during the reporting year. |
| MO | Q28DiabetesSupportHealthyLivingGroups | 0=No 1=Yes | Diabetes Support or healthy living groups were provided as part of the Diabetes Management initiatives in the community. |
| MP | Q28ScreeningComplicationsRetinalScreening | 0=No 1=Yes | Retinal screening services for diabetes related complications were provided as part of the Diabetes Management initiatives in the community. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|--|
| MQ | Q28ScreeningComplicationsRenalScreening | 0=No 1=Yes | Renal screening services for diabetes related complications were provided as part of the Diabetes Management initiatives in the community. |
| MR | Q28Referrals | 0=No 1=Yes | Referrals to health professionals or services were provided as part of the Diabetes Management initiatives in the community. |
| MS | Q28DiabetesSelfManagementSessions | 0=No 1=Yes | Diabetes self-management sessions were provided as part of the Diabetes Management initiatives in the community. |
| MT | Q29SupportDiabetesEducationClinicsTraining | 0=No 1=Yes | Provided or supported diabetes education clinics and training for clients to support their self-management in the community. |
| MU | Q29NumberofIndividualsServed | Numeric | The number of individuals served by diabetes education clinics and training for self-management of diabetes provided by the community. Asked only of those communities that provided this service. |
| MV | Q29FootClinicsProvided | 0=No 1=Yes | Foot clinics were provided as part of the Diabetes Clinics and Training initiatives in the community. |
| MW | Q29NumberIndividualsServed | Numeric | The number of individuals served by diabetes related foot clinics provided by the community. Asked only of those communities that provided this service. |
| MX | Q30RHAHSZHealthyEatingNutrition | 0=No 1=Yes | Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| MY | Q30RHAHSZPhysicalActivityRecreation | 0=No 1=Yes | Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| MZ | Q30RHAHSZSpecialistCare | 0=No 1=Yes | Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NA | Q30RHAHSZInjuryPrevention | 0=No 1=Yes | Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NB | Q30RHAHSZTreatmentManagement | 0=No 1=Yes | Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NC | Q30RHAHSZDiagnosticsScreening | 0=No 1=Yes | Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| ND | Q30EOHealthyEatingNutrition | 0=No 1=Yes | Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NE | Q30EOPhysicalActivityRecreation | 0=No 1=Yes | Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NF | Q30EOSpecialistCare | 0=No 1=Yes | Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NG | Q30EOInjuryPrevention | 0=No 1=Yes | Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NH | Q30EOTreatmentManagement | 0=No 1=Yes | Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NI | Q30EODiagnosticsScreening | 0=No 1=Yes | Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NJ | Q30NPOHealthyEatingNutrition | 0=No 1=Yes | Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NK | Q30NPOPhysicalActivityRecreation | 0=No 1=Yes | Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NL | Q30NPOSpecialistCare | 0=No 1=Yes | Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NM | Q30NPOInjuryPrevention | 0=No 1=Yes | Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NN | Q30NPOTreatmentManagement | 0=No 1=Yes | Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NO | Q30NPODiagnosticsScreening | 0=No 1=Yes | Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|---|--|
| NP | Q30PROHealthyEatingNutrition | 0=No 1=Yes | Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NQ | Q30PROPhysicalActivityRecreation | 0=No 1=Yes | Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NR | Q30PROSpecialistCare | 0=No 1=Yes | Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NS | Q30PROInjuryPrevention | 0=No 1=Yes | Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NT | Q30PROTreatmentManagement | 0=No 1=Yes | Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NU | Q30PRODiagnosticsScreening | 0=No 1=Yes | Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services. |
| NV | Q31aDiabetesTrackingToolChronicDiseaseRegistryT1T2 | 0=No 1=Yes | A diabetes tracking tool, chronic disease registry, or other tracking system was used to track clients living with type 1 and type 2 diabetes or other chronic diseases in the community. |
| NW | Q31bType1 | Numeric | The number of individuals in the community living with type 1 diabetes according to the tracking system used by the community. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| NX | Q31bType2 | Numeric | The number of individuals in the community living with type 2 diabetes according to the tracking system used by the community. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| NY | Q31cWasTrackingToolProvided | 0=No 1=Yes | The tracking tool used by the community to track diabetes was provided by Health Canada. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| NZ | Q31dProvideNameTrackingTool | Text | Name of the Health Canada tracking tool used by the community to track diabetes. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| OA | Q31eTrackingToolHL | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The tracking tool(s) was useful in tracking work in Healthy Living. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| OB | Q31fTrackingToolHLCompletionCBRT | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The tracking tool(s) aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| OC | Q31gTrackingToolUsefulActivitiesAreasHL | -2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree | The tracking tool(s) was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases. |
| OD | Q32NumberPeopleWorkCDCMCommunity | Numeric | The number of health care workers working in Communicable Disease Control and Management (CDCM) in the community. |
| OE | | | |
| OF | | | |
| OG | | | |
| OH | | | |
| OI | | | |
| OJ | | | |
| OK | | | |
| OL | | | |
| OM | Q34HIVAIDSBloodBorneSTIs | Numeric | The number of HIV/AIDS-blood borne and sexually transmitted infections awareness and education activities conducted in the community. |

While the heading "CDCM Worker Info" is present in the dataset, the actual variables and data for this topic are not included.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|--|------------------|---|
| ON | Q34TB | Numeric | The number of tuberculosis awareness and education activities conducted in the community. |
| OO | Q34Immunization | Numeric | The number of immunization awareness and education activities conducted in the community. |
| OP | Q34PandemicPlanning | Numeric | The number of pandemic planning awareness and education activities conducted in the community. |
| OQ | Q34InfectionPreventionControl | Numeric | The number of infection prevention and control awareness and education activities conducted in the community. |
| OR | Q35FNIHBNationalOffice | 0=No 1=Yes | A health status report that included data on communicable diseases was received by the community from the First Nations and Inuit Health Branch national office. |
| OS | Q35FNIHRegionalOffice | 0=No 1=Yes | A health status report that included data on communicable diseases was received by the community from the First Nations and Inuit Health Branch regional office. |
| OT | Q35Province | 0=No 1=Yes | A health status report that included data on communicable diseases was received by the community from the Province. |
| OU | Q35DistrictRHA | 0=No 1=Yes | A health status report that included data on communicable diseases was received from the District/Regional Health Authority. |
| OV | Q35Other | 0=No 1=Yes | A health status report that included data on communicable diseases was received from Other Organization. |
| OW | Q36bReportReceivedInformationSpecific | 0=No 1=Yes | The community received a health status report that included data on communicable diseases, and information that was specific to the community. Asked only of those communities that reported receiving a health status report on communicable diseases. |
| OX | Q36cUseReportProgrammingDecisions | 0=No 1=Yes | The community used the health status report that included data on communicable diseases for programming decisions in the community. Asked only of those communities that reported receiving a health status report on communicable diseases. |
| OY | Q37BriefDescription | Text | A brief description of either a) how the health status report that included data on communicable diseases was used by the community, or b) why the health status report was not used by the community. |
| OZ | Q37aCommunityPandemicPlan | 0=No 1=Yes | The community had a pandemic plan as part of its Communicable Disease Control and Management initiatives. |
| PA | Q37bCommunityPandemicPlanLastUpdated | YYYY-MM-DD | The date that the Pandemic Plan was last updated. Asked only of those communities that reported having a pandemic plan. |
| PB | Q37cCommunityTestedPandemicPlanEngagingAppropriateStakeholders | 0=No 1=Yes | The community has tested the Pandemic Plan engaging the appropriate stakeholders as identified in the plan. Asked only of those communities that reported having a pandemic plan. |
| PC | Q37dCommunityPlanTestedDate | YYYY-MM-DD | The date that the Pandemic Plan was last tested. Asked only of those communities that had tested the plan engaging the appropriate stakeholders as identified in the plan. |
| PD | Q37eCommunityAllHazardsEmergencyPlan | 0=No 1=Yes | The community had an all hazards emergency plan. Asked only of those communities that reported having a pandemic plan. |
| PE | Q37fCommunityPlanBeenIntegratedEmergencyManagementPlan | 0=No 1=Yes | The community Pandemic Plan has been integrated with the Emergency Management Plan. Asked only of those communities that reported having an all hazards emergency plan. |
| PF | Q38ImmunizationCoverageReportFormCompletedSubmittedReportingTemplate | 0=No 1=Yes | The immunization coverage report form was completed and submitted with the CBRT reporting template by the community. |
| PG | Q39NANoProvincialTBPreventionControlPrograms | 0=No 1=Yes | The community did not use tuberculosis clinical, treatment, health promotion, or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs because these programs were not available. |
| PH | Q39YESCommunityAvailableExpertiseResources | 0=No 1=Yes | The community made use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| PI | Q39NOCCommunityDoesNotMakeAvailableExpertiseResources | 0=No 1=Yes | The community did not make use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|--|
| PJ | Q39ProgramDevelopment | 0=No 1=Yes | The community used program development expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| PK | Q39ProgramImplementation | 0=No 1=Yes | The community used program implementation expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| PL | Q39ProgramEvaluation | 0=No 1=Yes | The community used program evaluation expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| PM | Q39Research | 0=No 1=Yes | The community used research expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| PN | Q39ClinicalAdvice | 0=No 1=Yes | The community used clinical advice expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs. |
| PO | Q40HIVTestingAccessibleOnOrNearReserve | 0=No 1=Yes | HIV testing was accessible on or near the reserve. |
| PP | Q40HIVTreatmentAccessibleOnOrNearReserve | 0=No 1=Yes | HIV treatment was accessible on or near the reserve. |
| PQ | Q41HIVAIDSSupportGroupsCommunity | 0=No 1=Yes | HIV/AIDS support groups were available in the community. |
| PR | Q41LimitedFunding | 0=No 1=Yes | The community did not have HIV/AIDS support groups because of limited funding. Asked only of those communities that did not have HIV/AIDS support groups. |
| PS | Q41InsufficientCapacityEstablishLeadSupportGroups | 0=No 1=Yes | The community did not have HIV/AIDS support groups because of an insufficient capacity to establish and lead support groups. Asked only of those communities that did not have HIV/AIDS support groups. |
| PT | Q41NeedSupportGroupsNotIdentified | 0=No 1=Yes | The community did not have HIV/AIDS support groups because the need for support groups was not identified. Asked only of those communities that did not have HIV/AIDS support groups. |
| PU | Q41IndividualsHIVPreferNotToInvolveHealthCentreStaff | 0=No 1=Yes | The community did not have HIV/AIDS support groups because individuals with HIV prefer not to involve health centre staff in their follow-up. Asked only of those communities that did not have HIV/AIDS support groups. |
| PV | Q41IndividualsHIVPreferAccessServicesOffReserve | 0=No 1=Yes | The community did not have HIV/AIDS support groups because individuals with HIV prefer to access services off-reserve, especially for HIV/Sexually transmitted infections. Asked only of those communities that did not have HIV/AIDS support groups. |
| PW | Q41OtherReasons | 0=No 1=Yes | The community did not have HIV/AIDS support groups because of other reasons (e.g., stigma associated with HIV/AIDS). Asked only of those communities that did not have HIV/AIDS support groups. |
| PX | Q42CommunityCollectAdditionalInformationBloodBornePathogensSTIs | 0=No 1=Yes | Additional information on blood borne pathogens and sexually transmitted infections was collected by the community. |
| PY | Q42AdditionalInformationCollected | Text | A description of the types of additional information on blood borne pathogens and sexually transmitted infections collected by the community. Asked only of those communities that reported collecting additional information on blood borne pathogens and sexually transmitted infections. |
| PZ | Q43DoesCommunityOrganizeCollaborativeServiceDeliveryArrangementsHomeCommunityCareServices | 0=No 1=Yes | The community or organization had a collaborative service delivery arrangement for Home and Community Care services or supports with external providers. Collaborative arrangements may be formal with a written agreement in the form of a Memorandum of Understanding, protocol, agreement, contract, etc. or informal with a non-written agreement to provide services or information to support Home and Community Care clients services in the community. |
| QA | Q43NumberOfAgreementsDistrictOrRHA | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with the District or Regional Health Authority. Asked only of those communities that reported having collaborative service delivery arrangements for Home and Community Care services or supports. |
| QB | Q43NumberOfAgreementsHospitals | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with hospitals. Asked only of those communities that reported having collaborative service delivery arrangements for Home and Community Care services or supports. |

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 (continued)

| | | |
|-------------------|--------|--|
| Colour Key | GREY | Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot be used for analysis purposes. |
| | YELLOW | Have privacy implications, and cannot be shared. |
| | ORANGE | Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB. |
| | GREEN | Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.) |

| Column # | Data Field | Response options | Description |
|----------|---|------------------|---|
| QC | Q43NumberOfAgreeClientCareAccessCentres | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with Client Care Access Centres. Asked only of those communities that reported having collaborative service delivery arrangements for Home and Community Care services or supports. |
| QD | Q43NumberOfAgreeOther | Numeric | The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with other organizations. Asked only of those communities that reported having collaborative service delivery arrangements for Home and Community Care services or supports. |
| QE | Q44ProcessPlaceManageHCCComplaintsAppealsYesOrNo | 0=No 1=Yes | The community had a process in place to manage Home and Community Care complaints and appeals. |
| QF | Q45HCCIncidentOccurrenceReportingProcessInPlaceYesOrNo | 0=No 1=Yes | The community had a Home and Community Care incident and occurrence reporting process in place. |
| QG | Q46HCCProgramAccreditedByAccreditationCanadaOrOtherRecognizedAccreditationOrganizationYesOrNo | 0=No 1=Yes | The community's Home and Community Care program has been accredited by Accreditation Canada or another recognized accreditation organization. |
| QH | Q47NumberOfCommunityMembersAccessedCCServicesLeastOnce | Numeric | The number of community members that accessed Clinical and Client Care services at least once during the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QI | Q48UrgentTotalEncounters | Numeric | The total number of service encounters for urgent clinical services for community members. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QJ | Q48NonUrgentTotalEncounters | Numeric | The total number of service encounters for non-urgent clinical services for community members. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QK | Q50aNNCPathophysiology | Numeric | The number of nurses who completed the mandatory course/certification for Pathophysiology. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QL | Q50aNNCAdvancedHealthAssessment | Numeric | The number of nurses who completed the mandatory course/certification for Advanced Health Assessment. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QM | Q50aNNCPharmacotherapeutics | Numeric | The number of nurses who completed the mandatory course/certification for Pharmacotherapeutics (including a module or course to meet the upcoming Section 56 Ministerial exemption on Controlled Drugs and Substances Act CDSA). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QN | Q50bNNCBasicTraumaLifeSupport | Numeric | The number of nurses who completed the mandatory course/certification for Basic Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QO | Q50bNNCInternationalTraumaLifeSupport | Numeric | The number of nurses who completed the mandatory course/certification for International Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QP | Q50bNNCAdvancedTraumaLifeSupport | Numeric | The number of nurses who completed the mandatory course/certification for Advanced Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QQ | Q50bNNCBasicCardiacLifeSupportCPR | Numeric | The number of nurses who completed the mandatory course/certification for Basic Cardiac Life Support (CPR). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QR | Q50bNNCAdvancedCardiacLifeSupport | Numeric | The number of nurses who completed the mandatory course/certification for Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QS | Q50bNNCPaediatricAdvancedLifeSupport | Numeric | The number of nurses who completed the mandatory course/certification for Pediatric Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QT | Q50bNNCPTraumaNurseCoreCourse | Numeric | The number of nurses who completed the mandatory course/certification for Trauma Nurse Core Course. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |
| QU | Q50bNNCPImmunizationCertificate | Numeric | The number of nurses who completed the mandatory course/certification for Immunization certification. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week. |

Appendix CC. SIA Community Profiles Database Guide

Source: Unmodified information from ISC staff



Guide d'utilisateur « Profils »

Comment se servir de l'outil « Profils » de Synergie en Action

version 7

Dernière mise à jour: Juillet 2021

Guide d'utilisateur des « Profils » – Version 7

⋮ 1



Table des matières

| | |
|--|-----------|
| Table des matières | 2 |
| Section 1 – Information Générale | 5 |
| 1.1 Qu’est-ce que sont les « Profils »? | 6 |
| 1.2 Comment ouvrir et utiliser les rapports « Profils »? | 7 |
| 1.3 Mise à jour – Sources d’information | 9 |
| 1.4 Abonnement aux rapports | 11 |
| 1.5 Politique de confidentialité | 13 |
| 1.6 Enregistrement des rapports | 13 |
| Section 2 – Rapports Profils | 14 |
| 1. Rapports - Profils des communautés | 15 |
| 1.1 Rapport général..... | 15 |
| 1.2 Données démographiques Ad hoc | 23 |
| 1.3 Données démographiques cinq (5) ans..... | 24 |
| 1.4 Données démographiques DGSPNI | 25 |
| 1.5 Données démographiques autres | 26 |

Appendix CC. SIA Community Profiles Database Guide (continued)

| | |
|--|-----------|
| 1.6 Ententes SGISC par exercice financier..... | 27 |
| 1.7 Ententes SGCC par exercice financier | 28 |
| 1.8 Contacts antérieurs des conseils..... | 29 |
| 1.9 Membres antérieurs des conseils | 30 |
| 1.10 Contacts antérieurs des établissements de santé | 31 |
| 1.11 Liste des entreprises..... | 32 |
| 1.12 Bottin des communautés | 33 |
| 1.13 Nouvelles COVID-19 | 34 |
| 1.14 Rapport de situation critique | 35 |
| 2. Profil des organisations | 36 |
| 2.1 Rapport général..... | 36 |
| 2.2 Ententes SGISC par exercice financier..... | 40 |
| 2.3 Ententes SGCC par exercice financier | 40 |
| 2.4 Contacts antérieurs des organisations..... | 41 |
| 3. Profil des ententes | 42 |
| 3.1 Ententes | 43 |
| 3.2 État des flux de trésorerie | 44 |
| 3.3 Détails des flux de trésorerie | 45 |
| 3.4 Chèques..... | 46 |
| 3.5 Évaluation générale..... | 47 |
| 3.6 Avis d'état des rapports | 48 |
| 3.7 Avis d'état des rapports - Abonnement..... | 49 |
| 4. Rapports SGCC | 50 |
| 4.1 Amendements | 50 |
| 4.2. Ententes SGCC..... | 51 |
| 4.3. État des rapports SGCC | 52 |
| 4.4 État des flux de trésorerie | 54 |
| 4.5 Autres documents SGCC – Liste | 56 |
| 4.6 Liste d'avis 1 et 2 SGCC..... | 60 |
| 4.7 Liste des rapports SGCC..... | 61 |
| 4.8 Activités des programmes GL SGCC | 66 |

Appendix CC. SIA Community Profiles Database Guide *(continued)*

| | |
|---|-----------|
| 4.9 Autres documents SGCC - Règles | 68 |
| 4.10 Documents de référence..... | 70 |
| 5. Autres rapports | 71 |
| 5.1 Tableau de répartition des agents responsables | 71 |
| 5.2 Agent(e)s responsables antérieur(e)s | 72 |
| Section 3 – Scénarios d’utilisation – cas pratiques | 73 |
| Cas # 1 : Recherche par nom de contact..... | 74 |
| Cas # 2 : Recherche de l’historique des ententes par communauté | 77 |
| Cas # 3 : Recherche d’hébergement dans une communauté | 79 |
| Cas # 4 : Rechercher les engagements, le budget et l’historique des paiements pour une entente de financement | 81 |

Section 1 – Information Générale

Comment se servir de l’outil « Profils »

Objectifs du guide et présentation

L'objectif de ce guide est de fournir des informations sur la manière d'utiliser les « Profils » de Synergie en Action (SEA). Il est conçu pour aider à générer des rapports en utilisant des filtres et des variables et à comprendre comment les rapports fonctionnent et quelles informations ils contiennent.

1.1 Qu'est-ce que sont les « Profils »?

Les « Profils » **sont des outils organisés sur une plateforme de rapports** conçus pour aider à la prise de décision en fournissant des informations tactiques sur les communautés autochtones, les ententes de financement et les organisations financées qui offrent des services aux communautés ou aux individus. Les rapports présentent des informations structurées et bien présentées, facilement accessibles à l'aide de filtres et exportables dans différents formats. Les données proviennent de différentes sources et sont mises à jour quotidiennement. Il existe trois (3) types de « Profils » :

Profil des communautés

Le profil des communautés est un système de guichet unique permettant d'accéder rapidement à un grand nombre d'informations tactiques sur les communautés autochtones. Grâce à des filtres, il est possible de générer des rapports statiques qui fournissent des informations détaillées sur des données telles que les données démographiques, les contacts au sein des communautés, les résultats d'élections, les établissements de santé, les ententes de financement, les nouvelles et les entreprises au sein de chaque communauté.

Profil des organisations

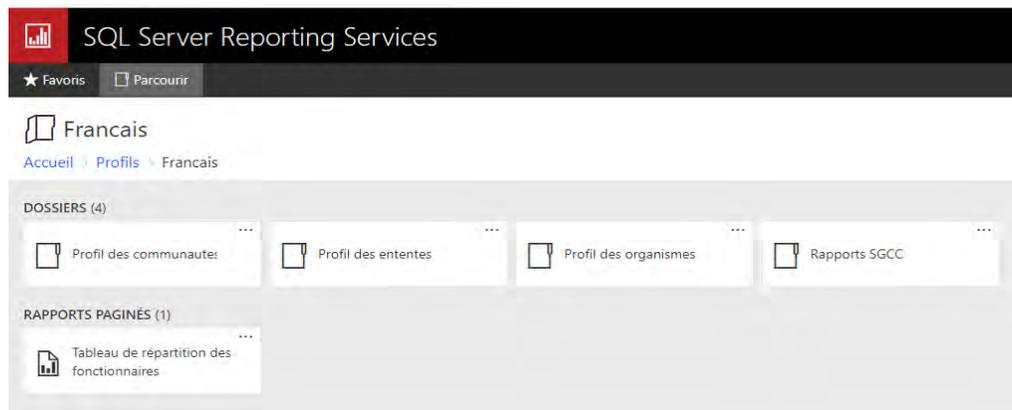
Le profil des organisations permet d'accéder rapidement à un grand nombre d'informations tactiques sur les organisations financées, les autorités de santé publique et les conseils tribaux. Des rapports statiques peuvent être générés en utilisant des filtres pour accéder à des informations détaillées sur des données telles que les contacts des organisations, les communautés desservies, les ententes de financement et les nouvelles.

Profil des ententes

Le profil des ententes fournit des informations sur les ententes de financement. Les données sont exportées du Système de Gestion de l'Information des Subventions et Contributions (SGISC) et manipulées pour créer des rapports puissants qui résument l'information sur les flux de trésorerie, l'état des rapports, les chèques émis et les modifications apportées aux ententes. En plus de rendre les informations du SGISC plus accessibles, ce profil peut également offrir une

vue d'ensemble de la gestion de la performance (par exemple, sur les rapports financiers en retard) et une analyse proactive.

Tous les profils sont accessibles en cliquant sur l'icône « Profils (Fr/Eng) » sur la page des produits du site web de *Synergie en Action (SEA)* : <http://sia-sea/fr-ca/Pages/Produits.aspx>. Cliquer sur le lien correspondant au profil souhaité et ajouter la page d'accueil de SEA dans les favoris.



1.2 Comment ouvrir et utiliser les rapports « Profils »?

Sélections

Lors de l'ouverture d'un rapport, une liste d'options permet de modifier l'affichage du rapport et de préciser la recherche. Toutes ces options n'apparaissent pas sur tous les rapports.

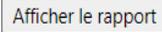
- **Langue du rapport** : Choisir d'afficher le rapport en anglais ou en français. La langue définie par défaut sera celle choisie lors de l'accès à l'outil « Profils » via le site web de SEA.
- **Recherche (Nom ou numéro SGISC)** : Inscrire le numéro du bénéficiaire ou une partie du nom du bénéficiaire pour trouver la communauté désirée.
- **Onglet(s) à ouvrir** : Pour les rapports volumineux, sélectionner la section des rapports à consulter en cliquant sur les cases à cocher. Par défaut, aucun onglet ne s'ouvrira. Les onglets peuvent être ouverts ultérieurement en cliquant sur le bouton plus (+) de n'importe quel rapport.

Filtres

Chaque rapport comporte une série de filtres numérotés permettant de sélectionner différents paramètres. Chaque filtre a une incidence sur les filtres subséquents. Si un filtre comporte un paramètre ou une variable sélectionné, la liste des valeurs des filtres suivants sera réduite en fonction de l'effet combiné de tous les filtres précédents. Chaque rapport aura des options de filtre légèrement différentes et tous les filtres énumérés ci-dessous n'apparaîtront pas sur tous les rapports.

- **Région:** Zone où la communauté ou l'organisation est située
- **Traité:** Accord/Entente/Traité dont la communauté fait partie
- **Agent:** Liste des agents assignés aux communautés/organisations
- **Nation:** La nation dont la communauté fait partie (p. ex. Crie)
- **Entente:** Pour chercher des bénéficiaires d'ententes de contribution ou de subvention
- **Domaine fonctionnel:** Utilisé pour filtrer les clients qui disposent d'un financement dans un programme particulier (code Q ou K)
- **Client :** Présente la liste des noms des communautés incluant les noms des conseils de band et les noms couramment utilisés par la DGSPNI
- **Année :** Permet de sélectionner l'année civile pour les données démographiques
- **Communauté desservie :** Fournit la liste des communautés desservies par une quelconque organisation ou faisant partie d'une organisation particulière

The screenshot shows the SQL Server Reporting Services interface. At the top, there is a navigation bar with 'Favours' and 'Parcourir' buttons. Below this, there are tabs for 'Accueil', 'Profils', 'Français', and 'Profil des communautés'. The main content area displays filter options for a report titled 'Données démographiques cinq ans'. The filters are numbered 1 through 5: 1. Région / Region (dropdown menu with 'Toutes les régions'), 2. Année / Year (dropdown menu with '2019'), 3. Traité / Treaty (dropdown menu with '+ Aucun traité + Accord sur les reve'), 4. Nation / Nation (dropdown menu with 'Toutes les nations'), and 5. Client / Client (dropdown menu with '< Sélectionner une valeur >'). There is also a search box labeled 'Recherche (Nom ou no SGIS) / Search (GCIMS No or Name)' and an 'Afficher le rapport' button.

Après avoir sélectionné le dernier filtre (habituellement « Client »), cliquer sur  pour ouvrir le rapport.

Une fois le rapport ouvert, une barre d'outils sera disponible pour naviguer et localiser de l'information :



- Cliquer sur les flèches  pour circuler entre les pages du rapport. Dans de nombreux rapports, la dernière page indique les sources des données et la manière d'utiliser efficacement les informations. Les flèches  mènent vers la première ou la dernière page du rapport.
- Cliquer sur  pour actualiser la page.
- Cliquer sur  pour modifier l'agrandissement de la page.
- Cliquer sur  pour sauvegarder le rapport. Il peut être sauvegardé en format Word, Excel ou PDF.
- Cliquer sur  pour imprimer le rapport.
- La case Rechercher | Suivant permet de chercher un texte correspondant dans le rapport.

Dernière page du rapport

La dernière page du rapport présente les sources utilisées pour bâtir le rapport ainsi que les clauses de non-responsabilité de SEA quant à l'utilisation des données du rapport. Elle disposera également d'une adresse électronique permettant de contacter SEA pour toutes questions, commentaires ou pour signaler toutes erreurs rencontrées dans le rapport.

Pour visualiser la dernière page du rapport, cliquer sur  après avoir généré le rapport. La liste complète des sources d'information se trouve à la dernière page de chaque « Rapport général ».

| Sources des informations |
|---|
| Information générale |
| Numéro et Nom selon AANC : Affaires autochtones et du Nord Canada (AANC) |
| Alias et autres graphies : Direction Générale de la Santé des Premières Nations et Inuits (DGSPNI) |
| Nation : Direction Générale de la Santé des Premières Nations et Inuits (DGSPNI) |
| Langue ancestrale : Classification de la langue , Classifications statistiques, Statistique Canada |
| Niveau d'isolement : Système de Gestion et de Planification Communautaire (SGPC), Direction Générale de la Santé des Premières Nations et Inuits (DGSPNI) |
| Affaires autochtones et du Nord Canada (AANC) |
| Traités/Ententes sur l'autonomie gouvernementale : Système d'information sur les droits ancestraux et issus de traités (SIDAIT) , Affaires autochtones et du Nord Canada (AANC) |
| Profil de recensement : Profil du recensement , Statistique Canada |
| Profil AANC : Profil des Premières Nations , Affaires autochtones et du Nord Canada (AANC) |
| Carte interactive des profils des collectivités inuites , Affaires autochtones et du Nord Canada (AANC) |

1.3 Mise à jour – Sources d'information

Les informations mises à jour manuellement dans les « Profils » auront une ligne « Date de la dernière mise à jour/Last Updated Date » au-dessus de chaque section correspondante. Les données financières provenant du SGISC sont mises à jour quotidiennement, tandis que les données démographiques sont mises à jour annuellement. Toutes les autres informations sont

Appendix CC. SIA Community Profiles Database Guide *(continued)*

mises à jour au fur et à mesure que la direction de SEA est informée des changements à apporter.

Pour tout commentaire, ou pour signaler une information inexacte, contacter Synergie en Action, en précisant le titre du rapport et le nom de l'onglet auquel s'applique le commentaire, à l'adresse:

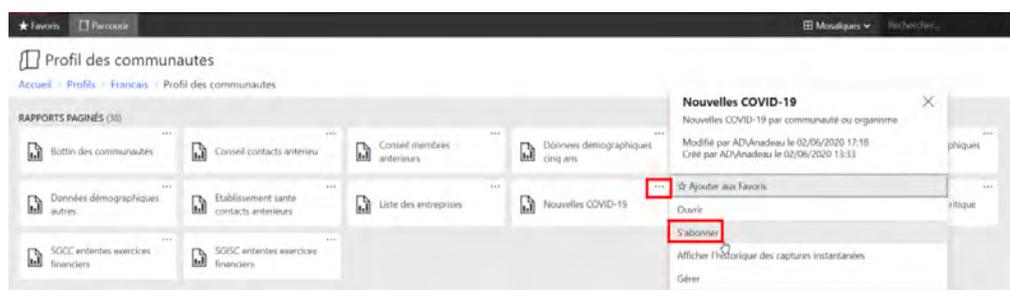
sac.sea-sia.isc@canada.ca

1.4 Abonnement aux rapports

Il est possible de s'abonner à n'importe quel rapport des « Profils » afin d'en recevoir une copie par courriel selon la fréquence choisie. Le rapport peut être envoyé sous forme de document Word, PDF ou Excel. Pour les rapports plus volumineux, comme le **Rapport général**, il est possible de ne recevoir que certaines sections. Noter que le rapport ne peut être envoyé qu'à la fréquence préalablement déterminée et ne peut pas être programmé en fonction des changements apportés au rapport.

Comment s'abonner :

En consultant la liste des rapports pour un certain profil, cliquer sur l'icône des trois (3) points d'un rapport et sélectionner « S'abonner ».



L'écran suivant apparaîtra permettant ainsi de sélectionner les paramètres souhaités qui correspondent aux filtres du rapport. L'adresse courriel du destinataire est automatiquement prélevée du profil de l'utilisateur. Sélectionner le format du rapport, l'heure (par exemple : hebdomadaire, lundi à 8h00) et les filtres pour personnaliser le rapport en fonction des besoins. Après avoir sélectionné tous les paramètres, cliquer sur « Créer un abonnement ».

Note : L'heure reflétée est celle du fuseau horaire de l'Alberta (UTC -6) puisque le serveur est situé dans cette région.

Nouvel abonnement

Accueil Profils Français Profil des communautés Rapport général Gérer Abonnements **Nouvel abonnement**

Description

Propriétaire

Type d'abonnement

Abonnement standard
Générer et remettre un rapport

Abonnement piloté par les données
Générer et fournir un rapport pour chaque ligne d'un dataset

[En savoir plus](#)

Planification

Livrer le rapport selon la planification suivante :

Planification spécifique aux rapports [Modifier la planification](#)
À 2:00 AM chaque jour, à partir du 9/10/2020

Destination

Livrer le rapport à :

Messagerie

Options de remise (Messagerie)

À :

Objet :

inclure un rapport Format de rendu : Word

inclure un lien

Priorité : Normale

Paramètres du rapport

| Paramètre | Source de la valeur | Valeur/champ |
|--|-------------------------------|---------------------------------|
| Langue du rapport / Report Language | Utiliser la valeur par défaut | |
| Onglet(s) à ouvrir / Tab(s) to open | Utiliser la valeur par défaut | < Aucun > |
| Recherche (Nom ou no SGIS) / Search (GCIMS No or Name) | Utiliser la valeur par défaut | |
| 1. Région / Region | Utiliser la valeur par défaut | |
| 2. Traité / Treaty | Utiliser la valeur par défaut | < Aucun traité =, Accord sur le |
| 3. Agent / Officer | Utiliser la valeur par défaut | |
| 4. Entente / Agreement | Utiliser la valeur par défaut | Non, Oui |
| 5. Domaine fonctionnel / Functional Area | Utiliser la valeur par défaut | Tous les domaines fonctio |
| 6. Nation / Nation | Utiliser la valeur par défaut | |
| 7. Client / Client | Entrer une valeur | <input type="text"/> |

Créer un abonnement Annuler

1.5 Politique de confidentialité

La plupart des rapports sont considérés comme étant *Protégé B*, tel qu'indiqué dans le coin supérieur droit du rapport. Toutefois, certaines sections comportent moins de restrictions. Pour plus de renseignements, contacter SEA à l'adresse courriel suivante :

sac.sea-sia.isc@canada.ca.

1.6 Enregistrement des rapports

Il est possible d'exporter tous les rapports sous forme de fichiers Adobe PDF, Word ou Excel. Par exemple, le rapport général ci-dessous est configuré pour être exporté au format PDF.

The screenshot shows the 'Rapport général' (General Report) page in the SIA Community Profiles Database. The interface includes several search filters: 'Langue du rapport / Report Language' (Français), 'Recherche (Nom ou no SGIS) / Search (GCIMS No or Name)' (kïgan), 'Onglet(s) à ouvrir / Tab(s) to open' («Aucun»), '1. Région / Region' (Toutes les régions), '2. traité / Treaty' («Aucun traité «Accord sur les reve»), '3. Agent / Officer' (Tous les agents), '4. Entente / Agreement' (Non/Oui), '5. Domaine fonctionnel / Functional Area' (Tous les domaines fonctionnels), '6. Nation / Nation' (Toutes les nations), and '7. Client / Client' (Kïgan Zibi Anishnabeg / Kïgan Zibi). Below the filters, there are navigation controls and a search button. A table of results is visible, with a 'PDF' icon highlighted in a red box, indicating the export option.

Une boîte de dialogue s'ouvrira et il sera possible d'enregistrer ou d'ouvrir le fichier. Cliquer sur « Enregistrer sous » pour sauvegarder le fichier à l'endroit désiré ou cliquer sur « Ouvrir » pour le visualiser seulement.

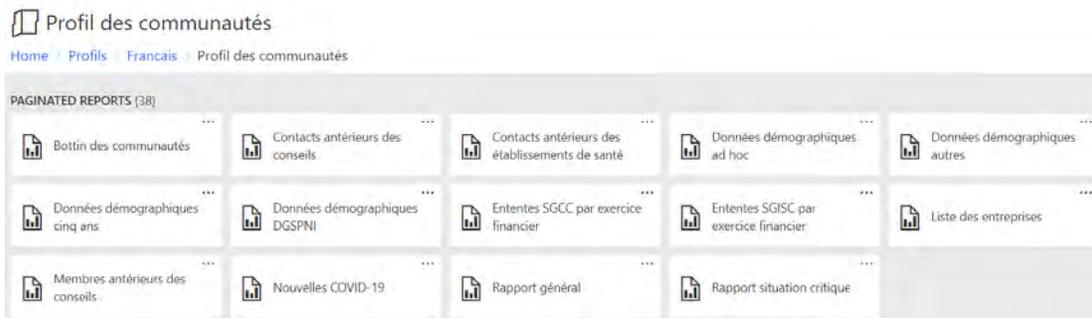
The screenshot shows a file dialog box with the text: 'Voulez-vous ouvrir ou enregistrer Rapport général.pdf à partir de hconk1vwvdbp025?'. The dialog has three buttons: 'Ouvrir', 'Enregistrer', and 'Enregistrer et ouvrir'. A red box highlights the 'Enregistrer' button, and a mouse cursor is pointing at it.

Section 2 – Rapports Profils

Profils des communautés, des
organisations et des ententes

1. Rapports - Profils des communautés

Le **Profil des communautés** contient des informations relatives aux Premières Nations et aux Inuits, notamment des données démographiques et des informations sur les ententes de financement. Il se compose de plusieurs rapports, détaillés ci-dessous :



Description du rapport et contenu

1.1 Rapport général

Dans le **Profil des communautés**, le rapport le plus complet est le **Rapport général**. Il présente un aperçu complet des informations sur toutes les communautés des Premières Nations et des Inuits à travers le Canada. La plupart des informations contenues dans les autres rapports sont présentes dans le **Rapport général**. Cependant, celui-ci n'offre pas autant de détails que ces rapports plus spécialisés car sa fonction principale est d'offrir une vue d'ensemble. Il s'agit toutefois du meilleur rapport à utiliser pour une toute première consultation des **Profils** ou si un résumé d'une communauté spécifique est nécessaire.

De nombreux filtres permettent de produire un rapport sur une communauté donnée. Les filtres eux-mêmes peuvent donner une réponse rapide à des questions telles que : « *Quelles sont les communautés qui ne sont pas couvertes par une entente? Quelles sont les communautés qui sont gérées par une tierce partie? Quelles sont les communautés qui détiennent une entente **active**?* »

Le **Rapport général** est composé de douze (12) sections :

1) Section d'information générale

- Numéro du conseil de bande selon AANC
- Nation
- Nom du conseil de bande selon AANC
- Langue ancestrale
- Niveau d'isolement AANC : Classé de 1 à 4 (1 étant le niveau d'isolement le moins élevé et 4 le plus élevé)

Appendix CC. SIA Community Profiles Database Guide (continued)

- Lien vers le dernier recensement de Statistique Canada
- Niveau d'isolement SGPC (Système de Gestion et de Planification Communautaire)
- Lien vers le Profil AANC
- Traités/Ententes sur l'autonomie gouvernementale
- Alias et autres graphies
- Section de l'appartenance à la bande de la Loi sur les Indiens

Voici un exemple de rapport général pour lequel l'option « Aucun » a été sélectionnée dans le filtre « Onglet(s) à ouvrir ». L'option « Aucun » affichera le rapport en mode compressé et ne montrera que la section des informations générales. Pour ouvrir un onglet, cliquer sur le signe plus (+) à côté de celui-ci.

| Pessamit | | | |
|---|-----------------------------|-----------------------|----------------------------------|
| Région du Québec | | | |
| Numéro selon AANC | 85 | Nation | Innus |
| Nom selon AANC | Bande des Innus de Pessamit | Langue ancestrale | Innu |
| Niveau d'isolement AANC | Zone 1* | Profil de recensement | Recensement 2016 |
| Niveau d'isolement SGPC | Semi-isolé | Profil AANC | Détails |
| Traités/Ententes sur l'autonomie gouvernementale : Aucun | | | |
| Section de l'appartenance à la bande de la Loi sur les Indiens: 11* | | | |
| Alias et autres graphies : Betsiamites | | | |

| | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Conseil des Innus de Pessamit | | |
| <input type="checkbox"/> Poste de soins infirmiers | | |
| <input type="checkbox"/> Gestion des manquements | (Dernière mise à jour : 14-Juin-2021) | Interventions antérieures |
| <input type="checkbox"/> Ententes (2021 - 2022) | | Exercices financiers précédents |
| <input type="checkbox"/> Agents responsables | (Dernière mise à jour : 10-Juin-2021) | Agents responsables antérieurs |
| <input type="checkbox"/> Données démographiques | | |
| <input type="checkbox"/> Informations géographiques | | |
| <input type="checkbox"/> Entreprises et services en communauté | (Dernière mise à jour : 25-Sept-2020) | |
| <input type="checkbox"/> Infrastructures publiques | (Dernière mise à jour : 08-Déc-2009) | |
| <input type="checkbox"/> Ressources du réseau de la santé | (Dernière mise à jour : 04-Août-2009) | |
| <input type="checkbox"/> Nouvelles | (10 plus récentes) | Plus de nouvelles |

2) Onglet - Conseil de bande (Premières Nations) / Conseil Municipal (Inuits)

Cette section contient le nom officiel du conseil de bande ou du conseil municipal, l'adresse, la langue de correspondance, les numéros de téléphone, de fax et les adresses de courrier électronique. Elle contient également le mode électoral et des commentaires sur le conseil.

Les deux (2) sous-sections suivantes contiennent les coordonnées des membres actuels du conseil ainsi que celles de *non-élus*. Elles indiquent le numéro de téléphone, le fax, le portefeuille et les dates des mandats. Si un contact dispose d'une adresse courriel, son nom est surligné en bleu. En cliquant sur le nom de cette personne, un nouvel e-mail s'ouvrira automatiquement. La date de la dernière mise à jour est disponible puisque les informations des contacts sont ajustées manuellement.

Appendix CC. SIA Community Profiles Database Guide (continued)

via l'application *Profiles WebApp*. Cliquer sur « Membres antérieurs du conseil » ou « Contacts antérieurs » pour afficher les contacts inactifs.

| Membres actuels du conseil | | | | | (Dernière mise à jour : 07-Avr-2021) | | Membres antérieurs du conseil | |
|----------------------------|----------------------------|--------------|-------------|-----------|--------------------------------------|--------------|-------------------------------|--|
| Titre | Nom | Téléphone(s) | Télocopieur | Portfolio | Mandat du | au | | |
| Chef | M. Jean-Marie Vollant | | | | 18-Août-2020 | 17-Août-2022 | | |
| Conseiller | M. Gérald Hervieux | | | | 18-Août-2020 | 17-Août-2022 | | |
| Conseiller | M. Jean-Noël Riverin | | | | 18-Août-2020 | 17-Août-2022 | | |
| Conseiller | M. Jérôme Bacon St-Onge | | | | 18-Août-2020 | 17-Août-2022 | | |
| Conseiller | Mme Jocelyne Bacon | | | | 18-Août-2020 | 17-Août-2022 | | |
| Conseiller | Mme Marielle Vachon | | | | 18-Août-2020 | 17-Août-2022 | | |
| Conseiller | Mme Suzanne Bacon Charland | | | | 18-Août-2020 | 17-Août-2022 | | |

| Contacts actuels | | | | | (Dernière mise à jour : 02-Mars-2021) | | Contacts antérieurs | |
|------------------------------------|-----------------------------------|----------------|----------------|--------------|---------------------------------------|--|---------------------|--|
| Titre | Nom | Téléphone(s) | Télocopieur | Depuis le | | | | |
| Adjointe à la direction du Conseil | Mme Anne St-Onge | (418) 567-2265 | | 15-Juin-2016 | | | | |
| Comptable agréé | Mme Claire Chassé | (418) 296-9651 | (418) 296-8454 | 26-Nov-2012 | | | | |

3) Onglet – Établissements de santé

Cette section contient des informations sur les établissements de santé de la communauté, y compris le nom, le type d'établissement, le numéro de téléphone, le fax, le courriel, le site web, le réserve, le numéro SIGBI et les commentaires. Elle contient également un lien vers l'organigramme de l'établissement de santé ainsi qu'une photo de l'établissement pour aider ceux qui visitent la communauté.

De plus, les coordonnées des contacts de l'établissement de santé ainsi que la date du début de leur mandat s'y trouvent. Si un contact dispose d'une adresse courriel, son nom est surligné en bleu. En cliquant sur le nom de cette personne, un nouvel e-mail s'ouvrira automatiquement. La date de la dernière mise à jour est disponible puisque les informations des contacts sont ajustées manuellement via l'application *WebApp Profiles*. Cliquer sur « Contacts antérieurs » pour afficher les anciens contacts de l'établissement de santé.

| Poste de soins infirmiers | | | | |
|---------------------------------------|---|---------------------------|-----------------|-------------------------|
| Poste de soins infirmiers d'Opitciwan | | | Organisme agréé | Non |
| 15, Wapistan | Téléphone | (819) 974-8822 | Organigramme | 2011 |
| Obedjiwan (Québec) G0W 3B0 | Télocopieur | (819) 974-8876 | Photographie | 2010/07 |
| Courriel | Site Web | | | |
| # SIGBI* | 079-OP-01 | Réserve | OBEDJIWAN 28 | |
| Commentaires | | | | |
| Contacts | | | | |
| (Dernière mise à jour : 05-Juil-2021) | | | | |
| Titre | Nom | Téléphone(s) | Télocopieur | Depuis le |
| Commis à l'entrée de données | Mme Jeanne-Colette Awashish | (819) 974-8822 Poste 3230 | | n.d. |
| Coordonnatrice Príncipe de Jordan | Mme Katie Awashish | (819) 974-8822 | | 01-Juil-2021 |

L'onglet « Établissement de santé » contient également des informations sur la connectivité de l'établissement afin de déterminer s'il est possible d'organiser une vidéo-conférence ou d'accéder à certains programmes médicaux. Cette section indique si l'établissement dispose ou non de **Panorama**, le nombre d'employés à temps plein (ETP), le rapport entre les ETP et le nombre d'utilisateurs travaillant simultanément (calcul du pic de la demande) et le nombre de postes informatiques. De plus, les informations sur le fournisseur internet, le type de bande passante et les vitesses de télé-versement

Appendix CC. SIA Community Profiles Database Guide (continued)

et de téléchargement de la connexion sont affichés. Si des applications de santé particulières existent, celles-ci seront listées sous la section « Ressources ».

| Connectivité (Dernière mise à jour : 13-Déc-2018) | | Vitesse (MBPS) | | | |
|---|------------------------------|------------------------------|---------------|----------------|---------|
| Panorama | | Catégorie | Téléversement | Téléchargement | Maximum |
| Utilisateurs en équivalent temps plein (ETP) | | 11 et plus | | | 10 0,0 |
| ETP ÷ Nombre d'utilisateurs concurrents | | Fournisseur d'accès internet | | | |
| Catégorie de poste de travail | | Type de bande passante | | Câble | |
| Commentaires | | | | | |
| Ressources | | | | | |
| Catégorie | Liste | | | | |
| Fonctionnalités | Accès télésanté, Accès vidéo | | | | |
| Dossier médical électronique (DME) | Autre | | | | |

4) Gestion des manquements

Cette section contient les activités de redressement actuelles et passées (des cinq (5) dernières années), le niveau du redressement, les informations et coordonnées de la tierce partie (séquestre-administrateur), l'agent de redressement responsable ainsi que l'entente concernée.

| Gestion des manquements (Dernière mise à jour : 17-Sept-2019) | | Interventions antérieures | |
|--|--|--|-------------|
| 01-Avr-2015 - 01-Avr-2019 Séquestre-administrateur (Niveau élevé) | | | |
| Firme | DGSPNI- Agent de redressement (en cours) | | |
| Lemieux Nolet inc. | Mme Madone Wainright | | |
| 815, boulevard Lebourgneuf, bureau 401 | Téléphone | (514) 283-4494 | |
| Québec (Québec) G2J 0C1 | Courriel | madone.wainright@hc-sc.gc.ca | |
| Téléphone | (418) 659-6346 | | |
| Télécopieur | (418) 650-4480 | | |
| Commentaires : Informer l'agent de redressement de toute communication avec le séquestre-administrateur en lien avec les finances de la bande. | | | |
| Contacts | | | |
| Titre | Nom | Téléphone | Télécopieur |
| Ententes | | | |
| À venir plus tard | | | |

5) Ententes

Cette section présente un résumé des informations sur les accords de contribution provenant du système SGISC pour l'exercice financier en cours. Elle est mise à jour quotidiennement. Les informations relatives à l'exercice financier précédent peuvent être trouvées en cliquant sur « Exercices financiers précédents ». Les fonds sont divisés en deux sections : les fonds budgétés et les fonds versés. Ceux-ci sont répartis par programme et par code de domaine fonctionnel (code Q). Le sous-total se trouve au bas de chaque tableau. Le numéro de l'entente, le type d'entente, le numéro SGISC, la période de l'entente ainsi que le statut sont affichés.

| Ententes (2020 - 2021) | | Budgeté | | Payé | |
|--|--|-----------|--|---------|--|
| Commentaires : | | | | | |
| 2021-QC-000023 / CFA / SGISC - 0074 | | | | | |
| Statut : Active (01-Avr-2020 - 31-Mars-2025) | | | | | |
| EA51310 | MGR NON-INSURED HEALTH BENEFITS | | | | |
| EA51930 | JORDAN'S PRINCIPLE AND CFI - QUEBEC | | | | |
| EA53011 | POLICY ANALYSIS PLANNING AND INFORMATION | | | | |
| EA53013 | TRANSFER PROGRAM | | | | |
| EA53014 | ASSET SECURITY MANAGEMENT | | | | |
| EA53021 | MGR PROFESSIONAL SERVICES | | | | |
| EA53051 | MGR COMMUNITY BASED PROGRAMS | | | | |
| EA53061 | HOME NURSING | | | | |
| Total / Entente | | 1 651 108 | | 730 156 | |

Appendix CC. SIA Community Profiles Database Guide (continued)

Les activités financières de l'exercice en cours représentent un historique de tout ce qui a affecté le financement de l'entente durant l'année financière :

- Les activités budgétaires initiales de l'année;
- Les ajustements et modifications du budget initial;
- Les avis d'ajustements budgétaires (NOBA)

*Ce tableau est actuellement en processus d'amélioration et la nouvelle version contiendra : le code, la date, et le type.

| Activités financières pour l'exercice financier 2020 - 2021 | | | | | | | | | |
|---|------|------|-----------------------|---------------------------------|----------------|---------------------|---------------------|---------|--------|
| Code | Date | Type | Activité de programme | Zone de services des programmes | Centre de coût | Mode de financement | Domaine fonctionnel | Budgété | Payé |
| | | | A50403 | B2710 | A50403 | Flex | Q218 | 14 074 | 7 242 |
| | | | A50403 | B2710 | A50403 | Flex | Q21F | 133 209 | 68 545 |
| | | | A50403 | B2710 | A50403 | Flex | Q21G | 70 130 | 36 087 |
| | | | A50403 | B2710 | A50403 | Flex | Q21G | 147 214 | 76 751 |
| | | | A50403 | B2710 | A50403 | Flex | Q21G | 114 805 | 59 075 |

6) Onglet – Agents Responsables

Cette section contient les coordonnées des travailleurs de la DGSPNI tels que les agents de liaison, les agents de programme, les agents financiers, les agents de santé environnementale ou de transport médical. Les agents régionaux de SAC ou de RCAANC peuvent également y figurer. Cliquez sur le nom de l'agent pour ouvrir leur courriel. La date de la dernière mise à jour est disponible puisque les informations des contacts sont ajustées manuellement via l'application *Profils WebApp*.

| Agents responsables | | (Dernière mise à jour : 20-Mai-2021) | | Agents responsables antérieurs | |
|---|--------------------------------------|--------------------------------------|--|--|--|
| Agents régionaux DGSPNI | | | | Date de début | |
| Directeur, Centre de service du Nord | Ms. Mary Vermette | (306) 953-8601 | | 01-Mai-2021 | |
| Gestionnaire des services de santé | Ms. Jamie Untereiner | (306) 953-8685 | | 29-Mars-2021 | |
| Agents régionaux SAC/RCAANC | | | | Date de début | |
| Agent aux services de financement (SAC) | Kalen Wright | (306) 987-0562 | | 01-Mai-2021 | |
| Capital Environment Officer | Mr. Ed Lenchuk | (306) 940-4765 | | 01-Mai-2021 | |

7) Onglet – Données démographiques selon le dernier recensement

Cette section présente les données démographiques pour l'année de recensement la plus récente. Les données sont présentées par groupes d'âge de cinq (5) ans et par groupes d'âge selon les programmes offerts par la DGSPNI. Elles sont ensuite divisées par *hommes* et *femmes*, *sur* ou *hors-réserve*. Pour des raisons de confidentialité, les chiffres exacts ne sont pas indiqués lorsque moins de cinq (5) personnes entrent dans une certaine catégorie. Cliquez sur « Données antérieures » pour accéder aux données démographiques des années précédentes.

Ces données proviennent du **Système d'inscription des Indiens (SII)**, **Affaires autochtones et du Nord Canada** (AANC) et existent pour toutes les communautés sauf les Inuits et Oujé-Bougoumou (Nation Crie). Pour les Inuits et Oujé-Bougoumou (Nation Crie), les données proviennent du **Registre des bénéficiaires Cris et Naskapis de la convention de la Baie-James et du nord québécois et de la convention du nord-est québécois**. Seul le système SII est mis à jour pour l'année fiscale en cours.

Appendix CC. SIA Community Profiles Database Guide (continued)

| Par groupe d'âges de 5 ans | | | | | | | Données antérieures | | |
|----------------------------|---------------|--------------|-------|---------------|--------------|-------|---------------------|--------------|-------|
| 2019 | Sur réserve | | | Hors-réserve | | | Total | | |
| Groupe d'âges | Sexe masculin | Sexe féminin | Total | Sexe masculin | Sexe féminin | Total | Sexe masculin | Sexe féminin | Total |
| 0 à 4 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 5 à 9 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 10 à 14 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 15 à 19 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 20 à 24 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 25 à 29 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 30 à 34 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 35 à 39 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 40 à 44 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 45 à 49 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 55 à 59 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 60 à 64 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| 65 à 69 ans | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| Total | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |

8) Onglet - Informations géographiques

Cette section contient des informations géographiques telles que les territoires de la communauté, les descriptions toponymiques, la région de santé, la région administrative, les circonscriptions électorales (provinciales et fédérales) et des commentaires sur la localisation de la communauté. Il y a également une carte cliquable qui montre l'emplacement de la communauté par rapport aux points d'intérêt de la région.

Informations géographiques

| | |
|--|--|
| Territoire(s) avec limites législatives | : NUNAVUT LAND CLAIMS AGREEMENT – JOINTLY OWNED LAND (Terres visées par un règlement) |
| Descriptions toponymiques | : Akulivik |
| Région de santé | : Nunavik |
| Région administrative | : Nord-du-Québec |
| Circonscription électorale provinciale | : Ungava |
| Circonscription électorale fédérale | : Abitibi–Baie-James–Nunavik–Eeyou |
| Commentaires | : Le territoire est situé sur la côte est de la baie d'Hudson. Akulivik est construit sur une presqu'île qui s'avance dans la baie en direction sud-ouest et fait face à l'île Smith. Akulivik est sur le 60 ^e parallèle. |



9) Onglet – Entreprises et services dans la communauté

Il s'agit d'une liste des entreprises et des services disponibles au sein ou à proximité d'une communauté donnée, présentée par catégorie. Elle comprend la catégorie et les informations de contact (nom de l'entreprise, adresse, téléphone et fax).

Appendix CC. SIA Community Profiles Database Guide (continued)

| ☐ Entreprises et services en communauté (Dernière mise à jour : 01-Avr-2010) | | | |
|--|---|----------------|----------------|
| Centre d'emploi et de formation | | | |
| Entreprise | Adresse | Téléphone | Télécopieur |
| Akulivik Kativik Employment & Training Center | P.O. Box 119 Akulivik (Québec) J0M 1V0 | (819) 496-2437 | (819) 496-2500 |
| Centres sportifs, de loisirs et de récréation | | | |
| Entreprise | Adresse | Téléphone | Télécopieur |
| Ayagutaak Recreation Center | P.O. Box 50 Akulivik (Québec) J0M 1V0 | (819) 496-2440 | (819) 496-2200 |
| Qitsualuk Arena | P.O. Box 50 Akulivik (Québec) J0M 1V0 | (819) 496-2891 | (819) 496-2200 |
| Chasse et pêche, trappage - Équipement et programmes | | | |
| Entreprise | Adresse | Téléphone | Télécopieur |
| Akulivik Income Security | P.O. Box 119 Akulivik (Québec) J0M 1V0 | (819) 496-2043 | (819) 496-2043 |

10) Onglet - Infrastructures publiques

Disponible uniquement pour la province du Québec, cet onglet contient des informations sur les types d'infrastructures publiques et indique l'adresse, le type et les coordonnées de chaque bâtiment.

- Aliments : Cuisine communautaire, cafétéria
- Eau potable : Réseau municipal d'eau potable
- Général : Écoles, centre des loisirs, radio communautaire, station de police, etc.
- Collecte d'ordures
- Installations de soins communautaires : Maison pour aînés, garderie

| ☐ Infrastructures publiques (Dernière mise à jour : 08-Déc-2009) | | | |
|--|--|----------------------|--|
| Aliments | | | |
| Cuisine communautaire / Radio et/ou télévision communautaires | Carrefour Wôlinak | | |
| Eau potable | | | |
| Réseau municipal d'eau potable - Fusionné | Système d'eau potable - Wôlinak 10120 Kolipaïo Wôlinak (Québec) | M. Dave Lefebvre | |
| Général | | | |
| Cuisine communautaire / Radio et/ou télévision communautaires | Carrefour Wôlinak | | |
| Ordures | | | |
| Collecte seulement | Collecte des ordures | M. Réjean Bonneville | |
| Soins communautaires | | | |
| Maison pour aînés | Résidence Au Soleil Levant 11000 chemin du ST-Laurent Wôlinak (Québec) | Mme Karine Rouleau | |

11) Onglet - Ressources du réseau de la santé

Disponible uniquement pour la province du Québec, cette section indique la distance entre la communauté et les établissements de santé provinciaux. Elle est idéale pour le transport médical ou pour estimer la distance à parcourir pour obtenir un traitement spécialisé. Les hôpitaux, les pharmacies, les cliniques médicales et les cliniques dentaires les plus proches sont indiqués.

Appendix CC. SIA Community Profiles Database Guide (continued)

12) Onglet - Nouvelles

Cette section fournit une liste des dix (10) actualités qui concernent la communauté selon la date de leur publication. Pour lire la nouvelle, cliquer sur le titre en bleu. Les nouvelles sont générées à partir d'une recherche Bing Azure et sont mises à jour une fois par jour. Puisque le système de recherche est limité, certaines actualités peuvent ne pas être pertinentes à la communauté.

| Nouvelles (10 plus récentes) | | Plus de nouvelles |
|---|--|-------------------|
| Grand titre | | Parution |
| Uashat sort dans les rues contre la DPJ | | 04-Sept-2020 |
| Les Innus prennent connaissance de l'entente historique avec Rio Tinto | | 03-Sept-2020 |
| La rentrée retardée à l'école secondaire de Uashat-Maliotenam en raison d'un bris | | 01-Sept-2020 |
| Pensionnats autochtones : une commémoration locale souhaitée par des Innus | | 01-Sept-2020 |
| Le film «Kuessipan» continue de rayonner à l'étranger | | 31-Août-2020 |
| Une rentrée marquée par la prudence chez les Premières Nations du Québec | | 31-Août-2020 |
| Actualité - Archives du Mercredi 26 août 2020 | | 27-Août-2020 |
| Entente entre la minière Rio Tinto-IOC et des conseils de bande | | 26-Août-2020 |
| ITUM et Matimekush-Lac John s'entendent avec Rio Tinto | | 26-Août-2020 |
| COVID-19: le Québec enregistre 104 nouveaux cas, six décès s'ajoutent | | 23-Août-2020 |

1.2 Données démographiques Ad hoc

Ce rapport fait état des données démographiques par groupes d'âge personnalisés pour toutes les communautés, **sauf pour les Inuits et Oujé-Bougoumou (Nation Crie)**.

Les informations sont affichées pour une année spécifique et sont divisées par *hommes* et *femmes*, *sur* ou *hors-réserve*. Des filtres personnalisés par groupe d'âge permettent de sélectionner un âge minimum et maximum précis. Contrairement au **Rapport général**, ce rapport peut afficher des données pour les années de recensement précédentes et n'est pas limité par des catégories d'âge spécifiques.

Ces données proviennent du Système d'inscription des Indiens (SII), des Affaires Autochtones et du Nord Canada (AANC) et du Système de Vérification de Statut (SVS) (pour les données après 2017). Pour des raisons de confidentialité, les données démographiques dont la valeur est inférieure à cinq (5) ont été remplacées par « < 5 » et ont été exclues des totaux. De plus, ces données sont destinées à un usage interne uniquement et ne doivent pas être partagées.

Groupe d'âge : 0 à 85 ans et plus

| 2019 | | Sur réserve | | | Hors-réserve | | | Total | | |
|--------|---------------|---------------|--------------|-------|---------------|--------------|-------|---------------|--------------|-------|
| Région | Communauté de | Sexe masculin | Sexe féminin | Total | Sexe masculin | Sexe féminin | Total | Sexe masculin | Sexe féminin | Total |
| Nord | Aklavik | 130 | 127 | 257 | 78 | 95 | 173 | 208 | 222 | 430 |
| Total | | 130 | 127 | 257 | 78 | 95 | 173 | 208 | 222 | 430 |

1.3 Données démographiques cinq (5) ans

Ce rapport affiche les profils démographiques des communautés des Premières Nations par groupes d'âge de cinq (5) ans pour toutes les communautés sauf pour **les Inuits et Oujé-Bougoumou (Nation Crie)**.

Les informations sont affichées pour une année spécifique et sont divisées par *hommes* et *femmes* vivant *sur* ou *hors-réserve* par groupes d'âge prédéfinis de cinq (5) ans. Contrairement au **Rapport général**, ce rapport peut également afficher les données des années précédentes.

Ces données proviennent du Système d'inscription des Indiens (SII), des Affaires Autochtones et du Nord Canada (AANC) et du Système de Vérification de Statut (SVS) (pour les données après 2017). Pour des raisons de confidentialité, les données démographiques dont la valeur est inférieure à cinq (5) ont été remplacées par « < 5 » et ont été exclues des totaux. De plus, ces données sont destinées à un usage interne uniquement et ne doivent pas être partagées.

Doig River

Région de la Colombie-Britannique

| 2019 | Sur réserve | | | Hors-réserve | | | Total | | |
|-------------|---------------|--------------|-------|---------------|--------------|-------|---------------|--------------|-------|
| | Sexe masculin | Sexe féminin | Total | Sexe masculin | Sexe féminin | Total | Sexe masculin | Sexe féminin | Total |
| 0 à 4 ans | < 5 | < 5 | < 5 | 6 | < 5 | 6 | 6 | < 5 | 6 |
| 5 à 9 ans | 5 | < 5 | 5 | 8 | 14 | 22 | 13 | 14 | 27 |
| 10 à 14 ans | 11 | < 5 | 11 | 9 | 12 | 21 | 20 | 12 | 32 |
| 15 à 19 ans | 8 | 6 | 14 | 7 | 8 | 15 | 15 | 14 | 29 |

Appendix CC. SIA Community Profiles Database Guide (continued)

1.4 Données démographiques DGSPNI

Ce rapport affiche les profils démographiques par des groupes d'âge définis par la DGSPNI pour toutes les communautés sauf pour **les Inuits and Oujé-Bougoumou (Nation Crie)**.

L'information est affichée pour une année spécifique et est divisée par *hommes* et *femmes* vivant *sur* ou *hors-réserve* par groupes d'âge prédéfinis par la DGSPNI. Contrairement au **Rapport général**, ce rapport peut également afficher les données des années précédentes.

Ces données proviennent du Système d'inscription des Indiens (SII), des Affaires Autochtones et du Nord Canada (AANC). Pour des raisons de confidentialité, les données démographiques dont la valeur est inférieure à cinq (5) ont été remplacées par « < 5 » et ont été exclues des totaux. De plus, ces données sont destinées à un usage interne uniquement et ne doivent pas être partagées.

Kootenay

Région de la Colombie-Britannique

| 2019 | Sur réserve | | | Hors-réserve | | | Total | | |
|-------------|---------------|--------------|-------|---------------|--------------|-------|---------------|--------------|-------|
| | Sexe masculin | Sexe féminin | Total | Sexe masculin | Sexe féminin | Total | Sexe masculin | Sexe féminin | Total |
| Age 0 to 2 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 | < 5 |
| Age 3 to 6 | < 5 | 5 | 5 | 5 | < 5 | 5 | 5 | 5 | 10 |
| Age 7 to 11 | 10 | 8 | 18 | 6 | 5 | 11 | 16 | 13 | 29 |

1.5 Données démographiques autres

Ce rapport affiche les profils démographiques par groupes d'âge de cinq (5) ans pour **les Inuits et Oujé-Bougoumou (Nation Crie)** uniquement.

Les informations sont affichées pour une année spécifique et sont divisées par *hommes* et *femmes* vivant *sur* ou *hors-réserve*. Des filtres personnalisés par groupe d'âge permettent de sélectionner un âge minimum et maximum précis. Contrairement au **Rapport général**, ce rapport peut afficher des données pour les années de recensement précédentes et n'est pas limité par des catégories d'âge spécifiques.

Ces données proviennent du Registre des bénéficiaires Cris et Naskapis de la Convention de la Baie-James et du Nord québécois et de la Convention du Nord-Est québécois. Pour des raisons de confidentialité, les données démographiques dont la valeur est inférieure à cinq (5) ont été remplacées par « < 5 » et ont été exclues des totaux. De plus, ces données sont destinées à un usage interne uniquement et ne doivent pas être partagées.

Inukjuak Région du Québec

| 2016 | Sur réserve | | | Hors-réserve | | | Total | | |
|-------------|---------------|--------------|-------|---------------|--------------|-------|---------------|--------------|-------|
| | Sexe masculin | Sexe féminin | Total | Sexe masculin | Sexe féminin | Total | Sexe masculin | Sexe féminin | Total |
| 0 à 4 ans | 68 | 82 | 150 | 5 | < 5 | 5 | 73 | 82 | 155 |
| 5 à 9 ans | 110 | 103 | 213 | 9 | 8 | 17 | 119 | 111 | 230 |
| 10 à 14 ans | 93 | 78 | 171 | < 5 | 7 | 7 | 93 | 85 | 178 |

Appendix CC. SIA Community Profiles Database Guide (continued)

1.6 Ententes SGISC par exercice financier

Ce rapport fournit une liste de toutes les ententes de financement avec les programmes de la DGSPNI dans le système SGISC par exercice financier à partir de l'exercice 2015-2016.

| 2015-2016 | | | | | | | | | Budgeté | Payé |
|---|---|---------------------------|-----------------------|---------------------------------|----------------|---------------------|---------------------|---------|---------|---------|
| / DGSPNI - Communautaire / SGISC : (01-Avr-2015 / 31-Mars-2020) | | | | | | | | | | |
| SC31 | SC3-1. Soins de santé primaires-PNI | | | | | | | | | |
| SC32 | SC3-2. Prestations supplémentaires en santé-PNI | | | | | | | | | |
| SC33 | SC3-3. Soutien à l'infrastructure de santé-PNI | | | | | | | | | |
| Total / Entente | | | | | | | | | 619 671 | 619 671 |
| Activités financières pour l'année en cours | | | | | | | | | | |
| Code | Date | Type | Activité de programme | Zone de services des programmes | Centre de coût | Mode de financement | Domaine fonctionnel | Budgeté | Payé | |
| 0 | 26-Fév-2015 | Initialisation du montant | SC31 | SC311 | 313752 | Préét | KA01 | 927 | 927 | |
| 0 | 26-Fév-2015 | Initialisation du montant | SC31 | SC311 | 313752 | Préét | KA06 | 9 180 | 9 180 | |
| 0 | 26-Fév-2015 | Initialisation du montant | SC31 | SC311 | 313752 | Préét | KA99 | 23 706 | 23 706 | |

Il présente l'entente de financement, ses dates de début et de fin, l'exercice financier, les montants payés et budgétés par programme et par activité de programme et les modifications en vigueur.

1.7 Ententes SGCC par exercice financier

Ce rapport affiche les ententes des communautés du Système de gestion des contrats et contributions (SGCC) par exercice financier. Il présente l'entente, sa date de début et de fin, l'exercice financier, les montants payés et budgétés par programme et par activité de programme ainsi que les modifications en vigueur. Les données ne sont exactes que pour l'exercice 2014 – 2015 et les années antérieures.

| Chisasibi | (Accords - Dernière mise à jour : 18-Août-2015) |
|--------------------------------------|---|
| Région du Québec | |
| <input type="checkbox"/> 2014 - 2015 | |
| <input type="checkbox"/> 2013 - 2014 | |
| <input type="checkbox"/> 2012 - 2013 | |
| <input type="checkbox"/> 2011 - 2012 | |
| <input type="checkbox"/> 2010 - 2011 | |
| <input type="checkbox"/> 2009 - 2010 | |
| <input type="checkbox"/> 2008 - 2009 | |
| <input type="checkbox"/> 2007 - 2008 | |
| <input type="checkbox"/> 2006 - 2007 | |
| <input type="checkbox"/> 2005 - 2006 | |
| <input type="checkbox"/> 2004 - 2005 | |
| <input type="checkbox"/> 2003 - 2004 | |
| <input type="checkbox"/> 2002 - 2003 | |
| <input type="checkbox"/> 2001 - 2002 | |

Appendix CC. SIA Community Profiles Database Guide (continued)

1.8 Contacts antérieurs des conseils

Ce rapport affiche une liste des personnes qui travaillent actuellement pour le conseil de bande ou le conseil municipal d'une communauté donnée, ou qui y ont travaillé dans le passé. Il affiche également les catégories de contact pour identifier le rôle de chaque individu. Cette liste n'indique que les représentants non-élus. Pour chaque contact, l'adresse électronique, les numéros de téléphone, les numéros de poste et de fax sont indiqués s'ils sont connus.

| Buctouche | | | |
|--------------------------------------|-------------|----------------|--|
| Région de l'Atlantique | | | |
| Buctouche | | | |
| 9 Reserve Road | Téléphone | (506) 743-2520 | |
| Buctouche 16 (New Brunswick) E4S 4G2 | Télécopieur | (506) 743-8995 | |

| Contacts antérieurs | | | | | | | |
|----------------------------|-------------------|----------------|----------|----------------|-------|--------------|------------------------------------|
| Titre | Nom | Téléphone(s) | Poste(s) | Télécopieur | Début | Fin | Catégorie |
| Water Monitor | Mr. Bert Babineau | (902) 743-2537 | | (902) 743-8995 | n.d. | 14-Août-2018 | Surveillant de la qualité de l'eau |

| Contacts actuels | | | | | | | |
|---|-----------------------------------|----------------|----------|----------------|-------------|-----|---|
| Titre | Nom | Téléphone(s) | Poste(s) | Télécopieur | Début | Fin | Catégorie |
| Water Operator/Backup Water Monitor | Mr. Bert Babineau | (506) 743-2537 | | (506) 743-8995 | 01-Avr-2018 | | Surveillant de la qualité de l'eau |
| Band Receptionist | Ms. Tanya Boutlier | (506) 743-2520 | | (506) 743-8995 | n.d. | | Receptionniste |
| Band Manager | Mr. Arnold Peters | (506) 743-2520 | | (506) 743-8995 | n.d. | | Gestionnaire de bande |
| Community Diabetes Prevention Worker/Water Monitor/Water Operator | Ms. Marsha Rolfe | (506) 743-2537 | | (506) 743-2536 | 01-Avr-2018 | | Surveillant de la qualité de l'eau + Travailleur communautaire Prévention Diabète |

Appendix CC. SIA Community Profiles Database Guide (continued)

1.9 Membres antérieurs des conseils

Ce rapport affiche une liste des membres élus actuels et passés du conseil de bande et des contacts municipaux dans une communauté donnée, classés selon la date de début du mandat. Pour chaque contact, l'adresse électronique, les numéros de téléphone, les numéros de poste et de fax sont fournis s'ils sont connus.

| Essipit | | | |
|---|------------------|----------------|--|
| Région du Québec | | | |
| Conseil de la Première nation des Innus Essipit | | | |
| 32, rue de la Réserve | Téléphone | (418) 233-2509 | |
| Essipit (Québec) G0T 1K0 | Télécopieur | (418) 233-2888 | |
| Mode électoral | Selon la coutume | | |

| Mandat du 10-Juil-2018 au 09-Juil-2022 | | | | | |
|---|-------------------------------|--------------|----------|-------------|-----------|
| Titre | Nom | Téléphone(s) | Poste(s) | Télécopieur | Portfolio |
| Conseiller | Mme Kim Moreau | | | | |
| Conseiller | Mme Catherine Moreau-Tremblay | | | | |

| Mandat du 09-Juil-2016 au 08-Juil-2020 | | | | | |
|---|----------------------------------|----------------|----------|-------------|-----------|
| Titre | Nom | Téléphone(s) | Poste(s) | Télécopieur | Portfolio |
| Chef | M. Martin Dufour | (418) 233-2509 | 246 | | |
| Conseiller | M. David Ross | | | | |

| Mandat du 11-Juil-2014 au 09-Juil-2018 | | | | | |
|---|----------------|--------------|----------|-------------|-----------|
| Titre | Nom | Téléphone(s) | Poste(s) | Télécopieur | Portfolio |
| Conseiller | Mme Kim Moreau | | | | |
| Conseiller | M. Gilles Ross | | | | |

| Mandat du 06-Juil-2012 au 09-Juil-2016 | | | | | |
|---|---------------------|--------------|----------|-------------|-----------|
| Titre | Nom | Téléphone(s) | Poste(s) | Télécopieur | Portfolio |
| Conseiller | M. Jean-Yves Moreau | | | | |

1.10 Contacts antérieurs des établissements de santé

Ce rapport affiche la liste des contacts actuels et antérieurs pour chaque établissement de santé communautaire ainsi que des informations générales sur l'établissement même. Il affiche également les catégories de contact pour identifier le rôle de chaque individu. Ce rapport offre la possibilité de rechercher des informations par établissement de santé. Pour chaque contact, l'adresse électronique, les numéros de téléphone, les numéros de poste et de fax sont indiqués s'ils sont connus.

Ekuanitshit (Mingan) Région du Québec

Centre de santé Mashtishanitshuap

| | | |
|-------------------------|-------------|----------------|
| 27, Mathias Uashaunu | Téléphone | (418) 949-2300 |
| Mingan (Québec) G0G 1V0 | Télécopieur | (418) 949-2328 |

Contacts actuels

| Titre | Nom | Téléphone(s) | Poste(s) | Télécopieur | Début | Fin | Catégorie |
|------------------------------------|--|----------------|----------|----------------|--------------|-----|---------------------------------------|
| Coordinatrice au transport médical | Mme Lorraine Basile | (418) 949-2300 | 237 | | 05-Avr-2017 | | Coordonnateur au TRM |
| Directrice santé | Mme Marie-Andrée Basile | (418) 949-2300 | | | 01-Août-2017 | | Directeur santé |
| Agente PNLAADA | Ms. Solange Basile | (418) 949-2300 | | | 01-Août-2017 | | Coordonnateur PNLAADA |
| Infirmière (Contact SDMCPNI) | Mme Héliène Deschênes | (418) 949-2300 | 238 | (418) 949-2173 | 30-Oct-2014 | | Coordonnateur de soins à domicile |
| Coordonnateur Principe de Jordan | Mme Véronique Mestokosho | (418) 949-2300 | | | 01-Déc-2019 | | Principe de Jordan - Coordonnateur |
| Infirmier responsable | M. Léonce Picard | (418) 949-2300 | 234 | (418) 949-2173 | 23-Juin-2016 | | Infirmière responsable |

Contacts antérieurs

| Titre | Nom | Téléphone(s) | Poste(s) | Télécopieur | Début | Fin | Catégorie |
|--|---|----------------|----------|----------------|--------------|--------------|--|
| Agente PNLAADA | Mme Francine Basile | (418) 949-2300 | 251 | | 08-Juil-2014 | 04-Août-2017 | Coordonnateur PNLAADA |
| Directrice santé | Mme Laurette Basile | (418) 949-2300 | 224 | | 10-Juil-2016 | 04-Août-2017 | Directeur santé |
| Directrice santé | Mme Marie-Andrée Basile | (418) 949-2300 | 224 | | n.d. | 10-Juil-2016 | Directeur santé |
| Infirmière (Contact SDMCPNI Intérimaire) | Mme Suzanne Bisson | (418) 949-2300 | 231 | | 04-Oct-2010 | 23-Oct-2010 | Coordonnateur de soins à domicile |
| Infirmière responsable (Contact SMI) | Mme Lucille Lamothe | (418) 949-2300 | 234 | (418) 949-2173 | 01-Juin-2009 | 23-Juin-2016 | Coordonnateur / Superviseur Soins maternels et infantils SMI + Infirmière responsable |

Appendix CC. SIA Community Profiles Database Guide (continued)

1.11 Liste des entreprises

Ce rapport affiche la liste des entreprises et des services offerts par communauté selon le *Répertoire d'affaires et des communautés autochtones* publié par *Indiana Communications*. Les entreprises répertoriées ne sont pas seulement directement liées aux activités de la DGSPNI et peuvent inclure des stations-service, des galeries d'art ou des écoles. Il est possible de générer une liste de toutes les entreprises d'une communauté ou une liste des communautés desservies par une catégorie spécifique de commerce.

L'image suivante montre la liste des commerces pour la communauté Kitcisakik :

| Kitcisakik | | | | |
|--------------------------------------|---|------------------|--------------------|--|
| Région du Québec | | | | |
| (Dernière mise à jour : 10-Oct-2018) | | | | |
| Entreprise | Adresse | Téléphone | Télécopieur | Catégorie |
| Administration Kitcisakik | 615, avenue Centrale Val-d'Or (Québec) J9P 1P9 | (819) 825-1466 | (819) 825-5638 | Gouvernement - Conseils de bande, conseils tribaux, villages Inuit |
| Centre de santé Kitcisakik | CP 5206 Val-d'Or (Québec) J9P 7C6 | (819) 736-3001 | (819) 736-3011 | Santé - Centres de santé et services |
| Conseil des Anicinapek de Kitcisakik | CP 5206 Val-d'Or (Québec) J9P 7C6 | (819) 736-3001 | (819) 736-3012 | Gouvernement - Conseils de bande, conseils tribaux, villages Inuit |
| Dépanneur Pakigan | CP 5206 Val-d'Or (Québec) J9P 7C6 | (819) 736-3001 | (819) 736-3008 | Dépanneurs et magasins de variétés |
| Ecole Mikizicéc | 615, avenue Centrale Val-d'Or (Québec) J9P 1P9 | (819) 825-1466 | (819) 825-5638 | Éducation - Écoles élémentaires et secondaires |
| L'Éducation | 615, avenue Centrale Val-d'Or (Québec) J9P 1P9 | (819) 825-1466 | (819) 825-5638 | Éducation - Service de soutien à l'enseignement |
| Maison des jeunes de Kitcisakik | C.P. 5206 Val-d'Or (Québec) J9P 7C6 | (819) 736-3001 | (819) 736-3012 | Services à l'enfance, à la jeunesse et à la famille |
| Taxi Kitcisakik | CP 4031 Val-d'Or (Québec) J9P 7C6 | (819) 856-7651 | (819) 736-3011 | Taxis |

Appendix CC. SIA Community Profiles Database Guide (continued)

1.12 Bottin des communautés

Il s'agit d'une liste de contacts et d'adresses des conseils de bande et des établissements de santé de la communauté. Ce rapport est similaire aux onglets *Conseil de bande/municipal* et *Établissements de santé* du **Rapport général**, mais sans les dates de mandat.

Essipit

Région du Québec

| Conseil | | (Langue de correspondance : Français) | | |
|---|--|---------------------------------------|-------------|-----------------------------|
| Conseil de la Première nation des Innus Essipit | | Courriel | | |
| 32, rue de la Réserve | Téléphone | (418) 233-2509 | | |
| Essipit (Québec) G0T 1K0 | Télécopieur | (418) 233-2888 | | |
| Commentaires | Il n'y a pas de conseiller attitré au Porfolio santé dans le conseil de bande d'Essipit. | | | |
| Titre | Nom | Téléphone(s) | Télécopieur | Catégorie |
| Conseiller | Mme Kim Moreau | | | Conseiller ou Maire adjoint |
| Conseiller | Mme Catherine Moreau-Tremblay | | | Conseiller ou Maire adjoint |
| Administratrice réseau informatique | Mme Célyn Jobin | (418) 233-2509 Poste 224 | | Autre |
| Directeur général | Mr. Sylvain Ross | (418) 233-2509 Poste 241 | | Directeur général |
| Directrice des finances | Mme Danielle Tremblay | (418) 233-2509 Poste 225 | | Coordonnateur financier |

| Centre de santé | | | | |
|--|--|----------------|-------------|---|
| Centre administratif et de santé d'Essipit | | | | |
| 32, de la Réserve | Téléphone | (418) 233-4304 | | |
| Les Escoumins (Québec) G0T 1K0 | Télécopieur | (418) 233-4314 | | |
| Commentaires | Il n'y a pas de poste téléphonique pour rejoindre le personnel du centre de santé car il faut passer par la réception. | | | |
| Titre | Nom | Téléphone(s) | Télécopieur | Catégorie |
| Coodonnateur Príncipe de Jordan | Mme Michèle Bouchard | (418) 233-4304 | | Príncipe de Jordan - Coordonnateur |
| Coordinatrice du secteur de santé/infirmière responsable | Mme Betty Carré | (418) 233-4304 | | Coordonnateur / Superviseur Soins maternels et infantiles SMI + Coordonnateur au TRM + Infirmière responsable |
| Secrétaire aux affaires communautaires | Mme Karine Dufour | | | Secrétaire |
| Infirmière (Contact SDMCPNI) | Mme Claudie Gagnon | | | Coordonnateur de soins à |

Appendix CC. SIA Community Profiles Database Guide (continued)

1.13 Nouvelles COVID-19

Ce rapport fournit des nouvelles relatives à la pandémie COVID-19 pour chaque communauté et organisation. Il est possible de consulter les nouvelles pour tous les clients en sélectionnant l'option « Tous les clients » au filtre « Client » avant de générer le rapport. Il existe également un filtre servant à visualiser les nouvelles qui ont été publiées hier ou seulement au cours des derniers jours. Les informations contenues dans ce rapport sont mises à jour trois (3) fois par jour et sont générées par Bing Azure. En raison des limites de la recherche, il est possible que tous les résultats ne soient pas pertinents. Les résultats en français n'apparaissent que pour les clients du Québec.

| Esdilagh First Nation / Alexandria - Nouvelles COVID-19 (10 plus récentes) | |
|---|--------------|
| Grand titre | Parution |
| 3 Best Coronavirus Stocks to Watch in September | 13-Sept-2020 |
| Coronavirus in the DMV. September 12 | 13-Sept-2020 |
| Dozens of National Airport workers may have been exposed to coronavirus | 12-Sept-2020 |
| Alexandria Provides COVID-19 Updates: Public Hearing On Face-Covering Ordinance; Personal Property Tax Deadline Extended; CARES Funding | 11-Sept-2020 |
| How DC area will honor 9/11 amid coronavirus pandemic | 11-Sept-2020 |
| Little Theatre of Alexandria Presents "Love Letters" | 11-Sept-2020 |
| Alexandria Health Department Provides Update On COVID-19 Zip Code, Race, Ethnicity And Age Data | 10-Sept-2020 |
| Cinemas in Romania reopen after six-month coronavirus hiatus | 10-Sept-2020 |
| City Of Alexandria Provides COVID-19 Updates: Emergency Rent Relief Dashboard; Resources For Coping With Fear And Uncertainty | 10-Sept-2020 |
| During pandemic, crisis line more essential than ever | 10-Sept-2020 |

| Aamjiwnaang / Sarnia - Nouvelles COVID-19 (10 plus récentes) | |
|---|--------------|
| Grand titre | Parution |
| It's been a banner year for flag-flying Sarnia woman | 10-Sept-2020 |
| Fuelling Kindness initiative aims to spread cheer to seniors | 09-Sept-2020 |
| Mask-making focus shifts to students as schools begin to reopen | 09-Sept-2020 |
| "He was a piece of downtown history": Vigil planned Friday for Sarnia, Ont. homicide victim | 02-Sept-2020 |
| Mooretown planning to phase in upcoming hockey season | 31-Août-2020 |
| Stevens brings homegrown project to Sarnia streets | 20-Août-2020 |
| Aamjiwnaang's Jackson helps Boston win MLL championship | 27-Juil-2020 |

1.14 Rapport de situation critique

Ce rapport fournit des données spécifiques tirées du **Rapport général** afin de donner un aperçu tactique d'une communauté en cas de crise. Les informations présentées ne sont que celles qui sont les plus utiles pour faire face à des crises sanitaires telles que la grippe H1N1 ou la COVID-19. Contrairement au **Rapport général**, il n'y a pas d'option de filtre pour ouvrir ou fermer les onglets de ce rapport. Toutefois, l'onglet « Connectivité » est fermé par défaut et doit être ouvert en cliquant sur le signe plus (+) dans le rapport.

Le **Rapport de situation critique** comporte huit (8) sections. Pour plus d'information sur ces sections, consulter le **Rapport général**.

- 1) Information générale
- 2) Information sur le conseil de bande (Premières Nations) / conseil municipal (Inuits)
- 3) Établissements de santé
- 4) Ententes
- 5) Données démographiques
- 6) Informations géographiques
- 7) Entreprises et services en communauté
- 8) Nouvelles

| Big Grassy River | | | | |
|---|-------------------------------------|-----------------------|----------------------------------|-----------------------------------|
| Région de l'Ontario | | | | |
| Numéro selon AANC | 124 | Nation | Ojibwés | |
| Nom selon AANC | Big Grassy | Langue ancestrale | Ojibwés | |
| Niveau d'isolement AANC | Zone 2* | Profil de recensement | Recensement 2016 | |
| Niveau d'isolement SGPC | Non isolé | Profil AANC | Détails | |
| Traités/Ententes sur l'autonomie gouvernementale : Traité no 3 (1873) (Traité historique) | | | | |
| Section de l'appartenance à la bande de la Loi sur les Indiens: 10* | | | | |
| Alias et autres graphies : Aucun | | | | |
| Big Grassy | | | | |
| Poste de soins de santé | | | | |
| Esiniwab Health Centre | | Organisme agréé | Non | |
| 509 Beach Road, PO Box 425 | | Téléphone | (807) 488-5457 | Organigramme |
| Morson (Ontario) P0W 1J0 | | Télécopieur | (807) 488-9644 | Photographie 2020 |
| Courriel | | Site Web | | |
| # SIGBI* | 124-BG-01 | Réserve | BIG GRASSY RIVER 35G | |
| Commentaires | | | | |
| Contacts (Dernière mise à jour : 08-Fév-2021) | | | | |
| Titre | Nom | Téléphone(s) | Télécopieur | Depuis le |
| Acting Health Director | Mr. Dennis Copenace | | | 01-Avr-2017 |
| NIHB Coordinator | Ms. Dianne Skead | (807) 488-5606 | (807) 488-9644 | 01-Avr-2016 |

2. Profil des organisations

Le **Profil des organisations** comprend des rapports sur les organisations financées dans le cadre du SGISC et du SGCC, les conseils tribaux et les autorités de santé. Il se compose de plusieurs rapports, détaillés ci-dessous :



Description du rapport et contenu

2.1 Rapport général

Dans le **Profil des organisations**, le rapport le plus complet est le **Rapport général**. Il présente un aperçu détaillé de toutes les organisations figurant dans les profils. La plupart des informations contenues dans les autres rapports sont présentes dans le **Rapport général**, bien que celui-ci n'offre pas autant de détails que les rapports les plus spécialisés. Toutefois, il s'agit de la meilleure option pour une première navigation dans les profils des organisations ou pour obtenir un résumé sur une organisation spécifique.

De nombreux filtres permettent de produire un rapport sur une organisation donnée. Les filtres eux-mêmes peuvent offrir des réponses rapides à des questions telles que : « *Quelles organisations fournissent des services à une Première nation spécifique? Avec quelles organisations la DGSPNI a-t-elle conclu des accords au cours du présent exercice?* »

Voici un exemple pour lequel l'option « Aucun » a été sélectionnée dans le filtre « Onglet(s) à ouvrir ». En sélectionnant « Aucun », le rapport s'affiche en mode compressé : pour ouvrir un onglet, cliquer sur le signe (+) à côté de celui-ci.

Aklavik Hunters and Trappers Committee
Région du Nord

| Informations générales | | | | |
|--------------------------------|----------------|----------------|-----------|--|
| PO Box 133 | Téléphone | (867) 978-2723 | Courriel | ahtc@northwestel.net |
| Aklavik, Northwest Territories | Téléphone_2 | | Site web | |
| X0E 0A0 Canada | Télécopieur | (867) 978-2815 | Agréé | Non |
| Commentaires | Correspondance | Anglais | Catégorie | Autre organisme |

| Contacts (Dernière mise à jour : 11-Juil-2017) | | | | |
|--|-------------------------------------|----------------|-------------|-----------|
| Titre | Nom | Téléphone(s) | Télécopieur | Depuis le |
| Project Leader | Ms. Michelle Gruben | (867) 978-2723 | | n.d. |

- Gestion des manquements** (Dernière mise à jour : 27-Avr-2020) [Interventions antérieures](#)
- Ententes (2020 - 2021)** [Ententes antérieures](#)
- Agents responsables**
- Informations géographiques**
- Nouvelles (10 plus récentes)** [Plus de nouvelles](#)

Appendix CC. SIA Community Profiles Database Guide (continued)

Tel que montré dans l'image précédente, le **Rapport général** comprend six (6) onglets :

1) Informations générales

Cet onglet contient une section d'informations générales et de contacts où se trouvent les coordonnées des principaux directeurs, coordinateurs ou administrateurs des organisations. Il indique la langue de correspondance, la catégorie d'organisation (par exemple : organisation politique) et si l'organisation est accréditée ou non. La date de la dernière mise à jour est disponible puisque les informations des contacts sont ajustées manuellement via l'application *WebApp Profiles*.

| Cahier du Centre (Le) | | | | |
|------------------------|------------------------------------|--------------------------|-------------|--|
| Région du Québec | | | | |
| Informations générales | | | | |
| 1272, 7e Rue | Téléphone | (819) 825-8299 Poste 251 | Courriel | |
| Val-d'Or, Québec | Téléphone_2 | | Site web | caavd-vdnfc.ca |
| J9P 6W6 Canada | Télocopieur | | Agréé | Non |
| Commentaires | Correspondance | Français | Catégorie | Média - Écrit |
| Contacts | | | | |
| | | | | (Dernière mise à jour : 30-Juil-2014) |
| | | | | Contacts antérieurs |
| Titre | Nom | Téléphone(s) | Télocopieur | Depuis le |
| Coordonnateur | Mrs. Natalie Fiset | | | n.d. |

2) Ententes

Cette section présente un résumé de l'information sur les ententes de contribution provenant du SGISC pour l'exercice financier en cours. Elle est mise à jour quotidiennement. Les renseignements sur l'exercice financier précédent peuvent être trouvés en cliquant sur « Exercice financiers précédents ».

Les fonds sont divisés en deux sections : les fonds budgétés et les fonds payés. Ils sont répartis par code de programme et par code de domaine fonctionnel (code Q). Les sous-totaux se trouvent au bas de chaque colonne. De plus, le numéro de l'entente, le type d'entente, le numéro SGISC, l'échéance et le statut de l'entente sont affichés.

| Services de thérapie Mawiomí | | | | |
|---|--------|------------------------------|---------|---|
| Région du Québec | | | | |
| Informations générales | | | | |
| Gestion des manquements | | | | Interventions antérieures |
| Ententes (2020 - 2021) | | | | Exercices financiers précédents |
| Commentaires : | | | | |
| | | | Budgété | Payé |
| / FNIHB-Comm. Based / SGISC | | | | |
| Statut : Active (01 Avr 2015 - 31 Mars 2025) | | | | |
| <input checked="" type="checkbox"/> | A53014 | ASSET SECURITY MANAGEMENT | | |
| <input checked="" type="checkbox"/> | A53051 | MGR COMMUNITY BASED PROGRAMS | | |
| <input checked="" type="checkbox"/> | B2710 | MENTAL WELLNESS | | |
| | Q217 | NNADAP-TREATMENT CTRS PRG | 589 987 | 294 994 |
| Total / Sous-programme | | | 589 987 | 294 994 |
| Total / Programme | | | 589 987 | 294 994 |
| Total / Entente | | | 680 788 | 340 394 |
| <input checked="" type="checkbox"/> Activités financières pour l'exercice financier 2020 - 2021 | | | | |
| Total / Communauté | | | 680 788 | 340 394 |

Appendix CC. SIA Community Profiles Database Guide (continued)

Les activités financières et les modifications au cours de l'exercice financier représentent un historique de tout ce qui a affecté l'entente durant l'année financière actuelle :

- Les activités budgétaires initiales de l'année;
- Ajustements et modifications du budget initial;
- Avis de Rajustement Budgétaire (ARB)

*Ce tableau est présentement en processus d'amélioration et la nouvelle version contiendra : le code, la date, et le type.

| ☐ Activités financières pour l'exercice financier 2020 - 2021 | | | | | | | | | |
|---|------|------|-----------------------|---------------------------------|----------------|---------------------|---------------------|---------|---------|
| Code | Date | Type | Activité de programme | Zone de services des programmes | Centre de coût | Mode de financement | Domaine fonctionnel | Budgété | Payé |
| | | | A53014 | B5110 | A53014 | Block | Q302 | 90 801 | 45 400 |
| | | | A53051 | B2710 | A53051 | Block | Q217 | 589 987 | 294 994 |

Appendix CC. SIA Community Profiles Database Guide (continued)

3) Agents responsables

Cette section contient les coordonnées des employés(es) de la DGSPNI tels que les agents de liaison, les agents de programme ou les agents de financement. Les agents régionaux de SAC ou de RCAANC peuvent également y figurer. La date de la dernière mise à jour est disponible puisque les informations des contacts sont ajustées manuellement via l'application *WebApp Profiles*.

| Agents responsables | | (Dernière mise à jour : 10-Juin-2021) | Agents responsables antérieurs |
|-------------------------|---------------------------------|---------------------------------------|--|
| Agents régionaux DGSPNI | | | Date de début |
| Agent de financement | Ms. Eugénie Vu | (514) 283-1583 | 01-Nov-2020 |
| Agent de programme | Mme Leanne Pang | (438) 364-2816 | 29-Mars-2021 |

4) Informations géographiques

Cette section contient des informations géographiques sur l'organisation, y compris les circonscriptions électorales fédérales et provinciales dont elle fait partie, et si l'organisation est pancanadienne ou panrégionale. Cette section contient également une liste des communautés desservies, c'est-à-dire des communautés qui font partie de cette organisation ou qui utilisent les services de l'organisation.

| Informations géographiques | | | |
|--|-------------------------------------|--------------|-----|
| Circonscription électorale provinciale | Ungava | Pan-canadien | Non |
| Circonscription électorale fédérale | Abitibi--Baie-James--Nunavik--Eeyou | Pan-régional | Non |
| Communautés desservies : | | | |
| Akulivik / Aupaluk / Inukjuak / Ivujivik / Kangiqsualujuaq / Kangiqsujaq / Kangirsuk / Kuujuaq / Kuujuarapik / Puvirnituq / Quaqtaq / Salluit / Tasiujaq / Umiujaq | | | |

5) Nouvelles

Cette section fournit une liste des dix (10) dernières nouvelles qui mentionnent l'organisation selon la date de parution. En cliquant sur le titre souligné en bleu, l'article s'ouvrira. Les nouvelles sont générées à partir d'une recherche Bing Azure et sont mises à jour une fois par jour. Puisque le système de recherche est limité, certaines actualités peuvent ne pas être pertinentes à la communauté.

| Nouvelles (10 plus récentes) | | Plus de nouvelles |
|---|--------------|-----------------------------------|
| Grand titre | Parution | |
| Pan Arctic Inuit Logistics Corporation and ATCO Frontec Pursue North Warning System Contract | 17-Août-2020 | |
| Police-related death rate in Northern Quebec 30 times higher than Ontario's | 11-Août-2020 | |
| Police-related death rate in Nunavik 30 times higher than Ontario's | 11-Août-2020 | |
| Canada slots nearly \$15M for Nunavut harvesters to improve food security | 25-Juil-2020 | |
| Canada slots nearly \$15M for Nunavut harvesters to improve food security | 24-Juil-2020 | |
| 'Salah is undervalued and underappreciated' – Carragher salutes Liverpool's title-winning front three | 23-Juil-2020 | |

Appendix CC. SIA Community Profiles Database Guide (continued)

2.2 Ententes SGISC par exercice financier

Ce rapport donne la liste des ententes existantes dans SGISC pour chaque organisation par exercice financier.

Il présente l'entente, sa date de début et de fin, l'exercice financier correspondant, les montants payés et budgétés par programme et par activité de programme ainsi que les modifications en vigueur. Les données n'existent qu'à partir de l'exercice 2015-2016.

| 2020-2021 | | Budgeté | Payé |
|---|-------------------------------------|---------|---------|
| / FA - OTHER / SGISC : (01-Avr-2020 / 31-Mars-2025) | | | |
| <input type="checkbox"/> A51930 | JORDAN'S PRINCIPLE AND CFI - QUEBEC | | |
| <input type="checkbox"/> B2612 | INUIT CHILD FIRST INITIAT | | |
| Q2GT | CFI-MENTAL WELLNESS OTHER | 346 200 | 173 100 |
| Total / Sous-programme | | 346 200 | 173 100 |
| Total / Programme | | 346 200 | 173 100 |
| <input type="checkbox"/> A53021 | MGR PROFESSIONAL SERVICES | | |
| Total / Entente | | 446 200 | 256 433 |

2.3 Ententes SGCC par exercice financier

Ce rapport donne la liste des ententes existantes dans SGCC pour chaque organisation par exercice financier.

| Accords par organisme et par exercice financier | | |
|--|---|---------|
| Région du Québec | | |
| <input type="checkbox"/> 2014 - 2015 | | |
| <input type="checkbox"/> 2012 - 2013 | | |
| (Dernière mise à jour : 18-Août-2015) | | |
| | Budgeté | Payé |
| <input type="checkbox"/> HQ1300012 | Real-time Monitoring for Travel Safety and Food Security in Akulivik, Nunavik | |
| | 01-Juin-2012 - 31-Mars-2013 | |
| <input type="checkbox"/> Programme non-défini | | |
| <input type="checkbox"/> 3ER - Programme de recherche environnementale | | |
| KE14 | - Les changements climatiques | |
| | 103 610 | 0 |
| Total/Programme | | 0 |
| Total/Accord | | 103 610 |
| | | 103 610 |
| <input type="checkbox"/> Amendements en vigueur | | |
| Total/Exercice financier | | 103 610 |
| | | 103 610 |
| <input type="checkbox"/> 2010 - 2011 | | |
| <input type="checkbox"/> 2008 - 2009 | | |

Il présente l'entente, sa date de début et de fin, l'exercice financier correspondant, les montants payés et budgétés par programme et par activité de programme ainsi que les modifications en vigueur. Les données ne sont précises que pour l'année fiscale 2014-2015 et avant.

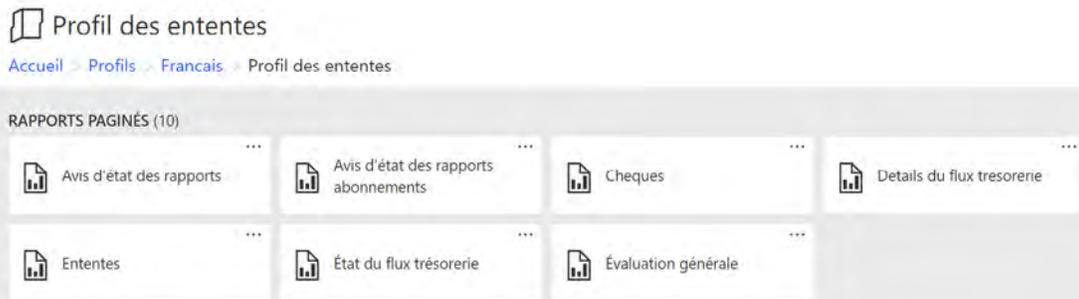
2.4 Contacts antérieurs des organisations

Ce rapport affiche une liste des contacts actuels et antérieurs des organisations. Pour chaque contact, l'adresse électronique, les numéros de téléphone, de poste et de fax sont inscrits s'ils sont connus.

| Administration régionale Kativik | | | | | |
|----------------------------------|--------------|----------------|-------------|----------------|--|
| Région du Québec | | | | | |
| C.P. 9 | Téléphone #1 | (819) 964-2961 | Télécopieur | (819) 964-2956 | |
| Kuujuaq (Québec) J0M 1C0 | Téléphone #2 | (877) 964-2961 | | | |

| Contacts actuels | | | | | | | |
|------------------|-------------------------------------|--------------|----------|-------------|-------------|-----|---------------------------------|
| Titre | Nom | Téléphone(s) | Poste(s) | Télécopieur | Début | Fin | Catégorie |
| Président | Mrs. Maggie Emudluk | | | | 01-Déc-2019 | | Président ou Directeur exécutif |

3. Profil des ententes



Les rapports suivants sont configurés pour répondre aux exigences spécifiques du groupe de Finances et Administration, pour une meilleure compréhension des ententes et en guise d'outil de gestion des données financières de la DGSPNI.

Noter qu'à partir d'avril 2019, en raison de la transition du SGISC, le « Profil des ententes » n'est exceptionnellement précis que pour l'exercice 2018-2019 et avant. Le processus de mise à jour de ces rapports avec les nouvelles données du SGISC est en cours.

Le « Profil des ententes » comprend sept (7) rapports :

1. Ententes : Résumé des engagements pour les ententes par exercice financier;
2. État des flux de trésorerie : Budget globale de l'entente réparti par mois;
3. Détails des flux de trésorerie : Détails des transactions dans l'entente par mois;
4. Chèques : Informations sur les chèques émis pour les ententes de financement;
5. Évaluation générale : Évaluation des risques par partenaire selon SGISC;
6. Avis d'état des rapports : Lettres automatisées qui informent les utilisateurs des rapports en retard et reçu;
7. Avis d'abonnement de l'état des rapports : Informations indiquant si les clients ont des utilisateurs abonnés à l'**avis d'état des rapports**.

Appendix CC. SIA Community Profiles Database Guide (continued)

Description et contenu du rapport

3.1 Ententes

Ce rapport fournit un résumé des engagements pour les ententes par exercice financier. Il présente un résumé des montants approuvés, payés, engagés et encore disponibles pour la durée de l'entente (de sa date de début à sa date de fin) dans SGISC. **Il affiche le financement total de l'entente à ce jour**, c'est-à-dire le montant initial de l'entente plus la somme de tous les amendements approuvés par date.

L'information affichée comprend le numéro de bénéficiaire selon SGISC, la région, le numéro d'entente, le type d'entente, la date de début et fin de l'entente, le statut de l'entente, l'année financière (l'année financière en cours est surlignée), les montants payés à ce jour et le solde.

| Région du Québec | | | | | | | | | | |
|------------------------|---------|------------------------|-------------|--------------|--------|------------------|--------------------|-------------------------|----------------|----------|
| Région / Zone | Entente | Type d'entente | Début | Fin | Statut | Année financière | Exercice financier | Budget - Année courante | Payé à ce jour | Solde |
| QUÉBEC | | DGSPNI - Communautaire | 01-Fév-2019 | 31-Mars-2020 | Active | 1 de 2 | 2018-2019 | 244 857 | 244 857 | 0 |
| | | FNHB-Comm. Based | | 31-Mars-2021 | | 2 de 3 | 2019-2020 | 273 610 | 273 610 | 0 |
| Total / Entente | | | | | | | | 518 467 | 518 467 | 0 |
| QUÉBEC | | CFA | 01-Avr-2020 | 31-Mars-2021 | Active | 1 de 1 | 2020-2021 | 188 790 | 188 790 | 0 |
| Total / Entente | | | | | | | | 188 790 | 188 790 | 0 |
| Total / Client | | | | | | | | 707 257 | 707 257 | 0 |

Appendix CC. SIA Community Profiles Database Guide (continued)

3.2 État des flux de trésorerie

Ce rapport présente un résumé du flux de trésorerie d'une entente, par exercice financier, afin de suivre la manière dont l'argent est budgété et engagé dans les ententes de financement. Les informations sont fournies par mois, à partir d'avril, le premier mois de l'exercice financier. L'information est répartie sur plusieurs colonnes par code de domaine fonctionnel (code Q) et par type d'entente. Le centre de coûts, le numéro d'ordre interne et le statut de l'entente sont également affichés sur chaque ligne.

Chaque mois est divisé en quatre (4) colonnes : budget; retenu/libéré; recouvert; et payé. La colonne des paiements est codée par couleur : une case verte signifie que le montant payé est égal au montant budgété, une case rouge indique que le montant payé est inférieur au montant budgété et une case bleue signifie que le montant payé est supérieur au montant budgété. Une case rose indique que le paiement est en cours et une case jaune indique qu'il est en attente d'approbation. La couleur de la cellule du mois indique l'état général des paiements par rapport au budget établi.

Légende : ■ Paiement < Affectations du budget ■ Paiement = Affectations du budget ■ Paiement > Affectations du budget ■ Paiement en cours ■ En attente d'approbation

Les totaux du mois sont affichés à la fin de chaque colonne. La dernière section du tableau, à l'extrême droite, affiche les totaux pour l'entente : budgété par mois, en retenu/libéré, recouvert, payé en mars excluant CAFE (comptes créditeurs à la fin de l'exercice), payé total excluant CAFE, payé CAFE, CAFE en attente, payé et pool/retenu. Les cellules colorées de cette section représentent également les totaux de l'entente.

Il est possible d'accéder au rapport « **Détails des flux de trésorerie** » en cliquant sur le numéro de l'entente surligné en bleu.

| 2018-2019 | | | | | | | | | | | | | | | | | | |
|-----------|-----------------------------------|------------------------|--------|----------------|-----------------|------------|-----------------|-----------|-----------|--------|-----------------|-----------|-----------|--------|-----------------|-----------|------|---------|
| S015 | Domaine fonctionnel | Mode de financement | Statut | Centre de coût | Ordre interne | Avril (01) | | | Mai (02) | | | Juin (03) | | | Juillet (04) | | | |
| | | | | | | Budget | Retenu / Libéré | Recouvert | Payé | Budget | Retenu / Libéré | Recouvert | Payé | Budget | Retenu / Libéré | Recouvert | Payé | Budget |
| | 0617-00-20010 | DSSPN - Communautaire | | 01-fair-2016 | au 31-mars-2019 | 1 170 588 | | 99 929 | 1 170 588 | | | | 1 232 511 | | 99 929 | 1 193 909 | | -13 522 |
| | KA01 - PC nuclei ornat (PCNP) | Contribution Souple | Active | 311015 | 32510 | 83 854 | | | 83 854 | | | | 83 843 | | | 83 843 | | |
| | KA02 - Alcohol febrile (TSAF) | Contribution Souple | Active | 311015 | 32510 | 58 027 | | | 58 027 | | | | 58 027 | | | 58 027 | | |
| | KA03 - SS materninfantile (SSMI) | Contribution Souple | Active | 311015 | 32510 | | | | | | | | | | | | | |
| | KA04 - Santé à dent enfant (SBBE) | Contribution Souple | Active | 311120 | 32510 | | | | | | | | | | | | | |
| | KB01 - CollectBonneSanté (PCBS) | Contribution Souple | Active | 311015 | 32510 | 153 959 | | | 153 959 | | | | 153 958 | | | 153 958 | | |
| | KB02 - Grandir ensemble (GE) | Contribution Souple | Active | 311015 | 32510 | 204 029 | | | 204 029 | | | | 204 029 | | 96 029 | 204 029 | | |
| | KB02 - Grandir ensemble (GE) | Contribution Préalable | Active | 311015 | 350739 | | | | | | | | | | | | | |
| | KB03 - Prévention du suicide (PS) | Contribution Souple | Active | 311015 | 350764 | | | | | | | | | | | | | |
| | KB03 - Prévention du suicide (PS) | Contribution Souple | Active | 311015 | 32510 | | | | | | | | | | | | | |
| | KB05 - Bien-Être Mental-équipes | Contribution Souple | Active | 311015 | 350760 | | | | | | | | | | | | | |
| | KB10 - PNLAADA ProgNasAlcDrog | Contribution Souple | Active | 311015 | 32510 | | | | | | | | | | | | | |

3.3 Détails des flux de trésorerie

Ce rapport développe ce qui figure déjà dans le rapport « État des flux de trésorerie » en montrant la répartition mensuelle des paiements de manière plus détaillée. Il présente l'activité financière tout au long du cycle de financement depuis l'initiation jusqu'au paiement. Contrairement au rapport « État des flux de trésorerie », ce rapport détaille chaque transaction financière. Les informations concernant la facture et le chèque émis sont ajoutées au fur et à mesure que le paiement progresse dans le cycle de financement.

L'information est divisée en trois (3) sections:

1. **Activité financière:** Cette section présente la répartition des activités financières par mois. Le mois est numéroté et figure dans la colonne « période ». Les colonnes suivantes fournissent des informations sur l'activité financière : le code de domaine fonctionnel, le mode de financement (global, souple, fixe ou préétabli), le centre de coût associé, le statut de l'entente, la date de financement, le code de l'activité (PMT= paiement; INT= initialisation, etc.), la catégorie de l'activité et le montant planifié (montant d'argent traité).
2. **Facture:** Cette section contient des renseignements sur la facture provenant de SAP tels que le numéro de document créé à la réception de la facture *DocSAP*, le numéro de référence du SGISC, l'état de la facture et le montant total.
3. **Chèque:** Cette section contient des informations sur les chèques de SAP. Elle indique le numéro du chèque SAP, la date d'émission, le montant et le nom du fournisseur. Il est possible d'accéder au rapport sur les **Chèques** en cliquant sur le numéro de chèque souligné en bleu.

| Période | Domaine fonctionnel | Mode de financement | Activité financière | | | | | Facture | | | | Chèque | | | | |
|---------------------|---------------------|---------------------|---------------------|--------|---------------------|------|-----------|------------------|------------|-------------|----------|---------|-------------------------------|-------------|-----------|----------------|
| | | | Centre de coût | Statut | Date de financement | Code | Catégorie | Montant planifié | Doc SAP | Numéro | Statut | Montant | No de chèque | Date | Montant | Nom du vendeur |
| 2018-2019 | | | | | | | | | | | | | | | | |
| 01 sept | KA01 | Contribution Souple | 311015 | Active | 22-#6-2016 | INT | Budget | 52 372 | | | | | | | | |
| | KA01 | Contribution Souple | 311015 | Active | 17-Jan-2017 | INT | Budget | 1 572 | | | | | | | | |
| | KA01 | Contribution Souple | 311015 | Active | 09-Jan-2018 | INT | Budget | 9 710 | | | | | | | | |
| | KA01 | Contribution Souple | 311015 | Active | 06-Avr-2018 | PMT | Payment | -63 654 | 1906193703 | GCIM5021979 | APPROVED | 682 888 | 9279226003021 | 10-Avr-2018 | 1 080 157 | |
| Total - KA01 | | | | | | | | 0 | | | | | | | | |
| | KA02 | Contribution Souple | 311015 | Active | 22-#6-2016 | INT | Budget | 58 827 | | | | | | | | |
| | KA02 | Contribution Souple | 311015 | Active | 06-Avr-2018 | PMT | Payment | -58 827 | 1906193703 | GCIM5021979 | APPROVED | 682 888 | 9279226003021 | 10-Avr-2018 | 1 080 157 | |

3.4 Chèques

Ce rapport fournit de l'information détaillée sur les chèques émis pour le financement des activités programmées dans les ententes de financement. Il est possible d'effectuer une recherche par numéro de chèque, par numéro d'entente ou par nom de client.

Les informations figurant sur le chèque sont réparties par domaine fonctionnel (code Q) afin que les utilisateurs puissent comprendre rapidement quels programmes composent un chèque. De plus, le numéro de chèque, le numéro de document SAP (SAP Doc), le numéro de référence GCIMS et le centre de coût sont fournis pour chaque ligne. Le montant planifié fait référence à la somme déboursée par domaine fonctionnel (code Q) tandis que le montant facturé présente le montant total du chèque. Le nom du fournisseur SAP est également inclus à titre de référence.

| Région du Québec | | | | | |
|--|--------------------------------|----------------|------------------|-----------------|--------------|
| 2015-2016 | | | | | |
| / SGIS : | | | | | |
| Doc SAP - Facture No | Domaine fonctionnel | Centre de coût | Montant planifié | Montant facturé | Vendeur |
| Chèque 9275222636754 - 11-Juin-2015 | | | | | |
| 1905215672 - GCIMS002 | KB01- CollectBonneSanté (PCBS) | 311015 | -17 854 | 41 530 | FIRST NATION |
| 1905215672 - GCIMS002 | KB02- Grandir ensemble (GE) | 311015 | -23 676 | 41 530 | |
| Chèque 9275222716246 - 06-Juil-2015 | | | | | |
| 1905233529 - GCIMS003 | KB01- CollectBonneSanté (PCBS) | 311015 | -17 854 | 41 530 | FIRST NATION |
| 1905233529 - GCIMS003 | KB02- Grandir ensemble (GE) | 311015 | -23 676 | 41 530 | |

Appendix CC. SIA Community Profiles Database Guide (continued)

3.5 Évaluation générale

Les évaluations générales sont effectuées dans SGISC et sont utilisées pour aider à la gestion des risques. Ceci répond à la Politique sur les paiements de transfert du Conseil du Trésor (2008) qui exige que tous les ministères fédéraux appliquent une approche fondée sur l'analyse des risques potentiels spécifique pour chaque partenaire dans la gestion des paiements de transfert. Elle fait partie des initiatives fédérales visant à renforcer la responsabilisation et à améliorer les résultats pour les Canadiens.

Le rapport d'évaluation générale (EG) fournit des indicateurs pour l'évaluation des risques par partenaire et par entente. Le risque est évalué par quatre (4) facteurs différents : 1. Gouvernance ; 2. Planification ; 3. Gestion financière et ; 4. Gestion du programme, et peut également être évalué par des sous-facteurs. Une note est attribuée pour montrer le niveau de risque. Le niveau de cette note est décrit dans la colonne « Niveau ». Un score total et une note sont données pour l'entente.

| Région du Québec | | | | | | | | | |
|--|------|---|------|-----------|--------------------------------------|--------------------------------------|-----------|-----------|--|
| 15-Déc-2015 Note : 7,28 Évaluation : Bas | | | | | | | | | |
| Évaluation | | Considération | | | Détail | | | | |
| Risque | Note | Type | Note | Niveau | Type | Note | Niveau | | |
| 1. Gouvernance | 1,00 | 1.1 Capacité du bénéficiaire (c.-à-d. l'autorité dirigeante) pour négocier les affaires | 0,00 | Bas | | | | | |
| | | 1.2 Connaissance de l'entente | 1,00 | Bas-Moyen | | | | | |
| | | 1.3 Cadre de gestion pour l'exécution des programmes | 0,00 | Bas | | | | | |
| | | 1.4 Responsabilisation envers la population desservie | 0,00 | Bas | | | | | |
| 2. Planification | 0,00 | 2.1 Plan stratégique | 0,00 | Bas | | | | | |
| | | 2.2 Plan opérationnel et budget | 0,00 | Bas | | | | | |
| | | 2.3 Plan de continuité des activités | 0,00 | Bas | | | | | |
| 3. Gestion Financière | 0,00 | 3.1 Situation financière | 0,00 | Bas | | | | | |
| | | 3.2 Registres et rapports financiers | 0,00 | Bas | | | | | |
| | | 3.3 Fonction financière | 0,00 | Bas | | | | | |
| 4. Gestion du programme | 1,79 | 4.1 Exécution des projets/services | | | AADNC - Éducation | 1,44 | Élevé | | |
| | | | | | AADNC - Développement social | 0,36 | Bas-Moyen | | |
| | | | | | AADNC - Infrastructure communautaire | 0,00 | Bas | | |
| | 0,72 | 4.2 Plans et politiques de projets/services | | | | AADNC - Éducation | 0,72 | Moyen | |
| | | | | | | AADNC - Développement social | 0,00 | Bas | |
| | | | | | | AADNC - Infrastructure communautaire | 0,00 | Bas | |
| | 1,44 | 4.3 Capacité du personnel | | | | AADNC - Éducation | 1,44 | Élevé | |
| | | | | | | AADNC - Développement social | 0,00 | Bas | |
| | | | | | | AADNC - Infrastructure communautaire | 0,00 | Bas | |
| | 1,08 | 4.4 Rapports | | | | AADNC - Éducation | 0,72 | Moyen | |
| | | | | | | AADNC - Développement social | 0,36 | Bas-Moyen | |
| | | | | | | AADNC - Infrastructure communautaire | 0,00 | Bas | |

3.6 Avis d'état des rapports

Ce document fournit de l'information sur les rapports financiers et les rapports spécifiques aux programmes reçus et en retard dans SGISC. Il est conçu pour réduire le volume des rapports *en retard*, pour fournir un avis aux clients avant que les fonds ne soient retenus et permet aux clients de suivre le processus de révision des rapports à l'interne.

Pour utiliser ce rapport, sélectionner le nom de la personne abonnée au rapport sous le filtre « **4) Abonné** ». S'il n'y a pas d'abonné au rapport, sélectionner « **Envoi mensuel – abonné** ». Par défaut, la première page de ce rapport est toujours en français et la seconde est en anglais.

Chaque ligne fournit des informations sur le rapport : le code ICD et le nom du rapport, la date exigible, le numéro d'entente, l'exercice financier et le programme (code Q). Afin de fournir un aperçu de l'état des rapports, le tableau est divisé en quatre (4) sections :

- 1) (Avis 1) Premier avis pour un retard de 30 jours ou moins (Rapport(s) en retard) : Cette section fournit une liste des rapports en retard. Tous les rapports en retard de moins de trente et un (31) jours se trouvent dans cette section. Les rapports doivent d'abord figurer dans cette section avant d'entrer dans « Avis 2 ».
- 2) (Avis 2) Avis pour un retard de 31 jours ou plus (Rapport(s) en souffrance) : Tous les rapports en retard d'au moins trente et un (31) jours et affichés précédemment à « l'Avis 1 » apparaîtront dans cette section. Si des rapports figurent dans cette section, il est possible que des fonds soient retenus car aucun rapport n'a été reçu.
- 3) Rapport(s) reçu(s) depuis les 30 derniers jours : Ceci confirme que les rapports ont été reçus et enregistrés dans SGISC.
- 4) Rapport(s) attendu(s) d'ici les prochains 90 jours : Cette section sert à prévoir les rapports ayant une date exigible inférieure à quatre-vingt-dix (90) jours. Ainsi, les parties peuvent effectuer un suivi prospectif.

| ÉTAT DES EXIGENCES DE RAPPORTS | | | | | | | |
|--|--------------------|-----------|---|---------|-------------------------------------|-----------------|---------------------------|
| En conformité avec les lignes directrices sur les retenues de fonds pour les ententes de financement de la Direction générale de la santé des Premières Nations et des Inuits (DGSPNI), cet état des exigences de rapports vous est acheminé selon le calendrier établi. | | | | | | | |
| Nous vous rappelons qu'un rapport est considéré en retard le premier jour suivant la date limite de remise établie dans l'entente de financement. | | | | | | | |
| Dans l'éventualité où nous ne recevons pas le/les rapport(s) dû(s), nous pourrions retenir les paiements futurs à la fin des 30 jours civils suivant la date d'exigibilité, en raison du non-respect des modalités et conditions de l'entente de financement. | | | | | | | |
| Sur l'état des rapports ci-dessous, vous retrouverez les rapports faisant l'objet d'un : | | | | | | | |
| (AVIS 1) Premier avis pour un retard | | | | | | | |
| (AVIS 2) Avis pour un retard déjà signalé ayant maintenant atteint 31 jours ou plus | | | | | | | |
| (AVIS 1) Premier avis pour un retard de 30 jours ou moins (Rapport(s) en retard) | | | | | | | Nombre de document(s) : 0 |
| Aucun Rapport sujet à l'AVIS 1 | | | | | | | |
| (AVIS 2) Avis pour un retard de 31 jours ou plus (Rapport(s) en souffrance) | | | | | | | Nombre de document(s) : 5 |
| Entente | Exercice Financier | Code ICD | Description | Code DF | Programme | Date exigible | Jours en retard |
| QC | 2017-2018 | HC-P086-2 | Modèle de rapport communautaire (MRC) - Bien-être mental / Rapport annuel | KB01 | Pour des communautés en bonne santé | 29-Juillet-2018 | 674 |
| QC | 2017-2018 | HC-P086-2 | Modèle de rapport communautaire (MRC) - Bien-être mental / Rapport annuel | KB02 | Grandir ensemble | 29-Juillet-2018 | 674 |
| QC | 2018-2019 | F-0080 | États financiers vérifiés annuels / Annual Audited Financial Statement | | Inconnu | 29-Juillet-2019 | 309 |
| QC | 2018-2019 | HC-P086-2 | Modèle de rapport communautaire (MRC) - Bien-être mental / Rapport annuel | KB01 | Pour des communautés en bonne santé | 29-Juillet-2019 | 309 |
| QC | 2018-2019 | HC-P086-2 | Modèle de rapport communautaire (MRC) - Bien-être mental / Rapport annuel | KB02 | Grandir ensemble | 29-Juillet-2019 | 309 |

3.7 Avis d'état des rapports - Abonnement

Ce rapport complète l'**Avis d'état des rapports** et indique les coordonnées et le statut d'abonnement par client. Il sert à gérer les abonnements et à s'assurer que tous les clients ont un abonnement mensuel actif à l'**Avis d'état des rapports**.

Actuellement, l'Avis d'état des rapports n'est pas envoyé mensuellement, il n'est donc pas entretenu.

Légende :

- Client avec accord(s) en vigueur ou rapport(s) à gérer sans aucun contact actif
- Client sans accord en vigueur, ni rapport à gérer, avec au moins un contact actif

Profil 8

Administration Centrale

| Client | No SGISC | Entente en vigueur | Type | Contact | Actif | Titre | Courriel | Fin du mandat | Source |
|--|----------|--------------------|------|---------|-------|-------|----------|---------------|--------|
| Association canadienne des sages-femmes | | Non | | | | | | | |
| Association des femmes autochtones du Canada | | Oui | | | | | | | |
| Association des gestionnaires de santé Des Premières Nations | | Oui | | | | | | | |
| Association des Trappeurs Cris | | Non | | | | | | | |
| Association nationale autochtone diabète | | Oui | | | | | | | |
| Canada Felix Aicohel Spectrum Diabetic Research Network | | Non | | | | | | | |
| Canadian Home Care Association | | Non | | | | | | | |
| Canadian Indigenous Nurses Association | | Oui | | | | | | | |
| Canadian Paediatric Society | | Non | | | | | | | |
| CHU de Québec | | Non | | | | | | | |
| Department of Health and Wellness (PE) | | Non | | | | | | | |

4. Rapports SGCC

Les rapports SGCC contiennent de l'information de l'ancien Système de gestion des contrats et contributions (SGCC) jusqu'à l'exercice financier de 2014-2015 inclus. Au cours de l'exercice 2015-2016, SGISS a remplacé SGCC et toutes les données des exercices ultérieurs se trouvent dans le **Profil des ententes**. Bien que les données de l'exercice 2015-2016 et celles des exercices ultérieurs puissent figurer dans les rapports du SGCC, elles ne sont pas exactes.

Noter **qu'il est nécessaire de sélectionner une région** au filtre approprié pour tous les rapports du SGCC afin de pouvoir accéder aux données et utiliser les autres filtres.

4.1 Amendements

Ce rapport présente un résumé de tous les amendements ayant le statut de « Recommandation », « Approuvé » ou « En attente » pour toute la durée de l'entente (du début à la fin) par exercice financier. Les montants de chaque amendement sont indiqués dans le rapport ainsi que le type d'amendement (provenant du « SGCC – Onglet des amendements ») et les commentaires correspondants.

Ce format présente les informations pertinentes pour l'ensemble des modifications apportées à l'entente. Le filtre « Exercice financier » montre tous les amendements effectués jusqu'à l'exercice financier sélectionné. En sélectionnant un exercice financier, vous obtiendrez toutes les modifications qui ont été effectuées pendant cette période.

Note : Ce rapport est présenté par exercice financier ; seuls les exercices financiers pour lesquels une entente est en vigueur et comporte au moins une modification seront affichés. En d'autres termes, si l'exercice 2013 est indiqué, seules les ententes en vigueur en 2012-2013 et qui ont au moins un amendement pour l'ensemble de l'entente seront indiquées dans le filtre « Accord ». Dans l'exemple ci-dessous, en sélectionnant « Tous les exercices », tous les amendements pour une entente spécifique sont affichés.



| Agreement amendments summary in effect in All Fiscal Years | | | | | | | |
|--|--------------|----------------|----------------|-------------------------|---------|---------------------------------------|---|
| - ACCORD - Globale | | | | | | | (01-Apr-2011 - 31-Mar-2016) |
| No | Launched | Recommendation | Officer | Authorization Authority | Amount | Amendment Type | Comments |
| 1 | 31-May-2011 | Pending | Tucker, Samara | Regional Director | 30,806 | 02 - Add a Program | (+ 9 147 \$) Ajout du programme Carrières en Santé en 2011-2012 pour l'embauche d'un étudiant. (+ 21 659 \$) Ajout du programme Immunization en 2011-2012 pour vaccination contre le VPH pour les femmes entre 18 & 26 ans. |
| 2 | 13-July-2011 | Pending | Tucker, Samara | Regional Director | 21,000 | 07 - Increase Budget | Modification de la flux de trésorerie pour tous les programmes en Financement Globale et Financement Pré-établie (sauf CS & CMT) en 2011-2012. (+ 21 000 \$) Augmentation du budget IDA en 2011-2012 pour le projet spécial « Camp d'été». |
| 3 | 08-Sept-2011 | Pending | Tucker, Samara | Regional Director | 36,000 | 02 - Add a Program | SET FUNDING: SNPSJA (+ 36 000 \$) Ajout du programme en 2011-2012 pour un nouvel appel de proposition. Répartition des fonds: (33 000 \$) pour la proposition révisée (3 000 \$) pour la proposition « Atelier P-38 Workshop» |
| 4 | 21-Dec-2011 | Pending | Tucker, Samara | Regional Director | 166,435 | 09 - Notice of Budget Adjustment Form | GLOBALE: PGS: (+ 28 587 \$/année, total: 142 935 \$) Ajout d'un montant supplémentaire annuel octroyé par Ottawa pour le passage en Globale; (+ 3 500 \$) Ajout d'un montant forfaitaire en 2011-2012 pour la mise à jour du plan |

4.2. Ententes SGCC

Ce rapport présente un résumé des montants approuvés, payés, engagés et encore disponibles pour la durée de l'entente (du début à la fin) par exercice financier. **Il affiche le montant total du financement à ce jour**, c'est-à-dire le montant initial de l'entente plus la somme de tous les amendements approuvés à ce jour.

Le rapport contient les montants suivants :

1. Montant de l'entente : financement total de l'entente à ce jour (tous les exercices financiers)
2. Approuvé – Total : somme des engagements à ce jour
3. Disponible pour engagement : montant de l'entente (montant total approuvé)
4. Payé à ce jour : engagements réglés (montants engagés pour lesquels une demande de décaissement a été produite à ce jour)
5. Engagement non réglé : différence entre le montant « approuvé » et « payé à ce jour ». (Onglet « engagements financiers » SGCC)
6. Déclaré (suivi de rapports financiers) : montant des sommes versées pour lesquelles un ou plusieurs rapports financiers ont été saisis et approuvés. (Onglet « suivi financier résumé » SGCC)

| Sommaire des engagements pour les ententes | | | | | | | | | | |
|--|------------------------------|--------------------|--------------|--------------|----------------------|----------------|------------------|----------------------|----------------------------|--|
| Accord | Description | Exercice financier | Début | Fin | Engagement non-réglé | Payé à ce jour | Approuvé - Total | Montant de l'entente | Disponible pour engagement | Déclaré (suivi de rapports financiers) |
| QC0600122 | ACU - Général (ONG) | 2005 - 2006 | 01-Oct-2005 | 31-Mars-2006 | 0 | 50 000 | 50 000 | 50 000 | 0 | 50 000 |
| QC0700123 | ACU - Général (ONG) | 2006 - 2007 | 08-Jan-2007 | 31-Mars-2007 | 0 | 26 344 | 26 344 | 26 344 | 0 | 26 344 |
| QC1000047 | ACCORD - Fixe | 2009 - 2010 | 01-Jan-2010 | 31-Mars-2010 | 0 | 20 000 | 20 000 | 20 000 | 0 | 20 000 |
| QC1100043 | ACCORD - Fixe Société | 2010 - 2011 | 21-Juin-2010 | 31-Mars-2011 | 0 | 197 626 | 197 626 | 197 626 | 0 | 197 626 |
| QC1200072 | ACCORD - Pré-établie Société | 2011 - 2012 | 01-Juil-2011 | 31-Mars-2012 | 0 | 278 659 | 278 659 | 278 659 | 0 | 278 659 |
| QC1300025 | ACCORD - Pré-établie Société | 2012 - 2013 | 01-Mai-2012 | 31-Mars-2013 | 0 | 236 500 | 236 500 | 236 500 | 0 | 236 500 |
| QC1400036 | Préétablie - Société | 2013 - 2014 | 29-Avr-2013 | 31-Mars-2014 | 0 | 200 000 | 200 000 | 200 000 | 0 | 200 000 |
| QC1500012 | Préétablie - Société | 2014 - 2015 | 01-Avr-2014 | 31-Mars-2015 | 0 | 281 654 | 281 654 | 281 654 | 0 | 281 654 |

Notes

1. Comme ce rapport est établi par exercice financier, seuls les exercices pour lesquels un financement existe seront indiqués (pour une entente donnée). En d'autres termes, si l'exercice financier de 2013 est sélectionné, seules les ententes en vigueur en 2012-2013 seront indiquées dans le filtre « Accord ».
2. En sélectionnant « Tous les exercices » dans ce rapport, une vue à *ce jour* est générée pour les montants accumulés sur plusieurs exercices financiers.
3. Pour les accords de transfert (et pour les Ententes de Financement du Canada-Premières Nations - EFCPN), les rapports à recevoir se trouvent dans « Rapports ». Il n'existe pas de montant cumulé dans SGCC au « Suivi de rapports financiers ». Dans ce cas, la colonne « Déclaré (suivi de rapports financiers) » du tableau affichera zéro (0) :
 - a. Dans SGCC, pour obtenir les montants « déclarés », les rapports financiers doivent être reçus et approuvés ; pour déclarer les dépenses associées aux montants déboursés, les rapports doivent être enregistrés comme des rapports financiers.
 - b. Suivant la même logique, les montants « déclarés » seront également nuls dans les rapports de « programmes ».

4.3. État des rapports SGCC

Il s'agissait d'une lettre officielle bilingue de notification envoyée aux clients du SGCC au sujet des rapports en retard et ceux à recevoir dans moins de quatre-vingt-dix (90) jours. Ce **rapport servait de lettre de rappel et d'avis formel en cas de retard**. Lorsque le SGCC existait, le rapport était automatiquement envoyé par courriel aux abonnés le premier de chaque mois (voir le rapport d'abonnement dans la section suivante). Le rapport équivalent du SGISC est « l'Avis d'état des rapports ».

Le rapport comporte six (6) sections :

1. Coordonnées du client : Contient les coordonnées du client telles qu'elles apparaissent dans le profil de la communauté, le profil des organisations ou « **autres clients** » SGSS.
2. Texte de rappel : Il s'agit du texte de rappel pour expliquer les conditions de l'avis envoyé ; le même message explicatif est envoyé à tous.
3. (Avis 1) Premier avis pour un retard : Cette section contient le premier rappel pour les retards de trente (30) jours ou moins. Le contenu de cette section provient de la « **Liste de rapports SGSS** » en utilisant les variables suivantes : retard; 0-9999 jours, aucun rappel.
4. (AVIS 2) Avis pour un retard déjà signalé ayant maintenant atteint 31 jours ou plus : Cette section contient le deuxième rappel pour les retards de trente et un (31) jours ou plus. Le contenu de cette section provient de la « **Liste de rapports SGSS** » en utilisant les variables suivantes : retard; 31-9999 jours, premier rappel envoyé.
5. Pour votre information : Cette section contient la liste des rapports à soumettre dans les quatre-vingt-dix (90) jours à venir ainsi que leurs dates d'échéance. Le contenu de cette section provient de la « **Liste de rapports SGSS** » en utilisant les variables suivantes : à venir; 0-90 jours, s/o.
6. Contact DGSPNI : Cette section comprend le nom et les coordonnées de la personne responsable à la DGSPNI. Il s'agit, en général, de l'agent de financement assigné au client.

(Voir l'image à la page suivante)

Appendix CC. SIA Community Profiles Database Guide (continued)

P.O. Box
(Québec)
A/S M. Chef des finances 25-09-2020

Section 1

Ceci constitue un avis formel

En conformité avec les lignes directrices sur les retenues de fonds pour les accords de contribution de la Direction générale de la Santé des Premières Nations et des Inuits (DGSPNI), cet état de rapports exigibles vous est acheminé selon le calendrier établi.

Nous désirons vous rappeler qu'un rapport est considéré en retard la journée suivant la date d'exigibilité établie dans l'accord de contribution.

Une période de 30 jours est offerte à partir de la date d'exigibilité afin de permettre au bénéficiaire de contacter Santé Canada pour discuter de la situation et ainsi diminuer le risque de devoir effectuer des retenues de paiements.

À partir de la 31^e journée, si aucune communication n'a été établie, le bénéficiaire est considéré n'avoir pas respecté ses obligations en matière de reddition de compte.

À ce moment, une retenue de fonds est appliquée, jusqu'à réception du rapport manquant, pouvant aller jusqu'à une récupération totale des contributions en l'absence du rapport.

Sur l'état des rapports ci-dessous, vous retrouverez les rapports faisant l'objet d'un :

(AVIS 1) Premier avis pour un retard

(AVIS 2) Avis pour un retard déjà signalé ayant maintenant atteint 31 jours ou plus

Section 2

Section 3

| (AVIS 1) Premier avis pour un retard | | | | Nombre de document(s) : 2 | |
|--------------------------------------|---------------|-------------|--|---------------------------|-----------------|
| Accord | Année fiscale | Description | Programme | Date due | Jours en retard |
| QC1500005 | 2014 - 2015 | RH donnée | Soins à domicile et en milieu communautaire (SDMC) | 30-Juin-2015 | 1 914 |
| QC1500005 | 2014 - 2015 | RSPS | Soins à domicile et en milieu communautaire (SDMC) | 30-Juin-2015 | 1 914 |

Section 4

| (AVIS 2) Avis pour un retard déjà signalé ayant maintenant atteint 31 jours ou plus | | | | Nombre de document(s) : 0 | |
|---|---------------|-------------|-----------|---------------------------|-----------------|
| Accord | Année fiscale | Description | Programme | Date due | Jours en retard |
| Aucun Rapport sujet à l'AVIS 2 | | | | | |

Section 5

Pour votre information

La section suivante présente la liste des rapports à soumettre dans les prochains 90 jours, ainsi que la date exigible pour chacun.

| Rapport(s) à venir dans les prochains 90 jours | | | | Nombre de document(s) : 0 | |
|--|---------------|-------------|-----------|---------------------------|-----------------|
| Accord | Année fiscale | Description | Programme | Date due | Jours en retard |
| Aucun rapport à venir | | | | | |

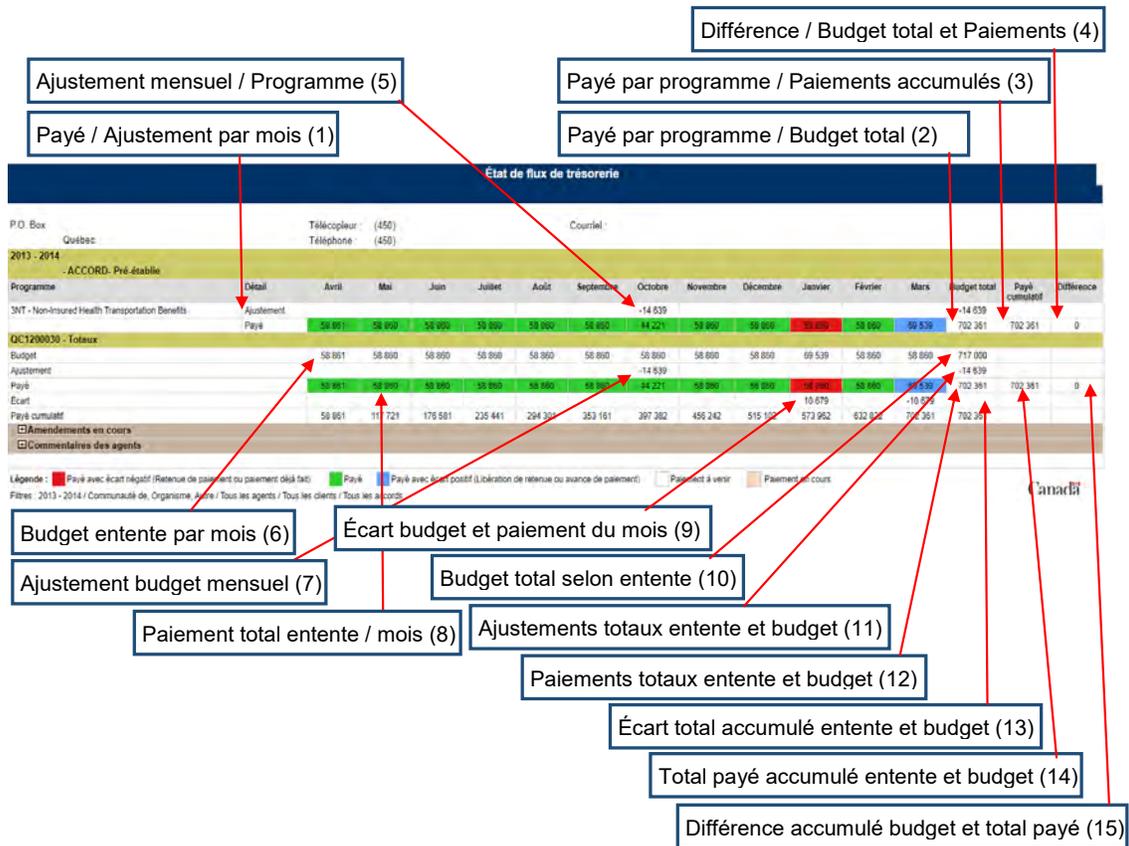
M.
Agent de financement
(514) -
@canada.ca

Section 6

4.4 État des flux de trésorerie

Ce rapport contient les informations nécessaires pour le suivi des paiements selon le calendrier des paiements (budget SGCC). Les données sont affichées par mois et surlignées en fonction des paiements effectués en trop ou en moins par rapport au budget prévu. L'exercice financier en cours est affiché par défaut. Le rapport présente également le **budget** du SGCC et les **paiements** extraits de SAP.

Voici un exemple du rapport de l'état des flux de trésorerie pour l'année 2009-2010



Le tableau suivant affiche les différents éléments, sources de données et calculs pour tous les paramètres dans l'exemple ci-dessus. Le numéro sur chaque ligne fait référence aux numéros entre parenthèses ci-dessus.

Appendix CC. SIA Community Profiles Database Guide (continued)

| | PROGRAM | | Sans ajustement | Avec ajustement |
|----|---|----------------------------------|--|---|
| 1 | Payé / Ajustement par mois | Montant du budget ou montant SAP | On utilise le montant payé selon SAP KZ. S'il n'existe pas de paiement dans SAP KZ, on affichera zéro (0) pour les mois avant le cycle actuel, et le budget planifié pour les mois du cycle actuel et suivants. | On affichera le montant payé selon SAP KZ. S'il n'y a pas de paiement dans SAP, on affiche zéro (0) pour les mois avant le cycle actuel et le montant « Demandé** = budget + ajustement » pour les mois du cycle actuel et suivants. |
| 2 | Payé par programme / Budget total | Budget | Somme du budget mensuel (flux de trésorerie planifié au début) | Somme du budget mensuel plus les ajustements* |
| 3 | Payé par programme / Paiements accumulés | Montant SAP | Somme des montants payés par programme selon SAP KZ | Somme des montants payés par programme selon SAP KZ |
| 4 | Différence / Budget total et Paiements | Montant SAP | Budget total – somme payée = solde à payer pour le programme (les déviations concernant les dates ne sont pas maintenues) | Budget total demandé - somme payée = solde à payer au bénéficiaire ou pour le programme (les déviations concernant les dates ne sont pas maintenues) |
| 5 | Ajustement mensuel / Programme | Budget (Plan d'ajustements) | Nul (=0) | Montant négatif = plan d'ajustements |
| 6 | Budget entente par mois | Budget | Flux de trésorerie planifié - Budget total du programme selon l'entente, présenté par mois | Flux de trésorerie planifié - Budget total du programme selon l'entente, présenté par mois |
| 7 | Ajustement* budget mensuel | Plan d'ajustements | Nul (=0) | Somme des ajustements faits au programme |
| 8 | Paiement total entente par mois | Montant du budget ou montant SAP | On affiche ici la somme des montants payés aux programmes selon SAP KZ. S'il n'existe pas de paiement dans SAP KZ pour un programme donné, on affichera zéro (0) pour les mois avant le cycle actuel, et le budget planifié pour les mois du cycle actuel et suivants. | On affiche ici la somme des montants payés aux programmes selon SAP KZ. S'il n'existe pas de paiement dans SAP KZ pour un programme donné, on affichera zéro (0) pour les mois avant le cycle actuel et le montant « Demandé** = budget + ajustement » pour les mois du cycle actuel et suivants. |
| 9 | Écart budget et paiement du mois | Plan d'ajustements | Écart - (total entente) = ajustement Écarts des paiements = (Budget + paiement ajusté – payé). Note: Il ne devrait pas y avoir d'écarts pour les mois après le cycle de paiement actuel. | Écart - (total entente) = ajustement Écarts des paiements = (Budget + paiement ajusté – payé). Note: Il ne devrait pas y avoir d'écarts pour les mois après le cycle de paiement actuel. |
| 10 | Budget total selon entente | Budget | Flux de trésorerie planifié : total annuel pour les programmes composant l'entente = somme du budget (Total - entente) par mois. | Flux de trésorerie planifié : total annuel pour les programmes composant l'entente = somme du budget (Total - entente) par mois. |
| 11 | Ajustements totaux entente et budget | Plan d'ajustements | Nul (= 0) | Somme annuelle des ajustements mensuels faits aux programmes. |
| 12 | Paiements totaux entente et budget | Montant du budget ou montant SAP | Somme annuelle payée – (total entente) – paiements mensuels. | Somme annuelle payée – (total entente) – paiements mensuels. |
| 13 | Écart total accumulé entente et budget | | Somme annuelle des écarts (total entente) – paiements mensuels. | Somme annuelle des écarts (total entente) – paiements mensuels. |
| 14 | Total payé accumulé entente et budget | Montant SAP | Somme annuelle des montants payés selon SAP KZ. | Somme annuelle des montants payés selon SAP KZ. |
| 15 | Différence accumulée budget et total payé | | Budget total payé – paiement cumulatif payé = solde à payer pour l'entente (les déviations concernant les dates sont maintenues). | Budget total payé – paiement cumulatif payé = solde à payer pour l'entente (les déviations concernant les dates sont maintenues). |

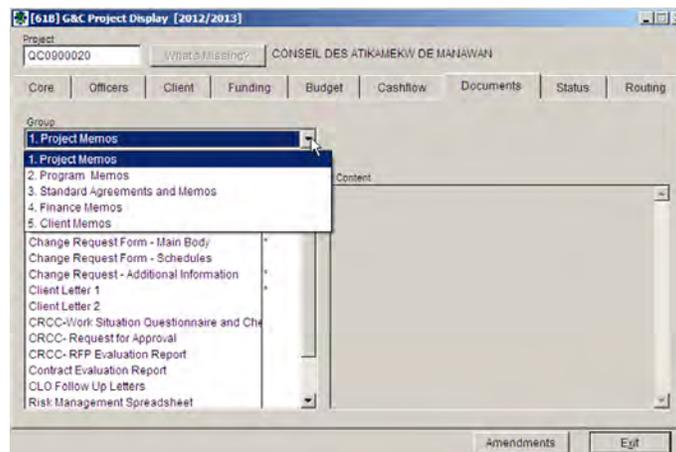
* Les ajustements ou autres sommes récupérées sont affichés comme montants négatifs.

** Demande = montant net provenant de la « demande de paiement » à être versé au bénéficiaire/programme = colonne « demandé » dans l'outil « Access »

4.5 Autres documents SGCC – Liste

Ce rapport affiche tous les documents annexés à l'entente dans SGCC (**autres que les documents financiers, des activités ou de reddition de comptes¹**) sous les sections correspondantes au « Groupe de documents » dans l'onglet « Documents » de SGCC :

Par exemple, pour les documents du projet :



Tous les documents suivants peuvent être trouvés dans « **Autres documents SGCC – Liste** »:

| SGCC Groupe de documents | Pour le filtre 6 (au rapport) |
|--|---|
| Documents 1. Notes - Projet | PRJ – Documents 1. Notes - Projet |
| Documents 2. Notes - Programme | PHB – Documents 2. Notes - Programme |
| Documents 3. Types d'ententes et notes | PHC – Documents 3. Type d'ententes et notes |
| Documents 4. Notes - Finances | PHD – Documents 4. Notes - Finances |
| Documents 5. Notes clients | CLN – Documents 5. Notes clients |

¹ Pour les rapports des activités ou financiers, le calendrier détaillé des rapports et le répertoire des rapports sont utilisés pour faire le suivi des rapports reçus, en retard, etc.

Appendix CC. SIA Community Profiles Database Guide (continued)

La même logique est utilisée pour les documents – Amendements au projet :

| Amnd No | Initiated | Status | Recommendation | Complete | Amount |
|---------|------------|----------|----------------|------------|------------|
| 1 | 2008.06.11 | Complete | Approved | 2008.06.20 | 5,631.00 |
| 2 | 2008.11.06 | Complete | Approved | 2008.11.26 | 920,175.00 |
| 3 | 2008.12.16 | Complete | Approved | 2009.01.14 | 20,000.00 |
| 4 | 2009.02.26 | Complete | Approved | 2009.03.26 | 90,000.00 |

Dans « **Autres documents SGCC – Liste** » :

| SGCC Groupe de documents | Pour le filtre 7 (au rapport) |
|-----------------------------------|---|
| Amendements Documents | PAA - Amendements Documents |
| 1. Notes d'ordre général | 1. Notes d'ordre général |
| Amendements Documents | PAB - Amendements Documents |
| 2. Notes - Programme | 2. Notes - Programme |
| Amendements Documents | PAC - Amendements Documents |
| 3. Types d'ententes et notes | 3. Types d'ententes et notes |
| Amendements Documents | PAD - Amendements Documents |
| 4. Notes - Finances | 4. Notes - Finances |
| Amendements Sommaire | PRA - Amendements Sommaire |
| Commentaires – Modifications | Commentaires – Modifications |
| Amendements Acheminement | PAT - Amendements Acheminement |
| Acheminement - Modification | Acheminement – Modification |

La liste des **Autres documents SGCC** permet d'accéder à tous les documents joints à une entente spécifique ou à toutes les ententes signées avec un client donné. Il sera également possible de voir les ententes en vigueur pour un exercice financier spécifique en activant le filtre à cet effet.

Le rapport comprend deux (2) sections. La première section contient les « **Documents 5. Notes clients** », qui sont spécifiques au client lui-même contrairement à une entente particulière. La ligne de l'entente dans cette section affichera le titre « Non spécifique ».

Appendix CC. SIA Community Profiles Database Guide (continued)

La deuxième section présente les documents spécifiques à chaque entente. La ligne de l'entente dans cette section indique le numéro de l'entente (par exemple QC0900077 (01-Avr-2001 – 31-Mars-2010)) en plus du type de financement (par exemple l'entente de financement Canada/Premières nations).

Pour chaque section le rapport indique le nombre des documents qui le composent, par exemple « nombre de documents : 321 ».

| | |
|--------------------------|---|
| Écran SGCC | p.ex.: Documents |
| Document group | p.ex.: 3. Types d'ententes et notes |
| Document | p.ex.: Sommaire de l'entente 1 |
| No. | Numéro d'amendement (dans le cas où un amendement a eu lieu) |
| Contenu du mémo / | Texte (mémo et commentaires) ou lien hypertexte vers le document joint |

Le codage couleur est également utilisé pour indiquer que le document existe et est requis (vert), existe mais n'est pas requis (blanc), est requis et manquant (rouge) :

Légende :  Requis et manquant  Requis et existant  Non requis et existant

Une série de règles est utilisée pour déterminer quels documents sont requis².

Note: Les documents « Non requis » figurent au tableau mais ne sont pas requis par les règles.

² Voir section suivante pour « Autres documents SGCC – Règles », pour en connaître davantage sur les règles.

Appendix CC. SIA Community Profiles Database Guide (continued)

Exemple: Autres documents SGCC – Liste.

| Liste des documents SGCC (Autres que Financier, Activité et Reddition) | | | | | Première section: documents « Non-spécifique » | # de documents: 400 | |
|--|---------------------------------|----------|---|----|---|---------------------|------------------|
| Manawan Conseil des Atikamekw de Manawan 155, Rue Manawan, Québec J8K 1M0 Téléphone: (514) 971-8813 Télécopieur: (514) 971-8848 Courriel: | | | | | | | |
| <input type="checkbox"/> Non spécifique | | | | | | # de documents: 31 | |
| <input type="checkbox"/> Documents manquants | | | | | | # de documents: 9 | |
| Écran SGCC: | | | | | | | |
| Documents | CLN - 5. Notes Clients | Document | 2000 - Document d'enregistrement/constitution | No | Contenu du mémo / Pièce jointe | | |
| Documents | CLN - 5. Notes Clients | Document | 2000 - Document d'enregistrement/constitution | | | | |
| Documents | CLN - 5. Notes Clients | Document | 2000 - Document d'enregistrement/constitution | | | | |
| Documents | CLN - 5. Notes Clients | Document | 2000 - Document d'enregistrement/constitution | | | | |
| Documents | CLN - 5. Notes Clients | Document | 6200 - Plan de budget et de dépenses | | | | |
| Documents | CLN - 5. Notes Clients | Document | 6200 - Plan de budget et de dépenses | | | | |
| Documents | CLN - 5. Notes Clients | Document | 6200 - Plan de budget et de dépenses | | | | |
| Documents | CLN - 5. Notes Clients | Document | 6200 - Plan de budget et de dépenses | | | | |
| <input type="checkbox"/> Documents existants | | | | | | # de documents: 20 | |
| Écran SGCC: | | | | | | | |
| (18-Jan-2012 - 30-Sep-2018) | | | | | Type de financement | Immobilisation | Projets spéciaux |
| <input type="checkbox"/> Documents manquants | | | | | | # de documents: 50 | |
| Écran SGCC: | | | | | | # de documents: 16 | |
| Amendements Documents | PAA - 1. Notes d'ordre général | Document | 3000 - Form. dem. de modif. - Texte princ. | No | Contenu du mémo / Pièce jointe | | |
| Amendements Documents | PAA - 1. Notes d'ordre général | Document | 3000 - Form. dem. de modif. - Texte princ. | 1 | | | |
| Amendements Documents | PAA - 1. Notes d'ordre général | Document | 3000 - Form. dem. de modif. - Texte princ. | 2 | | | |
| Amendements Documents | PAA - 1. Notes d'ordre général | Document | 3000 - Form. dem. de modif. - Texte princ. | 3 | | | |
| Amendements Documents | PAA - 1. Notes d'ordre général | Document | 3000 - Form. dem. de modif. - Texte princ. | 4 | | | |
| Amendements Documents | PAB - 2. Programme | Document | 0005 - Proposition | | | | |
| Amendements Documents | PAB - 2. Programme | Document | 0010 - Proposition document 1 | | | | |
| Amendements Documents | PAB - 2. Programme | Document | 0200 - Plan de Programme | | | | |
| Amendements Documents | PAB - 2. Programme | Document | 4000 - Ventilation des budgets et dépenses | | | | |
| Amendements Documents | PHB - 2. Notes - Programme | Document | 0000 - Proposition | | | | |
| Amendements Documents | PHB - 2. Notes - Programme | Document | 0010 - Proposition 1 | | | | |
| Amendements Documents | PHB - 2. Notes - Programme | Document | 0200 - Plan de programmes | | | | |
| Amendements Documents | PHB - 2. Notes - Programme | Document | 1100 - Objectifs et activités - Document 1 | | | | |
| Amendements Documents | PHB - 2. Notes - Programme | Document | 4000 - Ventilation des budgets et dépenses | | | | |
| Amendements Documents | PHC - 3. Accords types et notes | Document | M01 - Bardreau d'achèvement DG (numérique) | | | | |
| Amendements Documents | PHC - 3. Accords types et notes | Document | M0R - Liste inventaire de réserve des biens mobiliers | | | | |
| Amendements Documents | PRU - 1. Notes - Projet | Document | 2000 - Codage financier | | | | |
| <input type="checkbox"/> Documents existants | | | | | | # de documents: 44 | |
| Écran SGCC: | | | | | | | |
| Amendements Documents | PAA - 1. Notes d'ordre général | Document | 1000 - Commentaires | No | Contenu du mémo / Pièce jointe | | |
| Amendements Documents | PAA - 1. Notes d'ordre général | Document | 1000 - Commentaires | 4 | 2 - Programme / Sommaire de la modification 2 Demande de changement du flux de trésorerie (25 février 2015) - ACARVALHO 2015 02 25 09 16 23 | | |
| Amendements Documents | PAB - 2. Programme | Document | 1100 - Objectifs et activités - Document | 3 | _DGSMMCCSDGCSPPROTEGE.DOC CONTRIBUTION CONTRATACCORDS CONTRATS1 - NUMEROS ACCORDS2014-20150C120081 - MANAWAN (MM) (MANAWAN QC120081-3_AMIEND_BROCHURE).DOC | | |
| Amendements Documents | PAB - 2. Programme | Document | 1150 - Sommaire de la modification 1 | 1 | _DGSMMCCSDGCSPPROTEGE.DOC CONTRIBUTION CONTRATACCORDS CONTRATS1 - NUMEROS ACCORDS2014-20150C120081 - MANAWAN (MM) (MANAWAN QC120081-3_AMIEND_BROCHURE).DOC | | |
| Amendements Documents | PAB - 2. Programme | Document | 1150 - Sommaire de la modification 1 | 2 | _DGSMMCCSDGCSPPROTEGE.DOC CONTRIBUTION CONTRATACCORDS CONTRATS1 - NUMEROS ACCORDS2014-20150C120081 - MANAWAN (MM) (MANAWAN QC120081-3_AMIEND_BROCHURE).DOC | | |
| Amendements Documents | PAB - 2. Programme | Document | 1150 - Sommaire de la modification 1 | 3 | _DGSMMCCSDGCSPPROTEGE.DOC CONTRIBUTION CONTRATACCORDS CONTRATS1 - NUMEROS ACCORDS2014-20150C120081 - MANAWAN (MM) (MANAWAN QC120081-3_AMIEND_BROCHURE).DOC | | |
| Amendements Documents | PAB - 2. Programme | Document | 1151 - Sommaire de la modification 1 | 4 | _DGSMMCCSDGCSPPROTEGE.DOC CONTRIBUTION CONTRATACCORDS CONTRATS1 - NUMEROS ACCORDS2014-20150C120081 - MANAWAN (MM) (MANAWAN QC120081-4_CORRECTIONS/ANCIEN/ITER/02/24/01).PDF | | |
| Amendements Documents | PAB - 2. Programme | Document | 1160 - Modification bouton d'auteur | 1 | _DGSMMCCSDGCSPPROTEGE.DOC CONTRIBUTION CONTRATACCORDS CONTRATS1 - NUMEROS ACCORDS2014-20150C120081 - MANAWAN (MM) (MANAWAN QC120081-3_AMIEND_BROCHURE).DOC | | |
| Amendements Documents | PAB - 2. Programme | Document | 1160 - Modification bouton d'auteur | 2 | _DGSMMCCSDGCSPPROTEGE.DOC CONTRIBUTION CONTRATACCORDS CONTRATS1 - NUMEROS ACCORDS2014-20150C120081 - MANAWAN (MM) (MANAWAN QC120081-3_AMIEND_BROCHURE).DOC | | |

4.6 Liste d'avis 1 et 2 SGCC

Ce rapport était utilisé pour les rappels mensuels envoyés par courrier (état des rapports). Il contenait un avis formel envoyé aux clients pour les rapports en retard lorsque le SGCC était actif. Il affichait la liste suivante :

- Des clients ayant reçu le **premier avis de rapports en retard**. (L'avis 1 : pour les rapports en retard de trente (30) jours ou moins et non reçus à la DGSPNI)
- Des clients ayant reçu l'**avis de deuxième niveau de rapports en retard**. (L'avis 2 : pour les rapports en retard de trente et un (31) jours ou plus et non reçus à la DGSPNI)

Le rapport était envoyé automatiquement le premier de chaque mois à partir d'une boîte de messageries générique simultanément avec l'**État des rapports SGCC**.

Ce rapport peut également être généré de façon ponctuelle. Les paramètres sont les mêmes que ceux de la **Liste des rapports SGCC**. Pour une description détaillée, voir la section 4.7 de ce document.

Ci-dessous se trouve la liste des avis 1 et 2 (selon les paramètres du SGCC) :

Client – État des rapports : Nom du client, tel qu'il apparaît dans l'**État des rapports** (nom officiel de la Bande ou nom de l'organisation) afin de trouver facilement les adresses électroniques des clients qui recevront des avis de retard (liste des avis 1 et 2);

Client – Profils : Nom du client, tel qu'il apparaît dans les **Profils des communautés** ou les **Profils des organisations**;

Exercice financier : L'exercice financier pour lequel le rapport est requis (même définition que la **Liste des rapports SGCC**);

Entente : Numéro de l'entente (même définition que la **Liste des rapports SGCC**);

Rapport : Rapport d'activités ou rapport financier (même définition que la **Liste des rapports SGCC**);

Programme : Programme pour lequel le rapport est requis (même définition que la **Liste des rapports SGCC**);

Date d'échéance : Date d'échéance du prochain rapport (même définition que la **Liste des rapports SGCC**);

En retard : Nombre de jours de retard (même définition que la **Liste des rapports SGCC**);

Avis : Numéro de l'avis (1 ou 2). Dans la **Liste des rapports SGCC** : nombre de rappels. (Filtre : Type d'actions)

Appendix CC. SIA Community Profiles Database Guide (continued)

| Liste des nouveaux Avis 1 et Avis 2 à classer dans SGCC | | | | | | | | |
|---|------------------|--------------------|-----------|---------------------|--|--------------|-----------|------|
| Client - Etat des rapports | Client - Profils | Exercice financier | Accord | Rapport | Programme | Exigible | En retard | Avis |
| Bande des Montagnais de Pakua Shipi | Pakuashipi | 2015 - 2016 | QC1200009 | Rapport d'activité | SSNA - Professionnels de la santé itinérants | 15-Oct-2015 | 1810 | 1 |
| Bande des Montagnais de Pakua Shipi | Pakuashipi | 2015 - 2016 | QC1200009 | Rapport d'activité | SSNA - Professionnels de la santé itinérants | 15-Jan-2016 | 1718 | 1 |
| Bande des Montagnais de Pakua Shipi | Pakuashipi | 2015 - 2016 | QC1200009 | MRC | | 29-Juil-2016 | 1522 | 1 |
| Bande des Montagnais de Pakua Shipi | Pakuashipi | 2015 - 2016 | QC1200009 | RSPS | Soins à domicile et en milieu communautaire (SDMC) | 29-Juil-2016 | 1522 | 1 |
| Bande des Montagnais de Pakua Shipi | Pakuashipi | 2015 - 2016 | QC1200009 | RH donnée | Soins à domicile et en milieu communautaire (SDMC) | 29-Juil-2016 | 1522 | 1 |
| Bande des Montagnais de Pakua Shipi | Pakuashipi | 2015 - 2016 | QC1200009 | Rapport d'activité | SSNA - Professionnels de la santé itinérants | 29-Juil-2016 | 1522 | 1 |
| Bande des Montagnais de Pakua Shipi | Pakuashipi | 2015 - 2016 | QC1200009 | Rapport annuel | | 29-Juil-2016 | 1522 | 1 |
| Bande des Montagnais de Pakua Shipi | Pakuashipi | 2015 - 2016 | QC1200009 | Vérification Annuel | | 29-Juil-2016 | 1522 | 1 |

4.7 Liste des rapports SGCC

La **Liste des rapports SGCC** est un outil conçu pour aider à préparer une *liste de chose à faire* dans le cas où les délais prescrits ne sont pas respectés.

Plusieurs options et filtres sont disponibles :

- Filtres :**
1. Région
 2. Agent
 3. Type de client
 4. État
 5. Client
 6. Programme
 7. Exercice financier
 8. Type de rapport
 9. Rapport
 10. Accord
- Options:**
- « Type d'action »
 - Nb de jours minimum
 - Nb de jours maximum

Le filtre « **type de rapport** » permet de choisir entre les rapports d'activités (ACT), les rapports financiers (FIN) ou les rapports de reddition de comptes (ART). Le nombre de jours **minimum** et **maximum** dépend de l'état choisi au filtre (4). Le nombre de jours permet de limiter la recherche à une période spécifique. Les différentes façons d'utiliser le **nombre des jours** selon l'état du rapport seront expliquées davantage dans les pages suivantes.

Pour chaque exercice financier, le nombre de rapports disponibles apparaîtra dans le coin supérieur droit de chaque section. Celui-ci est déterminé par l'état du rapport. Ci-dessous, il y a un (1) rapport disponible pour 2012-2013 et cinq (5) rapports disponibles pour 2006-2007.

| | | | |
|---|-------------------------------|---|---------------------|
| Langue du rapport / Report Language | Français | 1. Région / Region | Québec |
| Onglet(s) à ouvrir / Tab(s) to open | Exercice financier | 2. Agent / Officer | Tous les agents |
| 3. Type de client / Client Type | Communauté de Organisme Autri | 4. État / Status | Approuvé sans Reçu |
| 5. Client / Client | Tous les clients | 6. Programme / Program | Tous les programmes |
| 7. Exercice financier / Fiscal Year | Tous les exercices | 8. Type de rapport / Report Type | Tous les types |
| 9. Rapport / Report | Tous les rapports | 10. Accord / Agreement | Tous les accords |
| Type d'actions / Action Taken | « Sans objet » | Nb de jours minimum / No. of days minimum | 0 |
| Nb de jours maximum / No. of days maximum | 9999 | | |

Appendix CC. SIA Community Profiles Database Guide (continued)

| Liste des rapports | | | | | | | | | | | | |
|----------------------------------|-----------|--------------------|--|-------------|-------|--------------|---------------------|---------------------|------------------|------------------------|---------------------|------------|
| Exercice financier : 2012 - 2013 | | | | | | | | | | Nombre de rapports : 1 | | |
| Client | Accord | Rapport | Programme | Exigible | Reçue | Approuvé | En retard / À venir | Approuvé - Exigible | Approuvé - Reçue | Reçu - Exigible | Date du jour - Reçu | Nb Actions |
| Lac-Simon | QC1200013 | Rapport d'activité | 3NT - SSNA - Prestations de transport pour raison médicale | 29-Jui-2013 | | 01-Août-2014 | | 268 | | | | 7 |

| Liste des rapports | | | | | | | | | | | | |
|--|-----------|--------------------------------|----------------------------------|--------------|-------|--------------|---------------------|---------------------|------------------|------------------------|---------------------|------------|
| Exercice financier : 2006 - 2007 | | | | | | | | | | Nombre de rapports : 5 | | |
| Client | Accord | Rapport | Programme | Exigible | Reçue | Approuvé | En retard / À venir | Approuvé - Exigible | Approuvé - Reçue | Reçu - Exigible | Date du jour - Reçu | Nb Actions |
| I.S.T.S. Les spécialistes de l'interprétation simultanée | QC0700074 | Rapport d'évaluation du marché | 3XX - SPNI - contrats de service | 18-Juin-2006 | | 21-Juin-2006 | | 5 | | | | |
| IMPRIMERIE VITRAY INC. | QC0700085 | Rapport d'évaluation du marché | 3XX - SPNI - contrats de service | 05-Jui-2006 | | 18-Jui-2006 | | 12 | | | | |
| MARTIN AUBRY | QC0700076 | Rapport d'évaluation du marché | 3XX - SPNI - contrats de service | 22-Juin-2006 | | 18-Jui-2006 | | 26 | | | | |
| PRIMUM EXPERTS-CONSEILS INC. | QC0700072 | Rapport d'évaluation du marché | 3XX - SPNI - contrats de service | 03-Oct-2006 | | 03-Oct-2006 | | 0 | | | | |
| ROSAIRE BOULANGER | QC0700088 | Rapport d'évaluation du marché | 3XX - SPNI - contrats de service | 30-Juin-2006 | | 11-Jui-2006 | | 11 | | | | |

La **Liste des rapports SGCC** présente le nombre de jours calculés depuis la date « **Exigible** », « **Reçue** » et « **Approuvé** » en concordance avec l'option choisie au filtre (4) « **État** » du rapport. À noter qu'il y a cinq (5) choix d'état, donc cinq (5) résultats possibles :

A. **4. État « en retard »** : nombre de jours entre la date « **d'aujourd'hui** » et la date « **exigible** » du rapport. Comme le nombre de jour doit être supérieur ou égal à zéro (0), le **nombre de jours minimum** sera égal à zéro (0) et le **nombre de jours maximum** sera supérieur à zéro (0). Possibilité d'entrer jusqu'à neuf mille neuf cent quatre-vingt-dix-neuf (9999) jours maximum.

- Les autres colonnes calculées (approuvé-Exigible; approuvé-reçu; reçu-exigible et date du jour-reçu) seront vides.
- Voici un exemple des rapports « **en retard** » de plus de trente (30) jours :

B. **4. État « reçu seulement »** : deux calculs seront affichés. En premier, le nombre de jours entre la date « **d'aujourd'hui** » et la date à laquelle il a été « **reçu** ». En deuxième, le nombre de jours entre la date à laquelle il a été « **reçu** » et la date « **exigible** ». Le nombre de jours peut être égal ou supérieur à zéro (0) ou inférieur à zéro (0) si le rapport a été reçu avant la date exigible. Conseil : inscrire -9999 à la case du **nombre de jours minimum** et 9999 à la case du **nombre de jours maximum**.

Appendix CC. SIA Community Profiles Database Guide (continued)

- Note: L'objectif étant d'identifier les rapports qui ont été « **reçus** » mais qui n'ont pas encore été « **approuvés** », tout problème sera affiché dans la colonne « **Date du jour - Reçu** » indiquant ainsi un délai dans l'approbation par la DGSPNI depuis la réception du rapport.
- Les autres colonnes calculées (*en retard/à venir; approuvé-exigible et approuvé-reçu*) seront vides.
- Voici un exemple des rapports **reçus seulement** sans limite de jours :

The screenshot shows the database interface with filters set to 'Reçu seulement'. The table below displays the results for the 2017-2018 fiscal year.

| Exercice financier : 2017 - 2018 | | | | | | | | | | | |
|----------------------------------|--------|----------------------|-----------|-------------|-------------|----------|-------------------|---------------------|-----------------|-----------------|------------------------|
| Client | Accord | Rapport | Programme | Exigible | Reçu | Approuvé | En retard à venir | Approuvé - Exigible | Approuvé - Reçu | Reçu - Exigible | Nombre de rapports : 2 |
| | | Rapport d'évaluation | | 30-Sep-2017 | 15-Nov-2014 | | | | | -9999 | 2150 |
| | | Rapport d'évaluation | | 30-Sep-2017 | 15-Nov-2014 | | | | | -9999 | 2150 |

- C. **4. État « approuvé sans reçu »** : un seul calcul sera affiché : le nombre de jours entre la date approuvée et la date d'échéance. Le nombre de jours peut être supérieur ou égal à zéro (0), ou inférieur à zéro (0) si le rapport a été approuvé avant la date d'échéance.
Conseil : inscrire **-9999** à la case du **nombre de jours minimum** et **9999** à la case du **nombre de jours maximum**.

- Note: L'objectif étant d'identifier **les rapports qui ont été approuvés sans avoir été reçus**, les problèmes apparaîtront dans la colonne « **approuvé-exigible** ». Ceci dénote cependant une erreur car le rapport devrait avoir été reçu.
- Les autres colonnes calculées (*en retard/à venir; approuvé-exigible et date du jour-reçu*) seront vides.
- Voici un exemple des rapports « **approuvés sans être reçus** » sans limite de jours :

The screenshot shows the database interface with filters set to 'Approuvé sans reçu'. The table below displays the results for the 2012-2013 fiscal year.

| Exercice financier : 2012 - 2013 | | | | | | | | | | | |
|----------------------------------|--------|--------------------|--|-------------|------|-------------|-------------------|---------------------|-----------------|-----------------|------------------------|
| Client | Accord | Rapport | Programme | Exigible | Reçu | Approuvé | En retard à venir | Approuvé - Exigible | Approuvé - Reçu | Reçu - Exigible | Nombre de rapports : 1 |
| | | Rapport d'activité | 317 - 5514 - Présentations de transport pour raison médicale | 28-Jul-2013 | | 01-Avr-2014 | | 368 | | | 1 |

- D. **4. État « approuvé »** : quatre (4) calculs affichés :
- Approuvé-exigible
 - Approuvé-reçu
 - Reçu-exigible

Appendix CC. SIA Community Profiles Database Guide (continued)

- **Date du jour-reçu**

Comme le nombre de jours pour les trois (3) premiers calculs peut être ≥ 0 ou < 0 , le **nombre de jours minimum** peut être < 0 et le **nombre de jours maximum** peut être > 0 .

Conseil : inscrire **-9999** à la case du nombre de jours minimum et **9999** à la case du nombre de jours maximum.

- Note : L'objectif étant de calculer des statistiques, les résultats seront affichés aux colonnes « **approuvé-reçu** » et « **reçu-exigible** ». Les résultats peuvent être utilisés comme des indicateurs de performance autant pour les clients (acteurs externes) que pour la DGSPNI (acteurs internes) dans l'accomplissement des activités requises et à la fréquence à laquelle celles-ci sont complétées en retard ou à échéance.
- Ici, « **approuvé-exigible** » représente le nombre total de jours entre la date exigible et la date à laquelle le rapport a été approuvé, c.-à-d., « **approuvé-reçu** » + « **reçu-exigible** ».
- La seule colonne restante est **En retard/À venir**, elle est vide.
- Voici un exemple des rapports « **approuvé-reçu** » sans limite de jours.

| Client | Accord | Rapport | Programme | Exigible | Reçu | Approuvé | En retard / à venir | Approuvé Exigible | Approuvé Reçu | Réçu-Exigible | Date du jour-reçu | Nb. Acteurs |
|--------|--------|---------------------------------|-----------|-------------|-------------|-------------|---------------------|-------------------|---------------|---------------|-------------------|-------------|
| | | Document d'évaluation régionale | | 18-Jul-2013 | 22-Mar-2013 | 10-Jul-2013 | 1 | 68 | 68 | -68 | 2087 | |
| | | Document d'évaluation régionale | | 18-Jul-2013 | 22-Mar-2013 | 22-Mar-2013 | | -68 | 6 | -68 | 2087 | |
| | | Plan de santé communautaire | | 18-Jul-2013 | 17-Nov-2013 | 17-Nov-2013 | | -70 | 6 | -70 | 2092 | |

E. **4. État « à venir »** : un calcul sera affiché sous la colonne **En retard/À venir**. Comme le nombre de jours doit être égal ou supérieur à zéro (0), le **nombre de jours minimum sera égal à zéro (0)**, et le **nombre de jours maximum sera plus grand que zéro (0)**; Possibilité d'entrer jusqu'à neuf mille neuf cent quatre-vingt-dix-neuf (9999) jours maximum.

- Note: l'objectif de cette dernière option est d'avoir un outil pour gérer de façon proactive les rapports à venir. Par exemple, pour voir la **liste des rapports exigibles dans les cent vingt (120) prochains jours**, il suffit d'inscrire **120** à la case « **nb de jours maximum** ».
- Les autres colonnes calculées (*approuvé-exigible*; *approuvé-reçu*; *reçu-exigible*; et *date du jour-reçu*) seront vides.
- Voici un exemple des rapports « **à venir** » avec une limite maximum de cent vingt (120) jours :

Appendix CC. SIA Community Profiles Database Guide (continued)

| | | | |
|---|---------------------------------|---|---------------------|
| Langue du rapport / Report Language | Français | 1. Région / Region | Québec |
| Onglet(s) à ouvrir / Tab(s) to open | Exercice financier | 2. Agent / Officer | Tous les agents |
| 3. Type de client / Client Type | Communauté de, Organisme, Autre | 4. État / Status | À venir |
| 5. Client / Client | Tous les clients | 6. Programme / Program | Tous les programmes |
| 7. Exercice financier / Fiscal Year | Tous les exercices | 8. Type de rapport / Report Type | Tous les types |
| 9. Rapport / Report | Tous les rapports | 10. Accord / Agreement | Tous les accords |
| Type d'actions / Action Taken | « Sans objet » | Nb de jours minimum / No. of days minimum | 0 |
| Nb de jours maximum / No. of days maximum | 120 | | |

1 < sur 1 > 100% Rechercher | Suivant

Services aux Autochtones Canada / Indigenous Services Canada

Liste des rapports

Qui contacter ?
[Pour tout commentaire ou pour signaler une information erronée ou obsolète, n'hésitez pas à nous écrire en nous précisant svp le titre du présent rapport.](#)

Sources des informations

Accords
1. [Système de gestion des contrats et contributions \(SGCC\)](#) Direction générale de la santé des Premières nations et des Inuits (DGSPNI), Services aux Autochtones Canada.

Note: Lors de la création du guide, aucune donnée n'a été trouvée pour ce scénario spécifique.

4.8 Activités des programmes GL SGCC

Activités des programmes GL : résumé d'état par activité

Ce rapport présente un résumé de l'état des dépenses encourues par activité de programme, par type d'entente ou par exercice financier. Les montants budgétés et payés sont indiqués ainsi que le solde (différence entre le budget et le montant payé) pour toutes les activités. Les centres de coût (CC), le numéro du grand livre (GL) et les programmes SGCC associés à toutes les activités budgétées et payées apparaîtront dans la vue détaillée du rapport.

Vue d'ensemble : La vue d'ensemble s'affiche par défaut. Elle pourra être sélectionnée en choisissant l'option « aucun » au filtre « onglet à ouvrir ». Cette vue inclut les paramètres suivants :

Activité = activité de programme, p.ex., KA01 – Programme canadien de nutrition prénatale (PCNP)

- Budget: allocation monétaire pour cette activité (le montant est tiré directement du SGCC, spécifiquement du « **rapport financier résumé** »)
- Payé : engagements acquittés, ou engagements pour lesquels une demande de paiement a été faite et complétée.
- Solde : engagements non acquittés, ou budget – payé

| Sommaire d'état par activité | | | | | | |
|---|------|---|--|-----------|-----------|-------|
| Exercice financier : 2011 - 2012 | | | | | | |
| - Accord transitoire incluant programmes fixes (01-Avr-2009 - 31-Mars-2015) | | | | | | |
| | | | | Budget | Payé | Solde |
| <input type="checkbox"/> | KA01 | -Programme canadien de nutrition prénatale (PCNP) | | 14 957 | 14 957 | 0 |
| <input type="checkbox"/> | KA02 | -Troubles du spectre de l'alcoolisation foetale (TSAF) | | 7 188 | 7 188 | 0 |
| <input type="checkbox"/> | KA03 | -Programme de soins de santé maternelle et infantile (SSMI) | | 35 911 | 35 911 | 0 |
| <input type="checkbox"/> | KA04 | -Initiative en santé buccodentaire des enfants (ISBE) | | 4 905 | 4 905 | 0 |
| <input type="checkbox"/> | KA05 | -Programme d'aide préscolaire aux Autochtones dans les réserv | | 52 395 | 52 395 | 0 |
| <input type="checkbox"/> | KB01 | -Pour des collectivités en bonne santé (PCBS) | | 38 855 | 38 855 | 0 |
| <input type="checkbox"/> | KB02 | -Grandir ensemble (GE) | | 51 298 | 51 298 | 0 |
| <input type="checkbox"/> | KB03 | -Prévention du suicide (PS) | | 15 000 | 15 000 | 0 |
| <input type="checkbox"/> | KB10 | -Programme national de lutte contre l'abus de l'alcool et des | | 88 020 | 88 020 | 0 |
| <input type="checkbox"/> | KB12 | -Programme de traitement de l'abus de solvants chez les jeun | | 8 533 | 8 533 | 0 |
| <input type="checkbox"/> | KC01 | -Initiative sur le diabète chez les Autochtones (IDA) | | 31 008 | 31 008 | 0 |
| <input type="checkbox"/> | KD20 | -Prévention, promotion et éducation en matière de tuberculose | | 2 000 | 2 000 | 0 |
| <input type="checkbox"/> | KD40 | -Infections transmissibles sexuellement et par le sang (ITSS) | | 25 000 | 25 000 | 0 |
| <input type="checkbox"/> | KG01 | -SD Prestation de services | | 69 071 | 69 071 | 0 |
| <input type="checkbox"/> | KH30 | -TransMéd - Services assurés des clients | | 401 700 | 401 700 | 0 |
| <input type="checkbox"/> | KJ00 | -Gestion de la planification en matière de santé (Gouvernance | | 311 201 | 311 201 | 0 |
| <input type="checkbox"/> | KK10 | -Carrières en santé | | 8 707 | 8 707 | 0 |
| <input type="checkbox"/> | KP31 | -Télé Santé - entretien | | 31 997 | 31 997 | 0 |
| Total/accord (Sans récupération) | | | | 1 174 733 | 1 174 733 | 0 |

Vue détaillée : Elle est accessible en cochant l'onglet « activité ». Les informations sont présentées en deux (2) sections distinctes : *Budget* et *Paiement*. Les quatre (4) paramètres suivants apparaissent sous chaque section :

Activité – Programme – GL - CC

| Activité | Budget | | | Activité | Paiement | | | Montant | | |
|----------|-----------|----|----|----------|-----------|----|----|---------|------|-------|
| | Programme | GL | CC | | Programme | GL | CC | Budget | Payé | Solde |

Si un ou plus des quatre (4) paramètres diffèrent entre les sections principales « **budget** » et « **paiement** » une ligne s'ajoutera pour mettre en évidence la différence dans la codification.

Appendix CC. SIA Community Profiles Database Guide (continued)

Voici un exemple de vue détaillée avec la même codification financière aux sections « budget » et « paiement » :

Langue du rapport / Report Language: Français | 1. Région / Region: Québec

Onglet à ouvrir / Tab to open: - Aucun - | 2. Agent / Officer: Tous les agents

3. Type de client / Client Type: Communauté de, Organisme, Auth. | 4. Client / Client: Tous les clients

5. Exercice financier / Fiscal Year: 2011 - 2012 | 6. Accord / Agreement: []

1 sur 2 ? | 100% | Rechercher | Suivant

Sommaire d'état par activité

Exercice financier : 2011 - 2012 (01-Avr-2009 - 31-Mars-2015)

| | | | | | | | | | | Budget | Payé | Solde | | | | |
|---|--|-----|---|----------|--|--------|------|--|------|---|--------|--|--------|--------|--------|---|
| - Accord transitoire incluant programmes fixes | | | | | | | | | | 14 607 | 14 607 | 0 | | | | |
| KA01 - Programme canadien de nutrition prénatale (PCNP) | | | | | | | | | | | | | | | | |
| Budget | | | | | Paiement | | | | | Montant | | | | | | |
| Activité | Programme | GL | CC | Activité | Programme | GL | CC | Budget | Payé | Solde | | | | | | |
| KA01 | Programme canadien de nutrition prénatale (PCNP) | 3TR | Gestion de la planification en matière de santé | 70709 | Cré transfert programme de soins santé | 311030 | KA01 | Programme canadien de nutrition prénatale (PCNP) | 3TR | Gestion de la planification en matière de santé | 70709 | Cré transfert programme de soins santé | 311030 | 14 607 | 14 607 | 0 |
| Aucune récupération | | | | | | | | | | | | | | | | |
| KA02 - Troubles du spectre de l'alcoolisation foetale (TSAF) | | | | | | | | | | 7 100 | 7 100 | 0 | | | | |
| Budget | | | | | Paiement | | | | | Montant | | | | | | |
| Activité | Programme | GL | CC | Activité | Programme | GL | CC | Budget | Payé | Solde | | | | | | |
| KA02 | Troubles du spectre de l'alcoolisation foetale (TSAF) | 3FA | Troubles du spectre de l'alcoolisation foetale (TSAF) | 70723 | Cré FNHI FAS/FAE | 311255 | KA02 | Troubles du spectre de l'alcoolisation foetale (TSAF) | 3FA | Troubles du spectre de l'alcoolisation foetale (TSAF) | 70723 | Cré FNHI FAS/FAE | 311255 | 7 100 | 7 100 | 0 |
| Aucune récupération | | | | | | | | | | | | | | | | |
| KA03 - Programme de soins de santé maternelle et infantile (SSMI) | | | | | | | | | | 35 911 | 35 911 | 0 | | | | |
| Budget | | | | | Paiement | | | | | Montant | | | | | | |
| Activité | Programme | GL | CC | Activité | Programme | GL | CC | Budget | Payé | Solde | | | | | | |
| KA03 | Programme de soins de santé maternelle et infantile (SSMI) | 3TR | Gestion de la planification en matière de santé | 70709 | Cré transfert programme de soins santé | 311030 | KA03 | Programme de soins de santé maternelle et infantile (SSMI) | 3TR | Gestion de la planification en matière de santé | 70709 | Cré transfert programme de soins santé | 311030 | 35 911 | 35 911 | 0 |
| Aucune récupération | | | | | | | | | | | | | | | | |

Voici un exemple de vue détaillée avec une codification financière différente aux sections « budget » et « paiement » :

| | | | | | | | | | | Budget | Payé | Solde | | | | | |
|----------------------------------|---------------------------|-----|--|----------|------------------------------------|--|------|--|-------|--|--------|------------------------------------|--------|--------|---------|---------|--|
| KG01 - SD Prestation de services | | | | | | | | | | 89 071 | 89 071 | 0 | | | | | |
| Budget | | | | | Paiement | | | | | Montant | | | | | | | |
| Activité | Programme | GL | CC | Activité | Programme | GL | CC | Budget | Payé | Solde | | | | | | | |
| KG01 | SD Prestation de services | 3CC | Soins à domicile et en milieu communautaire (SDMC) | 70715 | Cré FNHI soins de santé à domicile | 311010 | KG01 | SD Prestation de services | 3CC | Soins à domicile et en milieu communautaire (SDMC) | 70715 | Cré FNHI soins de santé à domicile | 311010 | 89 071 | 89 071 | 0 | |
| Récupération | | | | | | | | | | | | | | | | | |
| | | | | | KG01 | SD Prestation de services (70715 - Echu) | 3NT | SSNA - Prestations de transport pour raison médicale | 70716 | Cré FNHI soins de santé à domicile | 311010 | | | | -1 000 | | |
| | | | | | KG01 | SD Prestation de services (70715 - Echu) | 3TR | Gestion de la planification en matière de santé | 70716 | Cré FNHI soins de santé à domicile | 311010 | | | | -21 129 | | |
| Total - Récupération | | | | | | | | | | | | | | | | -22 129 | |

4.9 Autres documents SGCC - Règles

Ce rapport comprend les règles applicables à tous les documents joints aux ententes, autres que les documents financiers, d'activités et de reddition de comptes.³ Ces documents sont créés et annexés pendant le cycle de vie de l'entente.

Le rapport sur les règles relatives aux autres documents du SGCC est divisé en deux (2) sections :

La première section contient les documents du groupe CLN – 5 (Notes clients), qui ne sont pas spécifiques à un type d'entente de financement, mais spécifiques au client. L'entête de cette section indiquera « **pour chaque entente** ».

La deuxième section contient les documents spécifiques à un certain type de financement (filtre 1). L'entête indiquera le type de financement.

Dans chacune des sous-sections suivantes se trouvent des documents pour chaque groupe de documents (filtre 2). Les colonnes suivantes contiennent des informations sur les documents :

| Groupe de document, code et nom | P.ex.: code « PHC documents » 3. Types d'ententes et notes |
|------------------------------------|--|
| Document/Mémo (code et nom) | P.ex.: code « PROF » nom Entente |
| Client (à qui la règle s'applique) | P.ex.: « tous »; « organismes » ou « communauté de » |
| Amendement | P.ex.: « au moins un (1) document si amendement »; « pour chaque amendement » ou « n.a » |
| Redressement | P.ex.: « en redressement » ou « n.a » |
| Écran SGCC | P.ex.: documents |

³ Les exigences pour les rapports de reddition de comptes, d'activités et financiers ne sont pas inclus dans les règles ici présentées.

Appendix CC. SIA Community Profiles Database Guide (continued)

Règles pour les documents SGCC requis, autres que Financier, Activité et Reddition de compte

>> Pour chaque entente

| CLN | 5. Notes Clients | | Amendement | Redressement | Écran SGCC |
|------|--|---------------|------------|-----------------|------------|
| 2000 | Document d'enregistrement/constitution | Tous | | n.a. | Documents |
| 4000 | Document de société en règle | Organisme | n.a. | n.a. | Documents |
| 4000 | Document de société en règle | Autre | n.a. | n.a. | Documents |
| 4500 | Cert. des organismes autres que des sociétés | Autre | n.a. | | |
| 4500 | Cert. des organismes autres que des sociétés | Organisme | n.a. | n.a. | |
| 5000 | Résolution de conseil de bande | Communauté de | n.a. | n.a. | |
| 5000 | Résolution de conseil de bande | Organisme | n.a. | n.a. | |
| 6000 | Plan de redressement | Tous | n.a. | En redressement | |
| 6200 | Plan de budget et de dépenses | Communauté de | n.a. | n.a. | Documents |

Filtres : Tous les types / Tous les groupes / Tous les documents

Canada

première section: documents pour chaque

Règles pour les documents SGCC requis, autres que Financier, Activité et Reddition de compte

Entente de financement Canada/Premières nations

| PAA | 1. Notes d'ordre général | | | Redressement | Écran SGCC |
|------|-------------------------------------|------|-----------------|--------------|-------------------------|
| 3000 | Form. dem. de modif. - Texte princ. | Tous | Pour chacun des | n.a. | Amendements Documents |

| PAB | 2. Programme | | Amendement | | |
|------|---------------------------------------|---------------|-----------------------------------|------|-------------------------|
| 0005 | Proposition | Communauté de | Au moins 1 document si amendement | | |
| 0005 | Proposition | Organisme | Au moins 1 document si amendement | n.a. | |
| 0010 | Proposition document 1 | Communauté de | Au moins 1 document si amendement | n.a. | |
| 0010 | Proposition document 1 | Organisme | Au moins 1 document si amendement | n.a. | |
| 0200 | Plan de Programme | Organisme | Au moins 1 document si amendement | n.a. | |
| 0200 | Plan de Programme | Communauté de | Au moins 1 document si amendement | n.a. | Amendements Documents |
| 1100 | Objectifs et activités - Document | Organisme | Au moins 1 document si amendement | n.a. | Amendements Documents |
| 1100 | Objectifs et activités - Document | Communauté de | Au moins 1 document si amendement | n.a. | Amendements Documents |
| 1150 | Sommaire de la modification 1 | Communauté de | Au moins 1 document si amendement | n.a. | Amendements Documents |
| 1150 | Sommaire de la modification 1 | Organisme | Au moins 1 document si amendement | n.a. | Amendements Documents |
| 4000 | Ventilation des budgets et trésorerie | Organisme | Au moins 1 document si amendement | n.a. | Amendements Documents |
| 4000 | Ventilation des budgets et trésorerie | Communauté de | Au moins 1 document si amendement | n.a. | Amendements Documents |

| PAC | 3. Accords types et notes | | Amendement | Redressement | Écran SGCC |
|------|----------------------------------|------|-----------------------------|--------------|-------------------------|
| 2000 | Modification | Tous | Pour chacun des amendements | n.a. | Amendements Documents |
| 4000 | Page de signature (numérisée) | Tous | Pour chacun des amendements | n.a. | Amendements Documents |
| 4150 | Fiche d'acheminement (numérisée) | Tous | Pour chacun des amendements | n.a. | Amendements Documents |

| PAT | Acheminement - Modification | | Amendement | Redressement | Écran SGCC |
|------|---|------|-----------------------------|--------------|----------------------------|
| 2000 | Commentaires - Acheminement de modification | Tous | Pour chacun des amendements | n.a. | Amendements Acheminement |

| PHB | 2. Notes - Programme | | Amendement | Redressement | Écran SGCC |
|------|---------------------------------------|---------------|------------|--------------|------------|
| 0000 | Proposition | Organisme | n.a. | n.a. | Documents |
| 0000 | Proposition | Communauté de | n.a. | n.a. | Documents |
| 0010 | Proposition 1 | Communauté de | n.a. | n.a. | Documents |
| 0010 | Proposition 1 | Organisme | n.a. | n.a. | Documents |
| 0200 | Plan de programmes | Organisme | n.a. | n.a. | Documents |
| 0200 | Plan de programmes | Communauté de | n.a. | n.a. | Documents |
| 1100 | Objectifs et activités - Document 1 | Communauté de | n.a. | n.a. | Documents |
| 1100 | Objectifs et activités - Document 1 | Organisme | n.a. | n.a. | Documents |
| 1150 | Sommaire de l'accord 1 | Organisme | n.a. | n.a. | Documents |
| 1150 | Sommaire de l'accord 1 | Communauté de | n.a. | n.a. | Documents |
| 4000 | Ventilation des budgets et trésorerie | Communauté de | n.a. | n.a. | Documents |
| 4000 | Ventilation des budgets et trésorerie | Organisme | n.a. | n.a. | Documents |

| PHC | 3. Accords types et notes | | Amendement | Redressement | Écran SGCC |
|------|---|---------------|------------|--------------|------------|
| A2 | Page de signature (numérisée) | Tous | n.a. | n.a. | Documents |
| M4 | Bordereau d'acheminement régional (numérisé) | Tous | n.a. | n.a. | Documents |
| M41 | Bordereau d'acheminement DG (numérisé) | Tous | n.a. | n.a. | Documents |
| MAR | Liste inventaire de réserve des biens mobiliers | Communauté de | n.a. | n.a. | Documents |
| MAR | Liste inventaire de réserve des biens mobiliers | Organisme | n.a. | n.a. | Documents |
| PROF | Accord | Tous | n.a. | n.a. | Documents |

| PRA | Commentaires - Modifications | | Amendement | Redressement | Écran SGCC |
|------|------------------------------|------|-----------------------------|--------------|------------------------|
| 1000 | Raison de la modification | Tous | Pour chacun des amendements | n.a. | Amendements Sommaire |

| PRJ | 1. Notes - Projet | | Amendement | Redressement | Écran SGCC |
|------|-----------------------|---------------|------------|--------------|------------|
| 1000 | Description du projet | Tous | n.a. | n.a. | Documents |
| 2000 | Codage financier | Communauté de | n.a. | n.a. | Documents |
| 2000 | Codage financier | Organisme | n.a. | n.a. | Documents |

Filtres : Entente de financement Canada/Premières nations / Tous les groupes / Tous les documents

Canada

Deuxième section: documents spécifiques à un type de financement

4.10 Documents de référence

Ce rapport fournit une liste des documents de référence du SGCC tels que les documents relatifs aux programmes, les rapports d'activités et les rapports financiers. Les rapports sont répertoriés par programme, par groupe de documents et par type d'entente selon l'exercice financier. Le document est accessible en cliquant sur le titre souligné en bleu.

Région du Québec

| (01-Avr-2011 - 31-Mars-2015) | | | | |
|------------------------------|--------|--------------------|--|---|
| Exercice financier | Groupe | Rapport | Programme | Document |
| 2012 - 2013 | ACT | Rapport d'activité | 3ND - Prg. nat lutte contre l'abus de alci et drogues chz ls Autoc | NIIA_QC1200040_PNLAADA_RA_AU_31_MARS_2013.DOCX |
| 2012 - 2013 | ACT | Rapport d'activité | 3ND - Prg. nat lutte contre l'abus de alci et drogues chz ls Autoc | NIIA_QC1200040_MRC_AU_31_MARS_2013.PDF |
| 2012 - 2013 | ACT | Rapport d'activité | 3SA - Prog. de traitemt de l'abus de solvnts chz ls jeunes (PTASJ) | NIIA_QC1200040_MRC_AU_31_MARS_2013.PDF |
| 2012 - 2013 | ACT | Rapport d'activité | 3SA - Prog. de traitemt de l'abus de solvnts chz ls jeunes (PTASJ) | NIIA_QC1200040_CBS-PLAS_RA_AU_31_MARS_2013.DOCX |

Appendix CC. SIA Community Profiles Database Guide (continued)

5. Autres rapports

5.1 Tableau de répartition des agents responsables

Ce rapport fournit la liste des agents responsables travaillant avec chaque communauté ou organisme dans les « Profils ». Pour chaque communauté ou organisme, une liste des différents rôles des agents est affichée sur la ligne supérieure du tableau. Si un agent est actuellement assigné à cette communauté ou organisation, son nom, numéros de téléphone et courriel apparaîtront. Les communautés sont listées à la page 1 du rapport et les organisations à la page 2. La date de la mise à jour de chaque colonne est en haut de chaque colonne. Cliquez sur le lien à gauche pour accéder aux données historiques des agents.

Note : Seuls les rôles d'agents les plus couramment utilisés apparaîtront dans ce rapport et il est possible que le **Rapport général** contienne plus d'informations pour une communauté ou une organisation donnée.

| Communauté de | Agents régionaux DGSPNI Agent de financement | | | Agents régionaux DGSPNI Agent de budget | | | Agents régionaux DGSPNI Agent de programme des SSNA | | |
|---|---|----------------|--|--|----------------|--|--|----------------------------------|--|
| | Nom | Téléphone | Courriel | Nom | Téléphone | Courriel | Nom | Téléphone | Courriel |
| Algonquins of Barriere Lake | Cindy Cormelen | (514) 203-1578 | cindy.cormelen@canada.ca | Isabelle Dubé | (438) 340-6247 | isabelle.dube@canada.ca | Gabrielle Johnson-Leblanc | (514) 496-7167 (438) 364-0206 | gabrielle.johnson-leblanc@canada.ca |
| Atkamekw d'Optivian | Eugénie Vu | (514) 203-1583 | eugenie.vu@canada.ca | Sistno Colostasi | (514) 919-5803 | sistno.colostasi@canada.ca | Madone Wainright | (514) 496-8235 | madone.wainright@canada.ca |
| Bande des Innus de Passamit | Ana Cristina Carvalho | (438) 355-5671 | anacristina.carvalho@canada.ca | Amélie Genest-Jourdain | (438) 355-0301 | amelie.genest-jourdain@canada.ca | Linda Girard | (514) 496-5107 (438) 364-7090 | linda.girard@canada.ca |
| Communauté amonape de Kitosakik | Cindy Cormelen | (514) 203-1578 | cindy.cormelen@canada.ca | Diane De Berardinis | (514) 496-3293 | diane.deberardinis@canada.ca | Madone Wainright | (514) 496-8235 | madone.wainright@canada.ca |
| Conseil de la Première Nation Abitibi-Est | Eugénie Vu | (514) 203-1583 | eugenie.vu@canada.ca | Diane De Berardinis | (514) 496-3293 | diane.deberardinis@canada.ca | Mia Sam Yang | (514) 283-4960 (438) 334-1758 | mia.samyang@canada.ca |
| Conseil des Atikamekw de Wemotaci | Ana Cristina Carvalho | (438) 355-5671 | anacristina.carvalho@canada.ca | Josée Guilmette | (873) 455-3075 | josee.guilmette@canada.ca | Linda Girard | (514) 496-5107 (438) 364-7090 | linda.girard@canada.ca |
| Cree Nation of Chisasibi | Cindy Cormelen | (514) 203-1578 | cindy.cormelen@canada.ca | | | | | | |
| Cree Nation of Mistissini | Cindy Cormelen | (514) 203-1578 | cindy.cormelen@canada.ca | | | | | | |
| Cree Nation of Nemaska | Eugénie Vu | (514) 203-1583 | eugenie.vu@canada.ca | | | | | | |
| Cree Nation of Wemindj | Cindy Cormelen | (514) 203-1578 | cindy.cormelen@canada.ca | | | | | | |
| Eastmain | Ana Cristina Carvalho | (438) 355-5671 | anacristina.carvalho@canada.ca | | | | | | |
| Innu Takuaikan Uashat Mak Mani-Utanam | Cindy Cormelen | (514) 203-1578 | cindy.cormelen@canada.ca | Isabelle Dubé | (438) 340-6247 | isabelle.dube@canada.ca | Gabrielle Johnson-Leblanc | (514) 496-7167 (438) 364-0206 | gabrielle.johnson-leblanc@canada.ca |
| Innu Essipit | Eugénie Vu | (514) 203-1583 | eugenie.vu@canada.ca | Amélie Genest-Jourdain | (438) 355-0301 | amelie.genest-jourdain@canada.ca | Linda Girard | (514) 496-5107 (438) 364-7090 | linda.girard@canada.ca |

5.2 Agent(e)s responsables antérieur(e)s

Pour chaque communauté et organisation, le rapport affiche une liste des agents responsables qui ont actuellement ou ont eu le client dans leur portfolio. Pour chaque agent, le rôle, le courriel, les numéros de téléphone, les extensions, la date de début et la date de fin sont fournis s'ils sont connus.

| | | | |
|-----------------------------|--|-----------------------------|-----|
| Lac-Rapide | | | |
| Région du Québec | | | |
| Nom selon AANC | | Algonquins of Barriere Lake | |
| Parc de la Vêrendrye | | Téléphone 1 | Fax |
| Lac-Rapide (Québec) J0W 2C0 | | Téléphone 2 | |

| Agent(e)s Responsables actuels (Iles) | | | | | |
|--|---------------------|----------------|--|--------------|-----|
| (Dernière mise à jour : 20-Juil-2021) | | | | | |
| Agents régionaux DGSPNI | | | | | |
| Titre | Nom | Téléphone(s) | Email | Début | Fin |
| Agent de financement | Ms. Cindy Cornelsen | (514) 283-1578 | cindy.cornelsen@canada.ca | 01-Nov-2020 | N/A |
| Agent de liaison | Mme Isabelle Dubé | (438) 340-6247 | isabelle.dube@canada.ca | 29-Mars-2021 | N/A |
| Infirmières SSI | Mme Misty Malott | (438) 356-8448 | misty.malott@canada.ca | 29-Mars-2021 | N/A |
| Agents régionaux SAC/RCAANC | | | | | |
| Titre | Nom | Téléphone(s) | Email | Début | Fin |
| Agent aux services de financement (SAC) | M. Anthony Chartier | (418) 951-7658 | anthony.chartier@canada.ca | 07-Oct-2019 | N/A |

| Agent(e)s Responsables antérieur(e)s | | | | | |
|---|--------------------|----------------------------------|--|--------------|--------------|
| (Dernière mise à jour : 20-Juil-2021) | | | | | |
| Agents régionaux DGSPNI | | | | | |
| Titre | Nom | Téléphone (s) | Email | Début | Fin |
| Agent.e de programme des SSNA | Mme Mia Sam Yeng | (514) 283-4960 (438) 334-1758 | mia.sam.yeng@canada.ca | 29-Mars-2021 | 09-Mai-2021 |
| Agent.e de programme des SSNA | M. Charles Manigat | (514) 496-7167 (438) 364-0206 | charles.manigat@canada.ca | 08-Oct-2020 | 28-Mars-2021 |

Section 3 – Scénarios d’utilisation – cas pratiques

Comment bien se servir des « Profils »

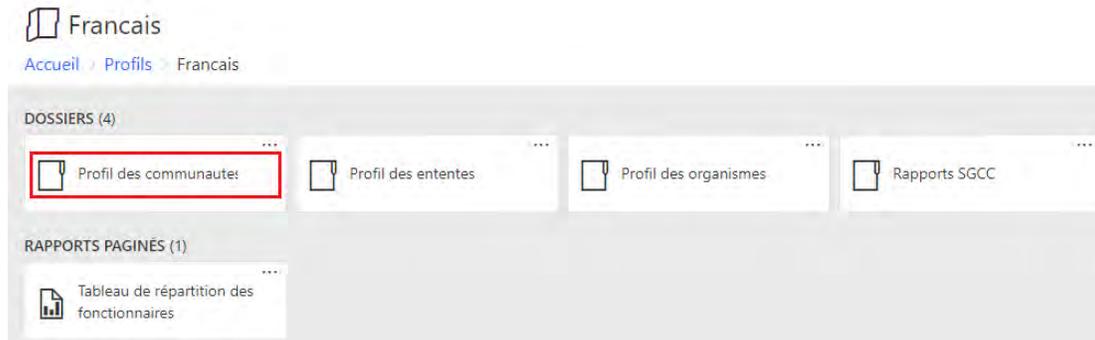
Appendix CC. SIA Community Profiles Database Guide (continued)

Cas # 1 : Recherche par nom de contact

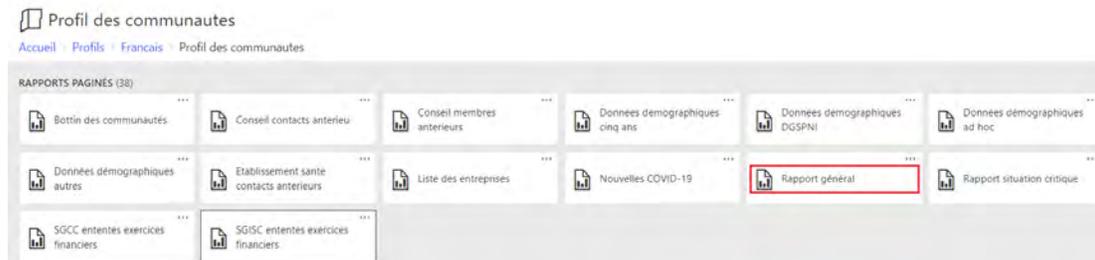
(Chefs, conseillers, tierces parties, etc.), à l'intérieur d'une communauté en particulier p.ex. : Québec; communauté de Kanesatake

Objectif: Accéder rapidement aux contacts principaux dans une communauté spécifique.

Étape 1.1 : Sélectionner le dossier « Profil des communautés » :



Étape 1.2 : Sélectionner le dossier « Rapport général » :

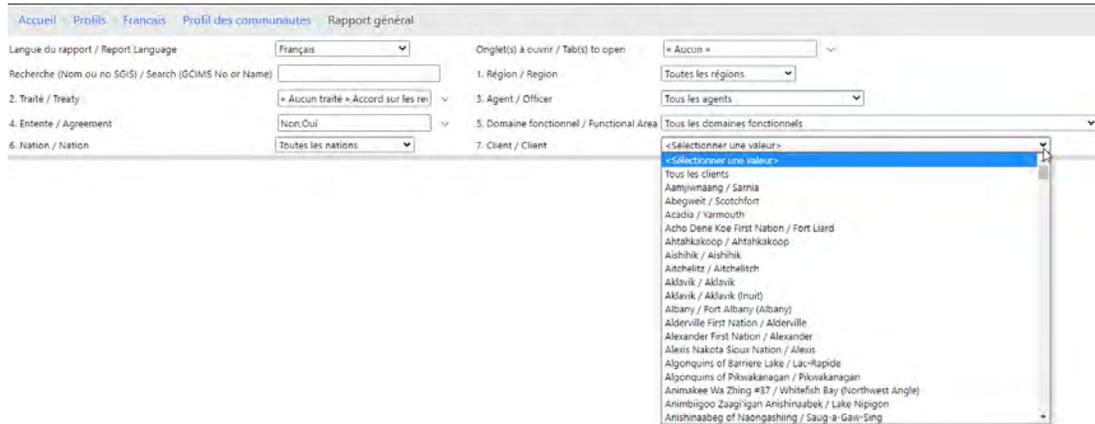


Étape 1.3a : Sélectionner « Québec » au filtre « Région » :



Appendix CC. SIA Community Profiles Database Guide (continued)

Puisque chaque filtre a une incidence sur le suivant, la liste des clients n'affichera que les communautés de la région sélectionnée.



The screenshot shows the 'Rapport général' page with various filters. The 'Client / Client' dropdown is open, showing a list of communities. The 'Recherche' field is empty.

Étape 1.3b : Il est également possible d'écrire le nom de la communauté dans le champ de recherche (ou une partie de celui-ci)

Résultat : La liste des clients sera réduite pour tenir compte du nom écrit :



The screenshot shows the 'Rapport général' page with the search field containing 'kanes'. The 'Client / Client' dropdown is open, showing a filtered list of clients. The 'Recherche' field is highlighted with a red box.

Étape 1.4 : Sélectionner « Kanesatake » de la liste de clients

Étape 1.5 : Sélectionner les filtres appropriés et cliquer sur « afficher le rapport »

Résultat : Le rapport affichera les coordonnées de la communauté sélectionnée telles que celles des membres actuels ou des contacts des centres de santé.

Appendix CC. SIA Community Profiles Database Guide (continued)

| Kanesatake | | | | | | |
|--|---|-----------------------|----------------------------------|-------------|-------------|--------------|
| Région du Québec | | | | | | |
| Numéro selon AANC | 69 | Nation | Mohawks | | | |
| Nom selon AANC | Mohawks of Kanésatake | Langue ancestrale | Mohawk | | | |
| Niveau d'isolement AANC | Zone 1* | Profil de recensement | Recensement 2016 | | | |
| Niveau d'isolement SGPC | Non isolé | Profil AANC | Détails | | | |
| Traités/Ententes sur l'autonomie gouvernementale : Aucun | | | | | | |
| Alias et autres graphies : Kahnasatake | | | | | | |
| Mohawk Council of Kanésatake | | | | | | |
| Mohawk Council of Kanésatake | | | | | | |
| VOIR « KANESATAKE HEALTH CENTER » | | Téléphone | (450) 479-8373 | | | |
| Kanésatake (Québec) | | Télocopieur | (450) 479-1622 | | | |
| JON 1E0 | | Correspondance | Anglais | | | |
| Site Web | www.kanesatakehealthcenter.ca/fr | | Courriel | | | |
| Mode électoral | Selon la coutume | | | | | |
| Commentaires | Les ententes de contribution sont signées avec l'organisme «Kanesatake Health Center» et non pas avec le conseil de bande. Toute correspondance doit être envoyée au signataire de l'accord. Au conseil de bande, il n'y a pas de poste téléphonique pour rejoindre le Chef; il faut passer par la réception. Il n'y a pas de Directeur général à Kanésatake. À noter que cette communauté est présentement en redressement aux Affaires autochtones et Développement du Nord Canada (AADNC). Le niveau d'intervention aux AADNC est celui d'un Plan de redressement autogéré (niveau faible). Le courriel du chef est : simon.serge@kanesatake.ca . L'adresse civique du Conseil de bande est : 681 Ste-Philomène | | | | | |
| Membres actuels | | | | | | |
| (Dernière mise à jour: 23-Juin-2020) | | | | | | |
| Membres antérieurs | | | | | | |
| Titre | Nom | Téléphone(s) | Télocopieur | Portfolio | Mandat du | au |
| Grand Chief | Mr. Serge Otsi Simon | | | | 03-Mai-2017 | 09-Juin-2021 |
| Chief | Ms. Valerie Bonspille | | | | 03-Mai-2017 | 09-Juin-2021 |
| Chief | M. Victor Bonspille | | | | 03-Mai-2017 | 09-Juin-2021 |
| Chief | Mr. John Canatonquin | | | | 03-Mai-2017 | 09-Juin-2021 |
| Chief | Mr. Garry Carbonnell | | | | 03-Mai-2017 | 09-Juin-2021 |
| Chief | Mme Patricia Meilleur | | | | 03-Mai-2017 | 09-Juin-2021 |
| Chief | M. Bruce Montour | | | | 03-Mai-2017 | 09-Juin-2021 |
| Contacts actuels | | | | | | |
| (Dernière mise à jour: 01-Déc-2019) | | | | | | |
| Contacts antérieurs | | | | | | |
| Titre | Nom | Téléphone(s) | Télocopieur | Depuis le | | |
| Director of Finances | Mrs. Louise Bonspill | | | 01-Avr-2017 | | |
| Program Manager | Ms. Leona Bonspille | | | 01-Déc-2019 | | |
| Finance | Ms. Christine Meilleur | | | 15-Mai-2019 | | |

Conseil : En choisissant l'option « sélectionner tout » au filtre des « onglet (s) à ouvrir », toutes les informations pour cette communauté apparaîtront.

Appendix CC. SIA Community Profiles Database Guide (continued)

Cas # 2 : Recherche de l'historique des ententes par communauté

Objectif : Afficher la liste des ententes (programmes financés, activités, budget et paiements) incluant les amendements par exercice financier pour la communauté Kitigan Zibi dans la région du Québec.

Étape 2.1 : Sélectionner le dossier « Profil des communautés » :

The screenshot shows the 'Français' profile page. The breadcrumb trail is 'Accueil > Profils > Français'. Under the 'DOSSIERS (4)' section, there are four tiles: 'Profil des communautés' (highlighted with a red box), 'Profil des ententes', 'Profil des organismes', and 'Rapports SGCC'. Below this, the 'RAPPORTS PAGINÉS (1)' section contains one tile: 'Tableau de répartition des fonctionnaires'.

Étape 2.2 : Sélectionner le dossier « SGCC ententes exercices financiers » (ce rapport affichera toutes les ententes en vigueur jusqu'à l'exercice financier 2014-2015 seulement) :

The screenshot shows the 'Profil des communautés' page. The breadcrumb trail is 'Accueil > Profils > Français > Profil des communautés'. Under the 'RAPPORTS PAGINÉS (38)' section, there are 12 report tiles. The tile 'SGCC ententes exercices financiers' is highlighted with a red box. Other visible tiles include 'Bottin des communautés', 'Conseil contacts antérieur', 'Conseil membres antérieurs', 'Données démographiques cinq ans', 'Données démographiques DGSPNI', 'Données démographiques ad hoc', 'Données démographiques autres', 'Établissement santé contacts antérieurs', 'Liste des entreprises', 'Nouvelles COVID-19', 'Rapport général', and 'Rapport situation critique'. At the bottom, there is also a tile for 'SIGISC ententes exercices financiers'.

Étape 2.3 : Sélectionner les filtres appropriés et cliquer sur « Afficher le rapport » :

Il est possible d'utiliser l'une des options montrées au cas précédent pour sélectionner un client (rechercher ou réduire la liste en choisissant d'abord la région)

The screenshot shows the report configuration page for 'SGCC ententes exercices financiers'. The breadcrumb trail is 'Accueil > Profils > Français > Profil des communautés > SGCC ententes exercices financiers'. The page has several filter sections: 'Langue du rapport / Report Language' (Français), 'Onglet(s) à ouvrir / Tab(s) to open' (Aucun), 'Recherche (Nom ou no SGCC) / Search (MCCS No or Name)', '2. Traité / Treaty' (Aucun traité, Accord sur les reve), '4. Exercice financier / Fiscal Year' (Tous les exercices), '6. Nation / Nation' (Toutes les nations), '1. Région / Region', '3. Agent / Officer', '5. Programme / Program', and '7. Client / Client'. A dropdown menu is open for 'Onglet(s) à ouvrir / Tab(s) to open', showing options: '(Sélectionner tout)', 'Aucun', 'Exercices financiers' (checked), '--> Chaque accord' (checked), '--> Programmes' (checked), and '--> Amendements' (checked). The 'Exercices financiers' option is highlighted with a red box.

Appendix CC. SIA Community Profiles Database Guide (continued)

Sélectionner la communauté « **Kitigan Zibi** » et cliquer sur « **Afficher le rapport** »

Accueil Profils Français Profil des communautés SGCC ententes exercices financiers

Langue du rapport / Report Language: Français Onglet(s) à ouvrir / Tab(s) to open: « Aucun »

Recherche (Nom ou no SGCC) / Search (MCCS No or Name):

1. Région / Region: Québec

2. Traité / Treaty: « Aucun traité » Accord sur les reve

3. Agent / Officer: Tous les agents

4. Exercice financier / Fiscal Year: 2013 - 2014

5. Programme / Program: Tous les programmes

6. Nation / Nation: Toutes les nations

7. Client / Client: **Kitigan Zibi Anishnabeg / Kitigan Zibi**

Rechercher | Suivant

Kitigan Zibi
Région du Québec (Accords - Dernière mise à jour : 10-Août-2015)

2013 - 2014

| | Budgété | Payé |
|---|----------------|----------------|
| SCC - Agrément | | |
| KJ10 - Agrément - Services | 45 903 | 45 903 |
| Total Programme | 45 903 | 45 903 |
| SAD - Initiative sur le diabète chez les Autochtones (IDA) | | |
| KC01 - Initiative sur le diabète chez les Autochtones (IDA) | 105 621 | 105 621 |
| Total Programme | 105 621 | 105 621 |
| SAH - Prog. d'aide préscolaire aux Autochtones ds la réserve (PAPAR) | | |
| KA05 - Programme d'aide préscolaire aux Autochtones dans les réserv | 106 074 | 106 074 |
| Total Programme | 106 074 | 106 074 |
| SBF - Grandir ensemble (GE) | | |
| K802 - Grandir ensemble (GE) | 178 674 | 178 674 |
| Total Programme | 178 674 | 178 674 |

Résultat : Le rapport affichera l'information financière (*Budgété* et *Payé*) des ententes en vigueur pour la période 2014-2015 seulement.

Étape 2.4 : Sélectionner le rapport « **SGISC ententes exercices financiers** » pour chercher la même information pour la même communauté mais pour les exercices financiers 2015-2016 et après.

Accueil Profils Français Profil des communautés SGISC ententes exercices financiers

Langue du rapport / Report Language: Français Onglet(s) à ouvrir / Tab(s) to open: « Aucun »

Recherche (Nom ou no SGIS) / Search (GICMS No or Name):

1. Région / Region: Québec

2. Traité / Treaty: « Aucun traité » Accord sur les reve

3. Agent / Officer: Tous les agents

4. Exercice financier / Fiscal Year: Tous les exercices

5. Domaine fonctionnel / Functional Area: Tous les domaines fonctionnels

6. Nation / Nation: Toutes les nations

7. Client / Client: **Kitigan Zibi Anishnabeg / Kitigan Zibi**

Rechercher | Suivant

Kitigan Zibi
Région du Québec

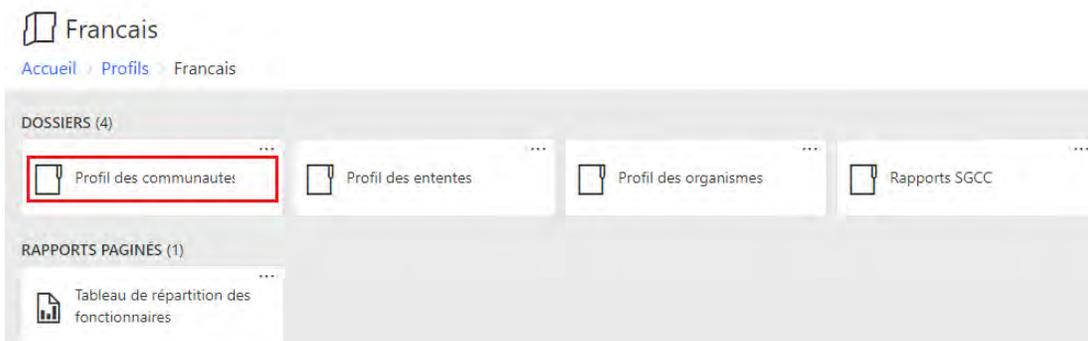
2015-2016

| | Budgété | Payé |
|--|------------------|------------------|
| SC3-1. Soins de santé primaires (PNI) | | |
| SC3-1.1. Promotion de la santé et prévention des | | |
| KA01 - Programme canadien de nutrition prénatale (PCNP) | 43 190 | 43 190 |
| KA02 - Troubles du spectre de l'alcoolisation fatale (TSAF) | 22 392 | 22 392 |
| KA03 - Santé maternelle et infantile (SMI) | 46 865 | 46 865 |
| KA04 - Initiative en santé bucco-dentaire pour les enfants (ISBE) | 14 800 | 14 800 |
| KA05 - Programme d'aide préscolaire aux Autochtones des réserves (PAPAR) | 109 074 | 109 074 |
| KB01 - Pour des communautés en bonne santé | 137 096 | 137 096 |
| KB02 - Grandir ensemble | 186 003 | 186 003 |
| KB03 - Prévention du suicide | 20 000 | 20 000 |
| KB10 - Programme national de lutte contre l'abus de l'alcool et des drogues chez les Autochtones (PNI-AADA) | 147 506 | 147 506 |
| KB12 - Programme de lutte contre l'abus de substances chez les jeunes (PLASJ) | 25 576 | 25 576 |
| KB13 - Stratégie nationale antidrogue (SNA) | 8 000 | 8 000 |
| KC01 - Initiative sur le diabète chez les Autochtones (IDA) | 90 698 | 90 698 |
| KC40 - Stratégie fédérale de lutte contre le tabagisme | 21 641 | 21 641 |
| KC96 - Modes de vie sains - Services de soins infirmiers en hygiène publique et Représentants en santé communautaire (RSC) | 145 257 | 145 257 |
| Total / Sous-programme | 1 015 830 | 1 015 830 |
| SC3-1.2. Protection de la santé publique des coll | | |

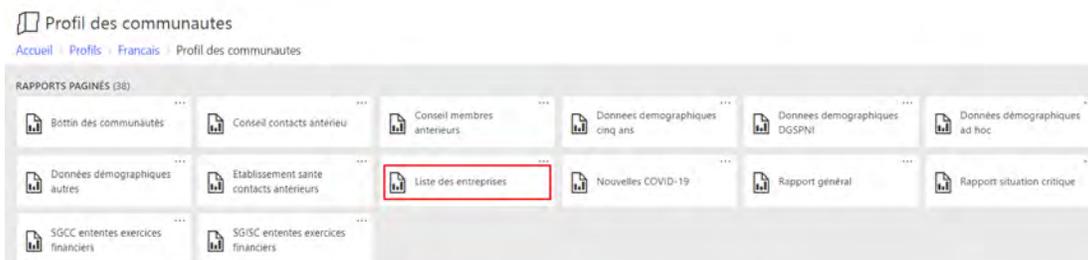
Cas # 3 : Recherche d'hébergement dans une communauté

Objectif : Permettre de visualiser rapidement les options d'hébergement telles que les hôtels, les motels et les autres services d'hébergement disponibles au sein de la communauté de **Kahnawake** au Québec.

Étape 3.1 : Sélectionner le dossier « **Profil des communautés** » :



Étape 3.2 : Sélectionner le dossier « **Liste des entreprises** » :



Étape 3.3 : Sélectionner les options appropriées dans les filtres et cliquer sur « **Afficher le rapport** » :

Appendix CC. SIA Community Profiles Database Guide (continued)

The screenshot shows the SIA Community Profiles Database interface. The search criteria are: Language: Français, Region: Québec, and Category: Hôtels, motels et autres services d'hébergement. The search results are displayed in a table below.

| Entreprise | Adresse | Téléphone | Télécopieur | Catégorie |
|------------------------------------|--|----------------|----------------|---|
| Avery's Guest & Meeting Facilities | Kahnawake (Québec) J0L 1B0 | (450) 635-3322 | | Hôtels, motels et autres services d'hébergement |
| Hôtel des coops du Nunavik | 19950, avenue Clans-Graham Baie-D'Urbé (Québec) H9K 3R6 | (514) 457-3294 | | Hôtels, motels et autres services d'hébergement |
| Rivside Inn | Kahnawake (Québec) J0L 1B0 | (450) 632-4228 | (450) 635-8479 | Hôtels, motels et autres services d'hébergement |

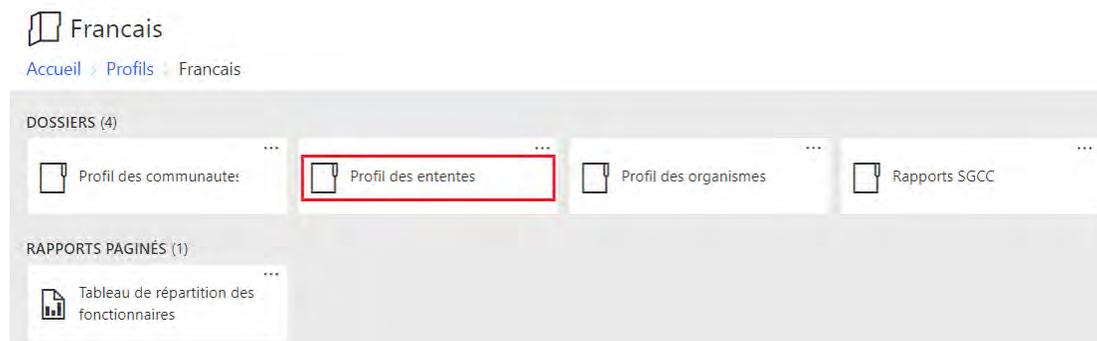
Résultat : Ce rapport affichera la liste des hébergements dans la région avec leurs nom, adresse, numéros de téléphone et fax. Ceci fournit rapidement des informations consolidées sur les différentes entreprises, les logements et les commodités de la communauté.

Cas # 4 : Rechercher les engagements, le budget et l'historique des paiements pour une entente de financement

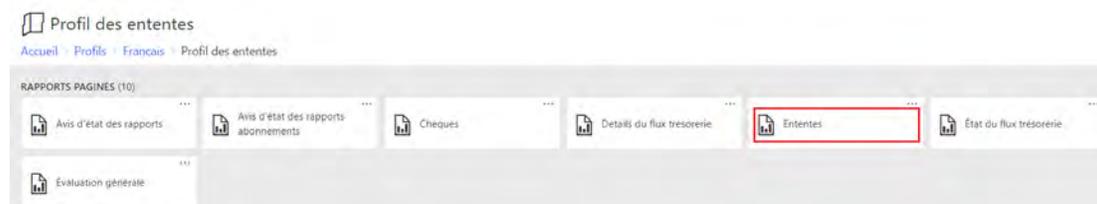
Objectif : Chercher de l'information financière (budget, paiements effectués et solde) par exercice financier.

Pour une entente financière débutant en 2015-2016 ou après

Étape 4.1a : Sélectionner le dossier « Profil des ententes » :



Étape 4.2a : Sélectionner le rapport « Ententes » qui présente le résumé des ententes par exercice financier :



Étape 4.3a : Sélectionner les options pertinentes dans les filtres et cliquer sur « Afficher le rapport » :

Appendix CC. SIA Community Profiles Database Guide (continued)

Accueil > Profils > Français > Profil des ententes > Ententes

Langue du rapport / Report Language: Français

Recherche (Nom ou no SGC) / Search (GCIMS No or Name):

1. Région / Region: Québec

2. Type de client / Client Type: Communauté de l'organisme

3. Client / Client: Tous les clients

4. Domaine fonctionnel / Functional Area: Tous les domaines fonctionnels

5. Exercice financier / Fiscal Year: Tous les exercices

6. Entente / Agreement: 1617-QC-

1 sur 2 ?

Rechercher | Suivant

| Région / Zone | Entente | Type d'entente | Début | Fin | Statut | Année Recevable | Exercice Financier | Montant - Année ciblée | Montant - Année ciblée | Montant - Année ciblée |
|------------------------|----------|----------------------|--------------|--------------|--------|--------------------|-----------------------|---------------------------|---------------------------|---------------------------|
| QUÉBEC | 1617-QC- | DGPH - Communautaire | 01-juin-2016 | 31-Mars-2023 | Active | 1 de 5 | 2016-2017 | 665 108 | 665 108 | 0 |
| | | | | | | 2 de 5 | 2017-2018 | 357 426 | 357 426 | 0 |
| | | | | | | 3 de 5 | 2018-2019 | 1 046 240 | 1 046 240 | 0 |
| | | | | | | 4 de 5 | 2019-2020 | 1 296 445 | 1 296 445 | 0 |
| | | | | | | 5 de 5 | 2020-2021 | 468 771 | 523 270 | 87 500 |
| Total / Entente | | | | | | | | 3 973 991 | 3 888 490 | 87 500 |

Résultat : Ce rapport affichera un résumé des montants approuvés, payés, engagés et encore disponibles pour la durée de l'entente. Il présentera aussi le **financement total de l'entente**.

Pour une entente de financement débutant avant 2015-2016

Étape 4.1b : Sélectionner le dossier « **Rapports SGCC** » :

Français

Accueil > Profils > Français

DOSSIERS (4)

- Profil des communautes
- Profil des ententes
- Profil des organismes
- Rapports SGCC**

RAPPORTS PAGINÉS (1)

- Tableau de répartition des fonctionnaires

Étape 4.2b : Sélectionner le rapport « **Ententes SGCC** » qui présente le résumé des ententes par exercice financier :

Rapports SGCC

Accueil > Profils > Français > Rapports SGCC

RAPPORTS PAGINÉS (16)

- Activités des programmes GL SGCC
- Amendements
- Autre documents SGCC - Règles
- Autres documents SGCC - Liste
- Documents de référence
- Ententes SGCC**
- Liste d'avis 1 et 2 SGCC
- Liste des rapports SGCC
- État de flux de trésorerie SGCC
- État des rapports SGCC

Étape 4.3b : Sélectionner les options pertinentes dans les filtres et cliquer sur « **Afficher le rapport** » :

Appendix CC. SIA Community Profiles Database Guide (continued)

Accueil Profils Français Rapports SGCC Ententes SGCC

Langue du rapport / Report Language: Français

1. Région / Region: Québec

2. Agent / Officer: Tous les agents

3. Type de client / Client Type: Communauté de,Organisme,Autre

4. Client / Client: Tous les clients

5. Exercice financier / Fiscal Year: Tous les exercices

6. Accord / Agreement: QC090

1 sur 2? 100% Rechercher | Suivant

Services aux Autochtones Canada / Indigenous Services Canada

Sommaire des engagements pour les ententes

| Accord | Description | Exercice financier | Début | Fin | Engagement non-règle | Payé à ce jour | Approuvé - Total | Montant de l'entente | Disponible pour engagement | Déclaré (suivi de rapports financiers) |
|--------|---------------|--------------------|-------------|--------------|----------------------|----------------|------------------|----------------------|----------------------------|--|
| QC090 | ACCORD - Fixe | 2008 - 2009 | 01-Avr-2008 | 31-Mars-2011 | 0 | 1 533 118 | 1 533 118 | 4 987 041 | 3 453 923 | 1 283 754 |
| QC090 | ACCORD - Fixe | 2009 - 2010 | 01-Avr-2008 | 31-Mars-2011 | 0 | 3 347 128 | 3 347 128 | 4 987 041 | 1 639 913 | 2 993 376 |
| QC090 | ACCORD - Fixe | 2010 - 2011 | 01-Avr-2008 | 31-Mars-2011 | 0 | 4 987 041 | 4 987 041 | 4 987 041 | 0 | 4 453 095 |

Filtres : Tous les exercices / Communauté de, Organisme, Autre / Tous les agents / Tous les clients / QC0900045

Canada

Résultat : Ce rapport présente un résumé des montants approuvés, payés, engagés et encore disponibles pour la durée de l'entente (de la date de début à la date de fin du SGCC). Il présentera aussi le **financement total de l'historique de l'entente selon le SGCC.**

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs

This appendix presents potential data sources that could help identify First Nations children living on and off reserve between December 12 2007 and November 2 2017 who needed an essential service, **but did not submit a request for services**. Specifically, the project team looked for sources of administrative and survey data that document health and non-health needs in Canada between 2007 and 2017. If children with “unmet needs” are eligible for compensation under the recent AIP, these data sources on needs could hypothetically be compared with data sources documenting service provision.

The results of our research showed that none of the data sources examined could systematically identify First Nations children with health and/or non-health needs across Canada between 2007 and 2017. As such, using these databases to identify children with “unmet needs” (i.e., who had a need for essential services, but did not make a request for services), would not be an efficient way of identifying these children.

Health needs (physical and mental health)

Administrative data sources

The table below highlights national administrative data sources that document health needs in Canada along with the limitations to identifying First Nations children with this need between 2007 and 2017.

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs (continued)

Table 1 National administrative data sources that document health needs of children and the limitations to identifying potential claimants with “unmet needs”

| | Children’s Oral Health Initiative (ISC) ⁱ | Hospital Mental Health Database (CIHI) ⁱⁱ | Canadian Chronic Disease Surveillance System (PHAC) ⁱⁱⁱ | National autism spectrum disorder Surveillance System (PHAC) ^{iv} | Canadian Paediatric Surveillance Program (PHAC) ^v | Canadian Tuberculosis Reporting System (PHAC) ^{vi} | National Epidemiologic Database for the Study of Autism in Canada (CIHR) ^{vii} | National Ambulatory Care Reporting System ^{viii} |
|---|---|--|--|---|--|--|--|--|
| Information collected | <ul style="list-style-type: none"> - Early childhood tooth decay prevention program aimed at children aged 0 to 7, their caregivers and pregnant women living on-reserve or accessing on-reserve resources - Data on decayed, missing, and filled teeth | <ul style="list-style-type: none"> - Data from all provinces and territories in Canada on hospitalizations for mental illness and addiction both in general and psychiatric hospitals - Data from 2003-2004 to 2019-2020 - Collects information on primary diagnosis at separation and secondary diagnosis at separation (see here for data dictionary) | <ul style="list-style-type: none"> - Collaborative network of provincial and territorial surveillance systems, supported by the PHAC. - Collects data on all residents who are eligible for provincial or territorial health insurance on the following chronic diseases: <ul style="list-style-type: none"> o Cardiovascular diseases o Chronic respiratory diseases (i.e., Asthma) o Mental illnesses o Diabetes o Musculoskeletal disorders o Neurological conditions - Collect data on health outcomes (i.e., morbidity/mortality, health events/complications and use of health services) | <ul style="list-style-type: none"> - Collects anonymized case-level data to examine and report Autism Spectrum Disorder (ASD) prevalence, incidence, characteristics, and related outcomes from participating provincial and territorial partners, from administrative records. - Use data from provincial and territorial health, education, and social service sectors. | <ul style="list-style-type: none"> - Established in 1996 to monitor diseases and conditions in Canadian children that are relatively low in frequency but are of public health importance, with high disability, morbidity, mortality, and economic cost to society. - Gather data from paediatricians and paediatric subspecialists | <ul style="list-style-type: none"> - National surveillance of new and re-treatment cases of active TB conducted in partnership with all provinces and territories by the Public Health Agency of Canada (PHAC). - Objective of the Canadian Tuberculosis Reporting System (CTBRS), Canada’s national case-based surveillance system, is to monitor and report on the number of cases and on the rates of active TB in Canada | <ul style="list-style-type: none"> - Cycles in 2003/2005/2008/2010, children ages 2-14 - Monitor the number of children diagnosed with ASD in different regions of Canada - Identified children with ASD through agencies which provide services to this population | <ul style="list-style-type: none"> - Data available from 2001/02 onward - Contains data for hospital and community-based ambulatory care - Includes emergency departments, day surgery, outpatient and community-based clinics. |
| Limitations to identifying First Nations children with this need between December 2007 and | <ul style="list-style-type: none"> - Only on-reserve - Only in British Columbia - Data on decayed, missing, and filled teeth likely | <ul style="list-style-type: none"> - Only collects data on hospitalizations (i.e., does not reflect when a child is not able to access mental health services at | <ul style="list-style-type: none"> - This refers to a selection of chronic health conditions (missing information on conditions such as autism that are commonly found in children) | <ul style="list-style-type: none"> - Data collection began in 2015 - Youth 5-17 years - Only captures children/youth with a diagnosis OR who is receiving services for ASD | <ul style="list-style-type: none"> - Only for rare conditions - Collects non-nominal data - Data is anonymized (only reporting physician is | <ul style="list-style-type: none"> - Specific to TB, no data on other health conditions. - Tracks First Nations status (both on and off reserve) | <ul style="list-style-type: none"> - Only identified children receiving services for their ASD diagnosis - Only included Manitoba, South Eastern Ontario, Prince Edward Island, Newfoundland & | <ul style="list-style-type: none"> - Possibly traceable through health card # - Doesn’t appear to include facilities in |

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs (continued)

| | | | | | | | | |
|---------------|------------------------------|--|---|--|---|--|--|--|
| November 2017 | not systematically collected | a hospital or less serious mental health needs) - Excludes populations under 15 years old (PHAC) - Only collects de-identified demographic information (age, sex, region, etc.) - Does not seem to include First Nations status - May be traceable through health card # | - Specific to residents eligible for provincial or territorial health insurance (i.e., those not eligible for NIHB) - Information seems to be collected annually - Individuals may be identifiable by health card # - Age 1+ -Yukon data excluded before 2010-2011 -Does not seem to include First Nations status. | - Only from participating provinces/territories (missing Ontario, Northwest Territories, Nunavut, Alberta, Manitoba, Saskatchewan) - All data de-identified, no personal information is collected. -Unlikely that we can use this database to find individuals | aware of the patient's identity, CPSP can't link any child to a report) | - Retain all raw data (patients may be identifiable through these) - First Nations status missing from British Columbia data in 2016 - Tracks treatment outcomes | Labrador, British Columbia - In Manitoba excluded children on reserve - Information anonymized, unlikely we can use to track individuals | Northwest Territories or Nunavut - Doesn't include First Nations status |
|---------------|------------------------------|--|---|--|---|--|--|--|

There also exist possible administrative databases from provinces:

- **British Columbia's Integrated Case Management System^{ix}**
 - Launched in 2008 to integrate systems from Ministry of Social Development and Social Innovation/Ministry of Children and Family Development
 - Improve information sharing and case management, stores data and personal information of 2.5 million individuals
- **Manitoba Population Research Data Repository^{xi}**
 - Developed to describe and explain patterns of healthcare and profiles of health and illness
 - Data come from government administrative databases (health, education, social services, etc.)
 - Data is de-identified (may not be able to track individuals through this database)
- **Ontario - Institute for Clinical Evaluative Sciences^{xii}**
 - Includes numerous databases (i.e., Ontario Paediatric Inflammatory Bowel Disease Dataset, Ontario Diabetes Dataset, Ontario Asthma Dataset)
 - May be traceable by health card # depending on the database

Survey data sources

The table below highlights national survey data sources that document health needs in Canada along with the limitations to identifying First Nations children with this need between 2007 and 2017.

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs (continued)

Table 2. National survey data sources that document health needs of children and the limitations to identifying potential claimants with “unmet needs”

| | First Nations Regional Health Survey (FNIGC)^{xiii} | Canadian Survey on Disability (Statistics Canada)^{xiv} | Participation and Activity Limitation Survey (Statistics Canada)^{xv} | Aboriginal Peoples Survey 2012 (Statistics Canada)^{xvi} |
|---|---|---|--|--|
| Information collected | <ul style="list-style-type: none"> - Cross-sectional survey conducted in 2002/03, 2008/09 and 2015/16 of First Nations children, youth and adults living on First Nations reserves and in Northern communities across Canada. - Collects information on health and wellbeing (including dental, disability, chronic conditions) – see table below for full list of indicators - Reports on percentage of individuals with a diagnosed health condition who are not receiving treatment, those who sought treatment for addiction or drug use, etc. | <ul style="list-style-type: none"> - Survey conducted in 2012 and 2017 of Canadians aged 15 and over whose everyday activities are limited because of a long-term condition or health-related problem - Focuses on activity limitations related to hearing, vision, mobility, flexibility, dexterity, pain, learning, mental health, memory and developmental disabilities - Includes data on the use of aids and assistive devices, daily help received or required by respondents (including unmet needs for accommodation); the use of various therapies and social service supports; the education and employment experiences of persons with disabilities; and methods used to access government services | <ul style="list-style-type: none"> - National survey conducted 2001 and 2006 that gathers information about Canadian adults and children whose everyday activities may be limited because of a health-related condition or problem - Purpose is to determine the number of Canadians with activity limitations, what type of limitations they experience and most importantly, what barriers they might face. - Questions concern daily activities such as walking, standing, carrying an object, communicating, learning, etc. - Survey two groups: children ages 0-14 and adults 15+ - Does include unmet needs | <ul style="list-style-type: none"> - A national survey on the social and economic conditions of First Nations people living off reserve, Metis, and Inuit. - The 2012 cycle focused on issues of education, employment, and health. - Access to and use of healthcare services by Aboriginal identity - Includes categories for “unmet needs” (i.e., healthcare required but not received, does not have a doctor – has not tried to contact one)^{xvii} - Children ages 6-14 years old |
| Limitations to identifying First Nations children with this need between December 2007 and November 2017 | <ul style="list-style-type: none"> - 253 of a total of 630 communities participated in last cycle (sample) (i.e., not full general population) - Cycles take place at approximately 5 to 8-year intervals (data missing in 2007 and between 2009-2014 and 2016-2017) - Only concern First Nations children on-reserve (not off-reserve) and in Northern communities - Individuals are likely un-identifiable through this survey as responses are anonymous | <ul style="list-style-type: none"> - No data on children aged 14 and younger (starts at 15) - Relative subjectivity of the measure of disability - 5-year interval between the 2 surveys (no information on 2007-2011 and 2013-2016) - Based on a subsample of Census data when population indicated that had an ‘activity limitation’- so constrained by same limitations as Census (namely high rates of non-response amongst First Nations communities) - Methodological differences between the 2012 and 2017 CSD - Does not include First Nations reserves (PHAC) - Aboriginal Peoples Survey is considered to be the official source of disability rates for Aboriginal persons. | <ul style="list-style-type: none"> - Populations living on First Nations reserves were excluded - Relative subjectivity of the measure of disability - Based on a subsample of Census data when population indicated that had an ‘activity limitation’- so constrained by same limitations as Census (namely high rates of non-response amongst First Nations communities) - Not in years of interest (i.e. 2007 to 2017) - If able to receive participant consent, could possibly access information | <ul style="list-style-type: none"> - Data has been de-identified, likely no ability to track individuals - 2012 survey was age 6+, but the 2017 survey was changed to only include age 15+ |

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs *(continued)*

Other (non-health) needs

Examples of non-health needs include: Respite needs, Social needs, Travel needs, Education needs, Infrastructure needs.

Administrative data sources

The project team was unable to find national administrative data sources documenting non-health needs.

Examples of province-specific administrative data sources documenting non-health needs are the following:

- **Yukon - Student Information System^{xviii}**
 - Yukon Department of Education gathers data on students
 - May be able to access this data with permission from the Department
 - Includes data on students receiving IEP, student performance (i.e., which students “aren’t meeting standard”)
- **Nova Scotia - Technology for Improving Education Network (TIENET)^{xix}**
 - Records all students requiring additional support/programming
- **Prince Edward Island – Department of Education & Department of Social Services and Seniors^{xx}**
 - Not a database – but the Department holds records of students which may be accessible upon request
 - Some databases (i.e., National Epidemiologic Database for the Study of Autism in Canada) reported contacting the Department of Education in PEI to receive the information of children with ASD)
- **British Columbia - Edudata^{xxi}**
 - Holds BC Ministry of Education data from 1991 onwards
 - Data is accessible upon request

Survey data sources

The table below highlights national survey data sources that document non-health needs in Canada along with the limitations to identifying First Nations children with this need between 2007 and 2017.

Table 3 National survey data sources that document non-health needs of children and the limitations to identifying potential claimants with “unmet needs”

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs (continued)

| Potential national <u>survey</u> data sources | First Nations Community Survey (FNIGC) ^{xxii} | Participation and Activity Limitation Survey (Statistics Canada) ^{xxiii} |
|---|---|--|
| <p>Information collected</p> | <p>- Founded in 2005, and conducted again in 2008 and 2015, the First Nations Community Survey provides a portrait of 330 randomly selected communities by surveying select community members on a series of themes</p> <p>- These themes include:</p> <ul style="list-style-type: none"> o External Environment (environmental issues, such as the proximity of mines and chemical plants, water treatment standards, and emergency coordination) o Shelter and Infrastructure which deals with basic physical structures and facilities needed in the community, like roads, plumbing, power, and internet. o Housing which includes questions about waiting lists for homes, maintenance, heating and energy efficiency. o Food and nutrition explores the availability, accessibility, and quality of fresh, nutritious foods. o Employment and Economic Development examines the economic opportunities that exist inside and outside First Nations communities. o Early childhood development includes issues relating to childcare, education, and skills development for young children. o Education looks at enrolment in high-school and post-secondary education, in addition to First Nations-run schools and pre-school programs. JUSTICE AND SAFETY contains questions related to community policing, fire and ambulance services, and emergency response. o Health services explores the availability of health professionals, hospitals, and health services in First Nation communities. o Social services which deals with income support, safe homes, and youth programs. o First Nations identity which includes issues related to First Nations language, cultural programs, repatriation, and membership. o First Nations Governance which explores questions relating to self-government, and groups with designated authority such as economic development corporations or Council representation. | <p>-See Table 2</p> <p>- Includes unmet educational needs of children with disabilities (i.e., special education, education aides)</p> |
| <p>Limitations to identifying First Nations children (on and off reserve with this need) between December 2007 and November 2017</p> | <p>- Randomly selected communities</p> <p>- Select community members respond to the survey</p> <p>- Only First Nations on reserve and Northern communities</p> <p>- Survey conducted in 2005, 2008, and 2015</p> <p>- Data was likely collected anonymously, and individuals can't be tracked</p> | <p>-See Table 2</p> <p>-Unclear whether First Nations status was collected</p> |

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs (continued)

-
- ⁱ First Nations Health Authority. (n.d.). *Children's Oral Health Initiative*. <https://www.fnha.ca/what-we-do/maternal-child-and-family-health/childrens-oral-health-initiative>
- ⁱⁱ Canadian Institute for Health Information. (n.d.). Hospital Mental Health Database (HMHDB). <https://www.cihi.ca/en/hospital-mental-health-database-metadata-hmhdb>
- ⁱⁱⁱ Public Health Agency of Canada. (2019). Canadian Chronic Disease Surveillance System (CCDSS), Data Tool 2000–2016, 2018 Edition. Ottawa (ON): Public Health Agency of Canada. <https://health-infobase.canada.ca/ccdss/Index>
- ^{iv} Ofner, M., Coles, A., Decou, M., Do, M.T., Bienek, A., Snider, J., & Ugnat, A. (2018). Autism Spectrum Disorders Among Children and Youth in Canada 2018: A Report of the National Autism Spectrum Disorder Surveillance System. Ottawa (ON): Public Health Agency of Canada. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/autism-spectrum-disorder-children-youth-canada-2018.html>
- ^v Canadian Paediatric Surveillance Program. (n.d.). *About the CPSP*. <https://cpsp.cps.ca/about-apropos>
- ^{vi} Public Health Agency of Canada. (2015). Tuberculosis in Canada 2012. Ottawa (ON): Minister of Public Works and Government Services Canada. <https://www.canada.ca/en/public-health/services/infectious-diseases/tuberculosis-canada-2012.html>
- ^{vii} Ouellette-Kuntz, H., Coo, H., Yu, C.T., Lewis, M.E., Dewey, D., Hennessey, P.E., Jackman, P.D., Breitenbach, M.M., & Holden, J.J. (2012). Status report - National Epidemiologic Database for the Study of Autism in Canada (NEDSAC). *Chronic Diseases and Injuries in Canada*, 32(2), 84-9. PMID: 22414305.
- ^{viii} Canadian Institute for Health Information. (n.d.). *National Ambulatory Care Reporting System Metadata (NACRS)*. <https://www.cihi.ca/en/national-ambulatory-care-reporting-system-metadata-nacrs>
- ^{ix} Government of British Columbia. (n.d.). *Integrated Case Management Project Overview*. http://docs.openinfo.gov.bc.ca/d41453113a_response_package_msd-2013-00580.pdf
- ^x Office of the Auditor General of British Columbia. (2015). Integrated Case Management System. Victoria (BC): Legislative Assembly of British Columbia. https://www.bcauditor.com/sites/default/files/publications/2015/Other/report/OAGBC%20Integrated%20Case%20Mgmt%20System_FINAL.pdf
- ^{xi} University of Manitoba. (n.d.). *The Manitoba Population Research Data Repository*. <https://umanitoba.ca/manitoba-centre-for-health-policy/data-repository>
- ^{xii} Institute for Clinical Evaluative Sciences (n.d.). *Data Dictionary*. <https://datadictionary.ices.on.ca/Applications/DataDictionary/Default.aspx>
- ^{xiii} First Nations Information Governance Centre (2018). National Report of the First Nations Regional Health Survey Phase 3: Volume One. Ottawa (ON). Accessed December 6, 2021: https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf
- ^{xiv} Statistics Canada. (2018). *Canadian Survey on Disability, 2017*. <https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=321555>
- ^{xv} Statistics Canada. (2017). *Participation and Activity Limitation Survey*. <https://www.statcan.gc.ca/en/survey/household/participation/participation#a1>
- ^{xvi} Statistics Canada. (2015). *Aboriginal Peoples Survey, 2012: Concepts and Methods Guide*. <https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2013002-eng.htm>
- ^{xvii} Statistics Canada. (2015). *Access and use of healthcare services by Aboriginal identity*. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=4110000301>
- ^{xviii} Government of Yukon. (2021). Yukon Wide Department of Education Student Data Report School Year 2019-20. Whitehorse (YT): Department of Education. https://yukon.ca/sites/yukon.ca/files/edu/edu-yukon-wide-education-student-data-report-2019-20_1.pdf
- ^{xix} Government of Nova Scotia. (n.d.). *Nova Scotia Student Information System*. <https://inschool.ednet.ns.ca/board-school-administration/tienet>
- ^{xx} Government of Prince Edward Island. (n.d.). *Department of Education and Lifelong Learning*. <https://www.princeedwardisland.ca/en/topic/education-and-lifelong-learning>
- ^{xxi} The University of British Columbia. (n.d.). Edudata Canada. <https://edudata.educ.ubc.ca/>

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs *(continued)*

^{xxii} First Nations Information Governance Centre. (n.d.). *The First Nations Community Survey*. https://fnigc.ca/wp-content/uploads/2020/09/c8678001f227828f264795fc0032bc28_15-fnigc-0580-community_survey-brochure_eng-print.pdf

^{xxiii} Statistics Canada. (2008). *Participation and Activity Limitation Survey of 2006: A Profile of Education for Children with Disabilities in Canada*. <https://www150.statcan.gc.ca/n1/pub/89-628-x/89-628-x2008004-eng.htm>

Appendix EE. Overview of Canadian and International Compensation Schemes

Table of Contents

Appendix A: Overview of Canadian and International Compensation Schemes 1

Canadian Settlement Processes 2

Indian Residential Schools Settlement Agreement 2

Notice Plan 2

The Common Experience Payment 3

The Independent Assessment Process 6

Sixties Scoop Settlement Agreement 8

Notice Plan 8

Application design 9

Processing of claims 9

Federal Indian Schools Settlement Agreement (Day Schools) 9

Notice Plan 9

Application design 10

Processing of claims 10

Motherisk 11

Notice Plan 11

International Settlement Processes 12

Australia Compensation Regimes 12

Tasmanian Compensation Regime 12

New South Wales & South Australia 14

Other Australian Settlement Agreements 14

Lessons Learned from Australia 15

New Zealand Process 15

The Waitangi Tribunal 15

Child Removal Issue 17

Israel & Germany Compensation Schemes 17

Application design 18

Processing of claims 20

Canadian Settlement Processes

Indian Residential Schools Settlement Agreement

Notice Plan

As part of the settlement agreement, the Government was responsible for creating and executing a National Outreach Strategy for the IAP and CEP. One prong of the plan was to provide notice to eligible claimants wherever possible. The Government of Canada funded a "Notice Plan"¹ that was designed and implemented in four phases by Hilsoft Notifications – a legal notification company.² According to the Government of Canada, the Notice Plan reached 98% of the target population an average of 14 times.³

The notice plan consisted of four phases outlined below:

These included:

- **Phase I: Hearing Notice:** Affected people residing on reserve, within another Aboriginal community or settlement, or within the general population were targeted for a hearing notice about approval of the settlement. The launch included radio and television advertisements and direct mailings to Band Offices, Tribal Council Offices, and Friendship Centres. In addition, Phase I included the creation of a public website and toll-free information line.⁴ All known applicants were mailed CEP and IAP applications.⁵
- **Phase II:** Provided "more information" to as many eligible claimants as possible about the closure of the opt-out period.
- **Phase III CEP Application Deadline Notice:** Television, radio, print, and other advertising was purchased to convey that the Common Experience Deadline was September 19, 2011. Both Aboriginal and mainstream outlets were targeted.
- **Phase IV: IAP Application Deadline:** The intended purpose of this campaign was to raise awareness about the September 2021 IAP application deadline. Every known claimant and "other interested persons" were mailed a cover letter and advised to call a toll-free number to learn about their rights, potential benefits and other application information. Like Phase III, both mainstream and Aboriginal print, radio, television, Internet banner, outdoor transit shelter notices, and Homeless shelter outreach were used to target applications. Additionally, and similar to other campaigns, the notice communications were produced in appropriate languages for each vehicle and targeted many different Indigenous and First Nations communities.

Hilsoft Communications targeted Indigenous peoples over aged 25+ as part of a broader recognition that the target population was "older." Tactics to reach the target community can be divided into two categories: direct mailings and general advertising. Hilsoft directly wrote letters to known individuals who had "come forward and provided their contact information in Phase 1" in addition to "numerous lists provided by the Assembly of First Nations, Inuit, lawyer, and government databases, as well as mailing individual organizations likely to contain eligible recipients of CEP and IAP. General advertising included newspaper advertisements, informational news releases, Indigenous publications, and other multi-channel strategies.

The IRSAS – the Government of Canada's oversight body of the compensation agreement – also developed its own National Outreach Strategy. The purpose of the additional communications campaign was to "provide accurate, relevant information on the IAP and to raise awareness about available support services."⁶ The problem was that there was a large gap between the number of CEP recipients and IAP recipients. Therefore, the information program prioritized locations where either there were 200 CEP applicants with fewer than 10% claimants applying to the IAP; and (2) where there had

¹Hilsoft Notifications. (2007). *In re Residential Schools Class Action Litigation: Settlement Notice Plan, Phase I – Hearing Notice, Phase II – Opt-Out/Claims Notice*. http://www.residentialschoolsettlement.ca/Notice_Plan.pdf

²Indian Residential Schools Adjudication Secretariat. (n.d.). *The Indian Residential Schools Adjudication Secretariat's Independent Assessment Process (IAP) Outreach Activity Report Raising Awareness About the IAP and the IAP Application Deadline*. <http://www.iap-pei.ca/pub-eng.php?act=iapmisc-2011-out-sens-eng.php#t3a>

³ *Ibid.*

⁴ *Ibid.*

⁵ *Ibid.*

⁶Indian Residential Schools Adjudication Secretariat. (n.d.). *The Indian Residential Schools Adjudication Secretariat's Independent Assessment Process (IAP) Outreach Activity Report Raising Awareness About the IAP and the IAP Application Deadline*. <http://www.iap-pei.ca/pub-eng.php?act=iapmisc-2011-out-sens-eng.php#t3a>

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

been less than 1% uptake in the IAP program. The program was, however, unable to reach all communities where there was a gap in applications because of a lack of time and resources. In total, there were 314 IAP information sessions held in various languages. In addition, IRSAS revitalized the content to be "in plain language" and initiated public service announcements in four languages (English, French, Cree, Inuktitut).⁷

Given the large participation of different communities in the process, the outreach of the IRSSA could be characterized as a success. However, given Canada's acknowledgement that the IAP program was misunderstood, largely because of misinformation, claims of success should be tempered.

The Common Experience Payment

Application design

The Common Experience Payment (CEP) provided every eligible claimant with a lump sum payment for attending a recognized residential school.⁸ Students received an initial sum of \$10,000 for the first year attended, and then an additional \$3,000 for each additional year attended (or part thereof).⁹ All former students who resided at a recognized "Indian Residential School" and were alive on May 30, 2005 were eligible for CEP. Applicants had five years to apply. The deadline was September 19, 2011.¹⁰ The purpose of the payment was to recognize the experience of residing at a residential school and the impact to culture, language, and other losses.¹¹

The burden of proof was mixed. Claimants were required to complete an application that asked for basic biographical information, governmental identification, and information about the time, place, and duration of time spent at a residential school.¹² Applications were required to be notarized and needed to be witnessed.¹³ Once the application was completed, the government first evaluated the application using an automated system that used an algorithmic search engine to determine if the claimant was eligible. If the automated system was unable to reach a conclusion, the application was then reviewed manually by the National Research Analysis Unit of INAC.¹⁴

Claimants could supplement information by seeking reconsideration of their initial application by INAC. After reconsideration was rejected, claimants could appeal their claim to the National Administration Committee (NAC) by submitting an [appeals form](#).¹⁵ Claimants could appeal if their claim was either partially or completely denied.¹⁶ The NAC was a seven-member voting body consisting of five members who represented former students, Canada, and the churches. NAC strove to reach "consensus-based" decisions on appeals, but approved only a small percentage of the

⁷ *Ibid.*

⁸ Indian Residential Schools Resolution Canada. (2007). *Indian Residential Schools Settlement Agreement (IRSSA)*. http://www.nrsss.ca/Resource_Centre/IndianAffairs/IRSRC_SettlementAgreementPresentation_Oct_EN_wm.pdf

⁹ *Ibid.*

¹⁰ Government of Canada. (2013). *Common Experience Payments*. <https://www.rcaanc-cirnac.gc.ca/eng/1100100015594/1571582431348#sct1>

¹¹ Indian Residential Schools Resolution Canada. (2007). *Indian Residential Schools Settlement Agreement (IRSSA)*. http://www.nrsss.ca/Resource_Centre/IndianAffairs/IRSRC_SettlementAgreementPresentation_Oct_EN_wm.pdf

¹² Government of Canada. (2006). *Application for Common Experience Payment for Former Students Who Resided at Indian Residential School(s)*. http://www.residentialschoolsettlement.ca/Schedule_%20A-CEPApplication%205-8-06.PDF

¹³ Indian Residential Schools Resolution Canada. (2007). *Indian Residential Schools Settlement Agreement (IRSSA)*. http://www.nrsss.ca/Resource_Centre/IndianAffairs/IRSRC_SettlementAgreementPresentation_Oct_EN_wm.pdf

¹⁴ *Ibid.*

¹⁵ Indian Residential Schools Settlement. (2006). *Schedule "D" Independent Assessment Process (IAP) For Continuing Indian Residential School Abuse Claims*. http://www.residentialschoolsettlement.ca/Schedule_D-IAP.PDF

¹⁶ *Ibid.*

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

appeals they reviewed. If a claimant was deemed ineligible after both reconsideration and appeal, they could petition the Court to consider an appeal of their claim, however, few claimants did.¹⁷

Providing support to claimants

The Government of Canada, and mainly Indigenous and Northern Affairs Canada (INAC), were responsible for overseeing and administering the CEP program. To support applicants, the Government created a toll-free telephone number to answer application questions and also provide mental health and emotional support services.¹⁸ Additionally, religious and secular organizations were also available to survivors throughout the entire process. No law firm that signed the settlement agreement could charge survivors eligible for CEP with any costs associated with the CEP payment.¹⁹

Processing of claims

Over 105,000 people applied for CEP, and 75 percent of all CEP claimants received compensation.²⁰ The average claimant received approximately \$19,000.²¹ Almost 80,000 claimants were paid at the outset while 23,927 were deemed ineligible. INAC processed more than 27,000 reconsideration requests, while NAC processed 5,000 subsequent appeals. Only approximately 20 percent of NAC appeals were successful.²² There were slightly over 700 court appeals and only 13 were successful.²³

Electronic databases with digitized records and algorithmic searching functions were used extensively to process applications for the IRSSA's Common Experience Payment (CEP).²⁴ The process was completed in three steps. First, claimants submitted their application, and it was recorded in the Single Access Dispute Resolution Enterprise (SADRE). Second, the claimant's information was inputted into the Computer Assisted Research System (CARS). CARS would subsequently search over one million digitized, coded records using over 600 calculations to determine eligibility. If CARS was unable to reach a decision on the claim, the application was reviewed by a member of the National Research Analysis Unit of the Office of Indian and Residential Schools Canada (OIRSC). After a decision was reviewed, the compensation decision was subsequently recorded in the SADRE system. The SADRE database therefore included the ultimate compensation decision and all citations of the summation research used to reach that decision.²⁵

CARS was able to process tens of thousands of applications and make automated compensation decisions. In fact, CARS determined a claimants' eligibility in approximately 44 percent of over 110,000 applications. This amounts to approximately 48,000 applications. According to Government of Canada employees, CARS "consistently deployed" the expertise of a trained researcher at a "fraction of the time and cost it took to undertake manual research." Therefore, at its best, CARS could process claims quickly, or at least faster than manual review, determine if a claimant was eligible, and begin the payment process.²⁶ When accurate data is available, a useful and efficient algorithm benefits claimants too by limiting the time, energy, and effort expended to the initial application.

¹⁷ Indian Residential Schools Settlement. (2006). *Schedule "D" Independent Assessment Process (IAP) For Continuing Indian Residential School Abuse Claims*. http://www.residentialschoolsettlement.ca/Schedule_D-IAP.PDF

¹⁸ *Ibid.*

¹⁹ Indian Residential Schools Settlement. (2006). *Indian Residential Schools Settlement Agreement*. <http://www.residentialschoolsettlement.ca/IRS%20Settlement%20Agreement-%20ENGLISH.pdf>

²⁰ Government of Canada. (2019). *Statistics on the Implementation of the Indian Residential Schools Settlement Agreement*. <https://www.rcaanc-cirnac.gc.ca/eng/1315320539682/1571590489978>

²¹ *Ibid.*

²² *Ibid.*

²³ Government of Canada. (2019). *Statistics on the Implementation of the Indian Residential Schools Settlement Agreement*. <https://www.rcaanc-cirnac.gc.ca/eng/1315320539682/1571590489978>

²⁴ Indian Residential Schools Settlement. (2006). *Indian Residential Schools Settlement Agreement*. <http://www.residentialschoolsettlement.ca/IRS%20Settlement%20Agreement-%20ENGLISH.pdf>

²⁵ Government of Canada. (2017). *Lessons Learned Study of the Common Experience Payment Process*. <https://www.rcaanc-cirnac.gc.ca/eng/1468333119050/1537890150719#chp4>

²⁶ *Ibid.*

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

However, the implementation of CARS was imperfect because it was less effective than predicted. CARS had structural, design flaws. It could not identify gaps of time in student claims. The dataset also only consisted of a limited number of years, and therefore the algorithm could not accommodate the unanticipatedly high number of applicants early in the process.²⁷

The algorithm was not designed to respond to the volume of applications that the CEP process generated in the first three months. Almost 80 percent of the 105,000 applications were submitted during the first three months. Consequently, delivery of cheques was delayed because the IT systems lacked the capacity to “handle the vast amount of information that had to be collected and processed.”²⁸

To add to these volume-related issues, CARS was unintegrated with SADRE and other CEP Information Technology (IT) systems. This meant that information across systems and across the departments responsible for validating and assessing claims was un-shareable.²⁹ Consequently, CARS was “slower, less productive and effective” than suspected. The Government of Canada believes these issues were not as costly because of the “dedication of employees” in meeting goals. However, the lack of integration problems were exacerbated by the three different systems used by OIRSC. These systems were managed by separate units and led “to tensions” because they were developed by different stakeholders.³⁰ As a result, because CARS and SADRE were unintegrated and used different IT systems, employees had to manually review many more applications than initially forecasted.

CARS was also launched too fast, with too little time to test for bugs, and without the necessary licensing approval. The algorithm was developed one summer prior to the launch of the CEP in just three months. Because of the limited testing window, technicians were unable to resolve issues in a timely manner leading to “glitches [that] effected efficiency in delivery.”³¹ CARS was therefore far less effective than anticipated because it was inadequately tested. Additionally, CITRIX – a security platform – was not approved for use, therefore, “available researchers were unable to access the system to process applications.”

SADRE was also problematic. It “required a high level of management.” Recall, SADRE was the system used to notate when an application was received, what the decision was, and the citations and research used to determine eligibility for CEP compensation. Manual data collected in SADRE was “not always consistent” with source documentation. One audit found that 20 percent of files tested in the first sample did not match SADRE information. 1,500 applications were lost because of system updates. Consequently, eight percent of *all applications* did not have mailing addresses, because of a system conversion necessitated by the volume-related issues.³²

The unintended consequence of these CARS and SADRE issues was that they led to divergences in the level of trust and efficiency between the two offices responsible for processing applications. Put simply, CARS was used less and less effectively by one office than another office. Two OIRSC offices were responsible for processing claims: the National Capital Region office and a Vancouver office. To respond to problems processing the higher-than-anticipated volume of CEP claims, the National Capital Region “standardized its processes” in centralizing files to deploy CARS more effectively and developing and using a standardized process to input data manually. The Vancouver office did not, leading to slower processing times between the offices. These inefficiencies created undesirable perversions for claimants. Compensation was therefore predicated on who processed the claimant’s application, not whether the claim was meritorious.³³

As a result of delays and inconsistencies processing claims, there was a negative reaction to the CEP. Claimants were frustrated by the delays in processing checks. Survivors went public with “many of their complaints,” explaining how long delays were retraumatizing. These complaints generated negative reports and, ultimately, Minister-level intervention. Although the problems were resolved because multiple technicians were deployed to fix the volume-related challenges, the public’s view of the project soured, and political intervention was required to expedite fixes.

²⁷ *Ibid.*

²⁸ *Ibid.*

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ *Ibid.*

³² *Ibid.*

³³ *Ibid.*

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

Long delays continue to cause problems in the implementation of other major compensation frameworks, namely the Federal Indian Schools and Sixties Scoop settlement agreement. For IRSSA, this meant that they had to hire workers – while the process had started – to “redesign the IT system” and even explored “going back to manual research.”³⁴

The Independent Assessment Process

Application design

The Independent Assessment Process (IAP) was a non-adversarial, out-of-court process to resolve claims of sexual abuse, serious physical abuse, and other wrongful acts that caused serious psychological harm.³⁵ Victims received a lump sum payment between \$5,000 and \$430,000, that depended on the “level of abuse.”³⁶

Claimants were required to have suffered from sexual and/or physical assaults resulting from a residential school’s operation either occurring on premises, by an employee, or by a church entity.³⁷ Second, sexual or physical assaults committed by one student against another.³⁸ Finally, any other wrongful act or acts committed by adult employees by the government or church entity which has “proven to result in serious psychological harm.”³⁹

Assessors used a point system to rank the level of abuse and, in turn, the amount of compensation the claimant would receive.⁴⁰ For example, sexual intercourse or interference received the most points, while child pornography received fewer points. The more points a claimant received, the higher the amount of IAP compensation.⁴¹ On the right, is a compensation table used by assessors in the IAP which illustrates how points were assigned. The more points a claimant received, the higher the amount of compensation.

Claimants bore the burden of proof and were encouraged to hire a lawyer to navigate the complex process. The civil standard of proof – “balance of probabilities” – was used to determine if the claim was more likely true than false.⁴² The Government contributed to legal fees but did not cover IAP fees.⁴³ All applicants were asked “who abused you,” and subjectively assessed what harm category they fell into. Survivors named, dated, and described the type and frequency of

| II. COMPENSATION RULES | | |
|------------------------|--|---------------------|
| | Acts Proven | Compensation Points |
| SL5 | <ul style="list-style-type: none"> Repeated, persistent incidents of anal or vaginal intercourse. Repeated, persistent incidents of anal/vaginal penetration with an object. | 45-60 |
| SL4 | <ul style="list-style-type: none"> One or more incidents of anal or vaginal intercourse. Repeated, persistent incidents of oral intercourse. One or more incidents of anal/vaginal penetration with an object. | 36-44 |
| SL3 | <ul style="list-style-type: none"> One or more incidents of oral intercourse. One or more incidents of digital anal/vaginal penetration. One or more incidents of attempted anal/vaginal penetration (excluding attempted digital penetration). Repeated, persistent incidents of masturbation. | 26-35 |
| PL | <ul style="list-style-type: none"> One or more physical assaults causing a physical injury that led to or should have led to hospitalization or serious medical treatment by a physician; permanent or demonstrated long-term physical injury, impairment or disfigurement; loss of consciousness; broken bones; or a serious but temporary incapacitation such that bed rest or infirmary care of several days duration was required. Examples include severe beating, whipping and second-degree burning. | 11-25 |
| SL2 | <ul style="list-style-type: none"> One or more incidents of simulated intercourse. One or more incidents of masturbation. Repeated, persistent fondling under clothing. | 11-25 |
| SL1 | <ul style="list-style-type: none"> One or more incidents of fondling or kissing. Nude photographs taken of the Claimant. The act of an adult employee or other adult lawfully on the premises exposing themselves. Any touching of a student, including touching with an object, by an adult employee or other adult lawfully on the premises which exceeds recognized parental contact and violates the sexual integrity of the student. | 5-10 |
| OWA | <ul style="list-style-type: none"> Being singled out for physical abuse by an adult employee or other adult lawfully on the premises which was grossly excessive in duration and frequency and which caused psychological consequential harms at the H3 level or higher. Any other wrongful act committed by an adult employee or other adult lawfully on the premises which is proven to have caused psychological consequential harms at the H4 or H5 level. | 5-25 |

³⁴ *Ibid.*

³⁵ Government of Canada. (2021). *Indian Residential Schools Settlement Agreement*. <https://www.rcaanc-cirnac.gc.ca/eng/1100100015576/1571581687074>

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁸ *Ibid.*

³⁹ *Ibid.*

⁴⁰ Indian Residential Schools Adjudication Secretariat. (n.d.). *Application Form: Independent Assessment Process*. http://www.iap-pe1.ca/media/information/publication/pdf/pub/iap_app_4_2019-05-08-fill-eng.pdf

⁴¹ *Ibid.*

⁴² *Ibid.*

⁴³ *Indian Residential Schools Settlement*. (2006). *Indian Residential Schools Settlement Agreement*. <http://www.residentialschoolsettlement.ca/IRS%20Settlement%20Agreement-%20ENGLISH.pdf>

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

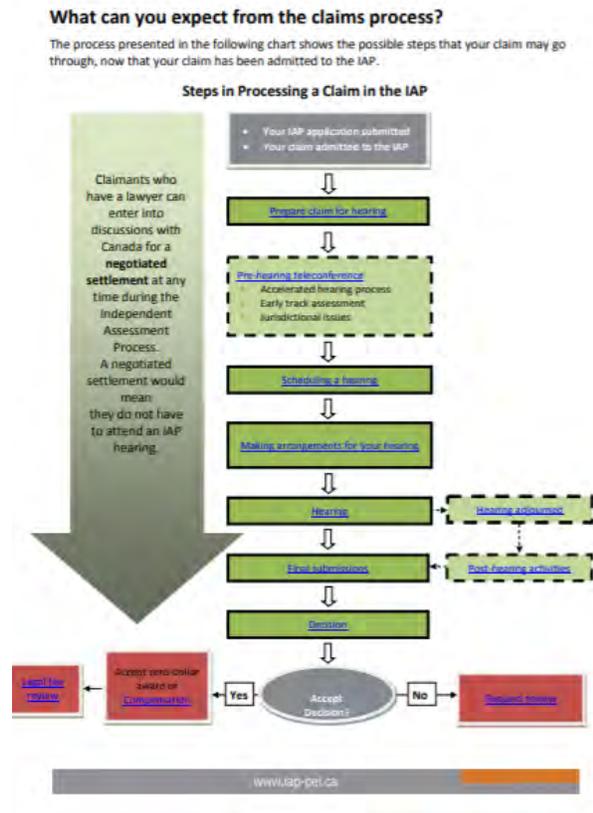
abuse.⁴⁴ Additionally, written applications asked how and if the abuse affected them, if they planned or wished to get supplemental treatment, and if they had received traditional counselling or psychological assessments.⁴⁵

If an applicant rated their abuse above a certain level, from Level 3 – 5, they were required to provide specific types of evidence. This evidence included: hospital, treatment, and psychological records. Additionally, if they claimed that their abuse had caused a “loss of opportunity,” they were required to supply income tax, workmen’s compensation, and educational attainment records.⁴⁶ If there was other contemporaneous or circumstantial proof of the abuse – like a journal entry or testimony against the abuser – the IAP applicant was recommended to produce that information prior to their hearing.

Processing of claims

IAP application review was a multi-step process. The Assessor first categorized the application based on complexity into: a standard issue, a complex issue, or court track (for the most complex claims.)⁴⁷ Most claimants proceeded via the standard track.⁴⁸ Once a standard track application was submitted, the parties would have a pre-claim conference to discuss a potential settlement and determine the timing and/or necessity of an accelerated hearing. If the claimant chose to proceed with a hearing an independent adjudicator would be assigned. The independent adjudicator’s function was to ensure a uniform process, set compensation, and determine the “actual income” lost by the complainant.⁴⁹ At any point where a claimant did not wish to proceed with their claim, they could negotiate a settlement.⁵⁰

Hearings were intended to be “culturally sensitive and safe.”⁵¹ They were private, held within the claimant’s community (if requested), could begin with a traditional prayer, and up to two support persons could be available – including an elder or religious person.⁵² Breaks were provided as needed, and claimants were not required to



⁴⁴ *Ibid.*

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*

⁴⁷ Indian Residential Schools Adjudication Secretariat. (n.d.). *Hearings*. <http://www.iap-pei.ca/former-ancien/iap/hearings-eng.php#rec>

⁴⁸ Indian Residential Schools Adjudication Secretariat. (n.d.). *Hearings*. <http://www.iap-pei.ca/former-ancien/iap/hearings-eng.php>

⁴⁹ Indian Residential Schools Settlement. (2006). *Indian Residential Schools Settlement Agreement*. <http://www.residentialschoolsettlement.ca/IRS%20Settlement%20Agreement-%20ENGLISH.pdf>

⁵⁰ Indian Residential Schools Adjudication Secretariat. (n.d.). *Hearings*. <http://www.iap-pei.ca/former-ancien/iap/hearings-eng.php>

⁵¹ Indian Residential Schools Adjudication Secretariat. (n.d.). *About the Independent Assessment Process*. <http://www.iap-pei.ca/former-ancien/iap/about-eng.php>

⁵² *Ibid.*

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

face their accused abuser.⁵³ An IAP information line was available for all claimants and their counsel to answer questions about the process prior to the hearing.⁵⁴

Claimants unsatisfied with their decision had the right to appeal, and, generally, had two grounds for appeal. First, claimants could claim that the adjudicator made a "palpable and overriding error." This is a high bar and is the *de facto* legal standard of appellate review. The claimant bears the burden of showing that there was a "clear and telling error." For example, if the adjudicator said that the appellant suffered abuse for two years, but they actually suffered abuse for five years, that would be grounds for overturning the decision on a palpable and overriding error standard.⁵⁵ Second, a claimant could appeal if they believed that the adjudicator applied the point system incorrectly by, for example, assigning a lower number of points than the claimant deserved despite correctly understanding the facts.⁵⁶

The Independent Assessment Process was popular, despite the relatively high procedural and emotional barriers to entry for claimants. The IAP process received 38,276 applications, and 89 percent of claims were successful with an average amount of compensation of \$91,466.40. The total amount of compensation paid out was over \$3.2 billion.⁵⁷

Sixties Scoop Settlement Agreement

Notice Plan

Both the Federal Day School and Sixties Scoop Settlement Agreements have also included similar strategies to reach claimants. These include publicly accessible websites, videos informing claimants about their rights, and hotlines for mental health supports and assistance processing claims. The Sixties Scoop Settlement Agreement retained Argyle PR on May 26, 2020 to provide notice to claimants on eligible claims.⁵⁸ Argyle's mandate is broad, consisting of a number of responsibilities including:

- Messaging around key milestones.
- Media engagement, including providing accurate information to the media.
- Developing organic (e.g., Facebook and Twitter) and earned (e.g., print and television) to engage the public and raise awareness about the Sixties Scoop process.
- Drafting advertising and direct communications copy in both French and English.

The notice plan was intended to provide "the best notice practicable under the circumstances."⁵⁹ Repeatedly, in the Settlement Agreement, it states that there is a notice plan attached to Schedule B, however, the full executed agreement does not contain that information.

Consequently, it appears that there was no notice plan executed until Argyle PR⁶⁰ was engaged to support the Administrators' and Class Counsel with communications outreach, and after there were multiple complaints about Collectiva's role in the administration of the settlement agreement.⁶¹

⁵³ *Ibid.*

⁵⁴ *Ibid.*

⁵⁵ Indian Residential Schools Adjudication Secretariat. (n.d.). *Review of an adjudicator's decision.* <http://www.iap-pei.ca/former-ancien/iap/decisions-rvw-eng.php>

⁵⁶ Indian Residential Schools Adjudication Secretariat. (n.d.). *Review of an adjudicator's decision.* <http://www.iap-pei.ca/former-ancien/iap/decisions-rvw-eng.php>

⁵⁷ Indian Residential Schools Adjudication Secretariat. (n.d.). *Independent Assessment Process (IAP) Statistics: From September 19, 2007 to September 30, 2020.* <http://www.iap-pei.ca/stats-eng.php>

⁵⁸ Argyle. (2020). *60s Scoop Claimant Communications Plan.* <https://sixtiesscoopsettlement.info/wp-content/uploads/2020/07/Argyle-60s-Scoop-Claimant-Communication-Plan-prepared-for-the-Federal-Court-of-Canada-May-26-2020.pdf>

⁵⁹ *Class Action Sixties Scoop Settlement.* (2017). *Sixties Scoop Settlement Agreement.* https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/Agreement-in-Principle-fully-executed-November-30-2017-w_Schedules.pdf

⁶⁰ *Argyle*

⁶¹ Argyle. (2020). *60s Scoop Claimant Communications Plan.* <https://sixtiesscoopsettlement.info/wp-content/uploads/2020/07/Argyle-60s-Scoop-Claimant-Communication-Plan-prepared-for-the-Federal-Court-of-Canada-May-26-2020.pdf>

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

Since this process is ongoing, there is no data about how effective it was at implementing the agreement. Anecdotal information suggests that there have been communication breakdowns, especially since claimants have found receiving responses to their requests and answers to questions difficult to ascertain.

Application design

The amount of compensation varies by the number of claimants. If there are 20 million or fewer claimants the amount of compensation will be between \$500 million and \$750 million divided by the number of claimants, but no more than \$50,000 per claimant. According to the Government of Canada, eligible class members will receive an estimated \$25,000 per claimant.⁶² Canada, like both the IRSSA and Day Schools settlements, also financed ongoing education projects to promote reconciliation and healing.⁶³ Emotional and mental health supports were available 24-7 via a phoneline.⁶⁴

Claimants are required to complete an application form and bear partially the burden of proof, by providing biographical information, Indian or Inuit status forms, records of adoption, and have the option to write their personal story and experience.⁶⁵ Different law firms are available to assist claimants with completion of their applications free-of-charge, depending on where the claimant is based.⁶⁶

Processing of claims

The Claims Administrator – Collectiva – is then responsible for confirming: 1) whether the applicant was adopted and 2) that the individual is a registered Indian or Inuit. The Administrator can confirm that the applicant is eligible, send a Notice of Intent to Reject (indicating that they need more information to reach a conclusion) or send an Official Rejection denying the application.⁶⁷ If an application is officially rejected, the applicant has 30 days to file a reconsideration request.

The applicant's request is reviewed by the reconsideration officer – Dr. James Igloiotore, a former Newfoundland and Labrador judge – who makes a final decision.⁶⁸ When reviewing an application, Collectiva and Dr. Igloiotore are expected to draw all favorable inferences to the applicant.⁶⁹ In some circumstances, and like the other processes, the Exceptions Committee, consisting of the parties and an Indigenous community member, is responsible for determining an application sent to them. The Exceptions Committee is generally responsible for implementing the agreement, overseeing the process, and making policies on accepting and reviewing applications.

Federal Indian Schools Settlement Agreement (Day Schools)

Notice Plan

The Day School process was different than both the IRSSA implementation and the Sixties Scoop implementation. The notice plan provides an estimate that there 140,000 class members alive at the commencement of the *McLean* claim that led to the settlement agreement. Unlike the IRSSA process, Gowlings WLG took responsibility for contacting a large group of class members directly, given the size of the registered class. Gowlings had contact information for approximately 80,000 members of the class. Therefore, they conducted direct outreach to class members, Band Offices and other on-reserve points of contacts, the Assembly of First Nations, and Tribal Councils, in addition to other forms of communication.

Like the Sixties Scoop Settlement agreement, Argyle PR was retained to develop and upload media services and create a communications strategy targeting Indigenous and mainstream earned and paid media, using English, French, and four

⁶² Government of Canada. (2020). Are you part of the Sixties Scoop class litigation? <https://www.rcaanc-cirnac.gc.ca/eng/1517425414802/1559830290668?wbdisable=true>

⁶³ *Ibid.*

⁶⁴ Class Action Sixties Scoop Settlement. (n.d.). Frequently Asked Questions. <https://sixtiesscoopsettlement.info/faq/>

⁶⁵ Koskie Minsky. (n.d.). Individual Payment Application Form. <https://kmlaw.ca/wp-content/uploads/2018/08/Claim-Form.pdf>

⁶⁶ Class Action Sixties Scoop Settlement. (n.d.). Are you a Sixties Scoop survivor? <https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/A-copy-of-the-Notice-of-settlement-long-form1.pdf>

⁶⁷ Class Action Sixties Scoop Settlement. (2017). Sixties Scoop Settlement Agreement. https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/Agreement-in-Principle-fully-executed-November-30-2017-w_Schedules.pdf

⁶⁸ Class Action Sixties Scoop Settlement. (n.d.). Are you a Sixties Scoop survivor? <https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/A-copy-of-the-Notice-of-settlement-long-form1.pdf>

⁶⁹ Class Action Sixties Scoop Settlement. (2017). Sixties Scoop Settlement Agreement. https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/Agreement-in-Principle-fully-executed-November-30-2017-w_Schedules.pdf

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

other Indigenous languages.⁷⁰ Since the beginning of the process there have been close to 100,000 applications, or approximately 70% of the total estimated size of the community.

Application design

Applicants must complete a form that provides biographical information, proof of attendance, and outlines the type of abuse suffered. Like the IAP settlement process, the amount of compensation offered depends on the type of abuse suffered and the severity of abuse.

The burden of proof is on the applicant, and they must self-identify, subjectively, the level of harm incurred.⁷¹ Although claimants have the burden of proof, the agreement intends to “minimize the burden” on them and “mitigate any likelihood of retraumatization.”⁷² This process, however, differed from the IAP because there were no oral hearings required.

The claimant must provide a complete narrative of sexual, physical, and other abuse and also supply evidence of the school attended. Their statement must be sworn.⁷³ The amount of documentation also varied by the type of harm claimed. For higher levels of harm (like Level 4 or 5), claimants were required to provide friend and family narratives, medical, dental, nursing, and therapy records. Whereas, for Levels 2-3, all that was required was evidence of the school attended, family, and a personal narrative.⁷⁴

The level of compensation varies by the type of harm. Claimants are eligible for Level 1 if they were mocked, denigrated, threatened with violence, unreasonably or disproportionately punished, or received sexual comments or provocations from teachers, students, officials or third parties. Level 2-5 represented more egregious forms of physical or sexual abuse and is outlined in the chart above. Compensation is tiered based on the assessed from Level 1 (\$10,000) to Level 5 (\$200,000).

| Part 5: Claims Process for Levels 2, 3, 4, or 5 | | | | |
|--|---|---|---|--|
| STEP 1: Identify the ABUSE or HARM you suffered from teachers, officials, students, and/or other third parties. | | | | |
| Abuse / Harm | LEVEL 2 | LEVEL 3 | LEVEL 4 | LEVEL 5 |
| Sexual Abuse/Harm | At least one sexual incident of any one of: | | | Repeated sexual incidents of any one of: |
| | <ul style="list-style-type: none"> touching of genitals or private parts; adult(s) exposing themselves; fondling/kissing; nude photos taken | <ul style="list-style-type: none"> masturbation; oral intercourse; attempted penetration | <ul style="list-style-type: none"> penetration; penetration with an object | <ul style="list-style-type: none"> masturbation; oral intercourse; penetration; penetration with an object |
| OR | | | | |
| Physical Abuse | At least one incident of physical abuse / assault, causing: | At least one incident of physical abuse / assault, causing: | Repeated (at least two) incidents of physical abuse / assault, causing: | During an incident of any one sexual abuse / assault described above at least one incident of physical abuse / assault, causing: |
| CAUSING: | | | | |
| Harm | serious but temporary harm: <ul style="list-style-type: none"> injury requiring bed rest or infirmary stay (e.g., in school medical room or hospital); or loss of consciousness; or broken bone(s) | | permanent or long-term harm: <ul style="list-style-type: none"> injury; or impairment (e.g., physical or mental); or disfigurement | |
| STEP 2: Select your Claim Level, by placing a mark in one box below, for the Level of abuse / harm you suffered as identified above. | | | | |
| Place a MARK in ONE box: | Level 2 \$50,000 | Level 3 \$100,000 | Level 4 \$150,000 | Level 5 \$200,000 |

Indian Day Schools Individual Claim Form

7 of 15

Processing of claims

After completing the written application, applications were reviewed by Deloitte, the Claims Administrator for all Level 1 claims.⁷⁵ For self-identified Level 2-5 claims, Canada has between 60 and 90 days to review the application.⁷⁶ During Canada’s review of the application, they can provide the Claims Administrator with supplemental factual information regarding eligibility, however, they can only provide that supplemental information in a limited number of cases. Once Canada’s review is complete, the Claims Administrator – Deloitte – reviews the claim and has three options. Either the

⁷⁰ Federal Indian Day School Class Action. (n.d.). Notice Plan: Federal Indian Day School Class Action (Phase Two). <https://indiandayschools.com/en/wp-content/uploads/notice-plan-phase-two-post-settlement-approval.pdf>

⁷¹ Federal Indian Day School Class Action. (2018). Settlement Agreement. <https://indiandayschools.com/en/wp-content/uploads/Settlement-Agreement.pdf>

⁷² Federal Indian Day School Class Action. (2018). Settlement Agreement. <https://indiandayschools.com/en/wp-content/uploads/Settlement-Agreement.pdf>

⁷³ Deloitte Class Action Matters. (n.d.). Indian Day Schools Class Action Settlement. https://www.classaction.deloitte.ca/en-ca/Documents/indiandayschoolsclaims/Indian%20Day%20Schools%20Claim%20Form_EN.pdf

⁷⁴ Ibid.

⁷⁵ Federal Indian Day School Class Action. (2018). Settlement Agreement. <https://indiandayschools.com/en/wp-content/uploads/Settlement-Agreement.pdf>

⁷⁶ Ibid.

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

claimant met, exceeded, or did not meet their self-identified criteria. If the claim did not meet the self-identified criteria, the Claims Administrator could reject the claim entirely or reassign the claim to a lower level. Applicants can request, however, that the Claims Administrator review their application.

Deloitte's – the Claims Administrator – decision is not final;⁷⁷ applicants had the right to elect Third Party review after the Claims Administrator's decision, within 120 days of receiving the initial decision.⁷⁸ The intent was to provide claimants who received downward classification with recourse for their claims. The Third-Party Assessor Reva E. Devins, an arbitrator and mediator focusing on human rights matters, *inter alia*, was responsible for reviewing all reconsideration requests.⁷⁹ The Third-Party Assessor could request additional audio or video statements from claimants to supplement the claimants' application. The Third-Party Assessor's determination was final, however, they could refer cases to the Exceptions Committee – a body consisting of the parties, including an eligible class member, that was responsible for overseeing and monitoring the Claims Assessment process.⁸⁰

The claims administration process is ongoing. Deloitte has received 110,864 claims and has paid slightly more than 60 percent of claims. Over 30,000 claims are still in process. 10,000 claims are required to have more information.⁸¹

Overall, many of the issues identified in IRSSA were changed in the Sixties Scoop & Day School Settlement. These included:

1. Survivors can work free-of-charge with lawyers to complete claims forms. In the IRSSA process, survivors only received full funding of legal fees for CEP, not for IAP.
2. Although the compensation tiered structure remained, survivors no longer had to attend in-person hearings with a lawyer. Only if additional information was requested would claimants have the option, not requirement, to share their story.
3. The Day School form somewhat improves the IRSSA form because it includes a much clearer disclaimer about retraumatization and clearly articulates that legal counsel is available free-of-charge.
4. The burden on claimants was partially alleviated. The Government bore the burden of producing documentation to prove the claim. However, claimants were still required to produce documents of abuse for more serious claims. This process was less of a burden than the IAP process, where claimants were expected to work with lawyers to complete applications.
5. The Exceptions Committee - a body consisting of the parties, including an eligible class member, that was responsible for overseeing and monitoring the Claims Assessment process - included members of the class, rather than merely including class agents (e.g., lawyers).
6. Unlike the IRSSA, claimants had the option to submit a "sworn declaration" where if they did not have all the documents, they could merely swear that their application was complete.

Motherisk

Notice Plan

The Motherisk team had a triaged approach to identifying claimants and reviewing cases that differed based on priority. Phase I involved identifying cases where decisions about the future of children via custody order, Crown wardship, or adoption had been made. Phase II involved reviewing publicly available court FRANK (Ontario Court Tracking System) files where adoption orders had been made. To identify claimants, the Motherisk Commission leveraged governmental directives, public calls for action, and database references. They referred to several sources of information as there was no central database. These information sources included test results from SickKids databases containing the names of people and birth dates (although these tests were out-of-date, unreliable, and difficult to use), files from the Ministry of the Attorney General, and Children's Aid Society files where drug testing had been requested. Additional resources from the Ministry were included where Children's Aid Societies did not have sufficient resources. They disseminated information regarding

⁷⁷ Deloitte Class Action Matters. (n.d.). Indian Day Schools Class Action Administration. <https://www.classaction.deloitte.ca/en-ca/Pages/indiandayschoolsclaims.aspx>

⁷⁸ Deloitte Class Action Matters. (n.d.). Indian Day Schools Class Action Administration. <https://www.classaction.deloitte.ca/en-ca/Pages/indiandayschoolsclaims.aspx>

⁷⁹ Reva Devins. (n.d.). Home. <https://revadevins.com/>

⁸⁰ Federal Indian Day School Class Action. (2018). Settlement Agreement. <https://indiandayschools.com/en/wp-content/uploads/Settlement-Agreement.pdf>

⁸¹ Deloitte Class Action Matters. (n.d.). Indian Day Schools Class Action Administration. <https://www.classaction.deloitte.ca/en-ca/Pages/indiandayschoolsclaims.aspx>

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

the process on social media, radio, print media, and through presentations and outreach to legal, child welfare, education, advocacy, community, government and "other organizations".

International Settlement Processes

Canada's harmful past of Indigenous peoples is not anomalous. Other jurisdictions – namely Australia and New Zealand – have similar legacies of systemic mistreatment via the removal of children from their families. Their approach has differed. Many similar issues – both philosophical and practical – remain. This section focuses on the approaches taken in Australia, New Zealand, and between Germany and Israel while briefly discussing some other jurisdictions' approaches to articulate some lessons learned and determine whether these models are scalable in Canada.

Australia Compensation Regimes

Tasmanian Compensation Regime

In 2006, the state of Tasmania's legislature established a \$5 million fund to compensate members of the Stolen Generation. The Act became operational at the beginning of 2007, and in total there were 151 claims received, and 86 claimants were eligible. 84 members received slightly over \$58,000, while two deceased members of the Stolen Generation received either \$5000 or \$4000. The fund was the first of its kind in Australia.

Notice Plan

Advertisements appeared in the Australian, Mercury, Examiner, Advocate, Koori Mail, and the National Indigenous Times.

- The Act was also promoted through the Circular Head Chronicle, Cygnet and Channel Classifieds, Flinders Island News, Huon News, Kentish Chronicle, King Island Courier, and the North Eastern Advertiser, and articles were placed in Indigenous media.
- Aboriginal organizations received correspondence regarding the process and were asked to inform members and contacts. Information packages were widely distributed through Service Tasmania and other government outlets. Information sessions were held in all major Tasmanian centres for potential applicants, attracting over 70 participants.
- A website was established and received in excess of 1000 visitors before the close of applications in July 2007 as well as through the phone line.

Application design

To be eligible, claimants needed to 1) self-identify as Aboriginal, 2) have Aboriginal ancestry, and 3) there must be communal recognition of the applicant as Aboriginal.⁸² Compensation depended on whether the applicant was a Category 1, Category 2, or Category 3 claimant. This criterion consisted of:⁸³

- **Category 1:** Aboriginal persons who were removed from their families between 1935 and 1975 under the Tasmanian Infants Welfare Act 1935 or the Child Welfare Act 1960.⁸⁴
 - **Additional Conditions:** Children must have been removed for a continuous period of 12 months or more and must not have been in the care of an Aboriginal family. Additionally, the child needed to be removed without the approval of parents or undue duress or influence was applied by the State Agency to bring the removal.⁸⁵
- **Category 2:** applied to Aboriginal people who were living on 16 October 2006, and who were removed while under the age of 18 years from their family between 1935 and 1975 as a result of the active intervention of a State Government agency. The same additional conditions apply to Category 2.⁸⁶
- **Category 3:** Any living biological children of a deceased Aboriginal person who would have otherwise been eligible under Category 1 or 2 of the Act.⁸⁷

⁸² Note: this is exceptionally similar to the criteria adopted by the Supreme Court of Canada for determining Métis heritage in *Pajamewon*.

⁸³ Tasmania Department of Premier and Cabinet. (2008). Report of the Stolen Generations Assessor: Stolen Generations of Aboriginal Children Act 2006. http://www.dpac.tas.gov.au/_data/assets/pdf_file/0020/306191/Stolen_Generations_Assessor_final_report.pdf

⁸⁴ *Ibid.*

⁸⁵ *Ibid.*

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

Unlike Canadian processes, an Independent Assessor – appointed to determine each of the claims – had broad discretion to review applications and develop a process as the Act did not “set out detailed procedures to be followed.”⁸⁸ Claimants only had 12 months to apply, once applications opened.⁸⁹ An independent assessor was appointed to review all of the applications, and bore the burden of searching for government records to corroborate the claimants’ claim. Applicants, however, were required to complete a form and supplied various levels of proof ranging from “only the essential information” (e.g., proof of Aboriginal status and birth/identity information) to “significant amounts of supporting information” including welfare records, family trees, and detailed written statements.

Processing of claims

Once the application was received, the Independent Assessor sought information from three governmental departments and then assessed the application. If the criteria were met, no further action was needed, and the claim was processed. If, however, the Independent Assessor determined the criteria was not met, the applicant was informed about deficiencies in their application and “afforded an opportunity to meet informally with an assessor to discuss those issues” and supplement the information provided to “overcome deficiencies.”⁹⁰ The meetings were intended to be friendly and cooperative, with both parties sometimes agreeing to make further inquiries to determine eligibility. However, it occasionally became obvious that the claimant would not meet the eligibility criteria. There was no formal appeals process, but the Minister was responsible for ultimately approving or rejecting claims – although they deferred almost exclusively to the Independent Assessor’s recommendations.

The standard of proof, applied by the assessor, was that on a balance of probabilities the claimant was more likely than not to be Aboriginal and removed by a Tasmanian state authority. Claims were rejected for five prominent reasons – mostly relating to the eligibility criteria. The most common reasons for rejection were that there was no Tasmanian state agency intervention to place the individual in a residential home, or aboriginality could not be confirmed. However, claims were also rejected because the placement occurred after 1975 or claimants were not removed from their family for 12 months.⁹¹

Claimants who were removed from their family as a result of criminal conviction were excluded. The Assessor’s reflections, if read by a community member who was removed, could easily retraumatize victims. Unlike Canada’s settlement agreements, the Assessor’s language is equivocal and acknowledges, on multiple occasions, that the individuals who removed children were well-intentioned and meant to “integrate.” This is not a complete recognition of the cultural genocide and serious harm caused to Australia’s Indigenous community.

Tasmania’s compensation framework is unlikely to be applicable in Canada due to the different scale of potential applicants. Tasmania’s compensation framework only attracted 151 claimants, whereas Canadian compensation regimes have attracted tens of thousands of applicants. However, many of the challenges of implementing the compensation



⁸⁸ Tasmania Department of Premier and Cabinet. (2008). *Report of the Stolen Generations Assessor: Stolen Generations of Aboriginal Children Act 2006*. http://www.dpac.tas.gov.au/_data/assets/pdf_file/0020/306191/Stolen_Generations_Assessor_final_report.pdf

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*

⁹¹ *Ibid.*

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

scheme illustrate how narrow eligibility criteria can impede the goals of most settlement agreements: to recognize, repair, and heal Indigenous people's relationships with settler governments.

New South Wales & South Australia

The New South Wales and South Australian processes began in 2017 and 2015, respectively. They were very similar to one another – and had similar features to the Tasmanian agreement because it required applicants to be Aboriginal and removed from their family before 1975.

The application process closely resembled the Tasmanian process, with applicants providing biographical information and documents to prove their identity, and the independent assessor making application assessments and providing recommendations to the Minister who decided whether or not to approve settlements. However, there are differences between these processes and the Tasmanian process. Compared with the Tasmanian compensation scheme, the New South Wales and South Australian processes placed more of the burden on the government to source documents and less of a burden on claimants. Rather than having claimants provide varying amounts of source documents and proof, claimants merely signed a release enabling the government to search for documents to provide proof of the claim. Further, claimants were almost always given an opportunity to meet with the assessor, and most did meet with him. The independent assessor's decisions were final, and there was no meaningful opportunity to petition for reconsideration in either process.

The amount of compensation was much lower for the South Australian scheme (~\$20,000) and higher for the New South Wales scheme (~\$75,000). Additionally, the New South Wales process also included a healing fund and a longer timeline, running for five years. The length of time for the application process, twelve months, was the same for the South Australian and Tasmanian scheme but was a five-year process for the New South Wales scheme.⁹²

Other Australian Settlement Agreements

Territories

In 2021, approximately 800 survivors of the stolen generation in the Northern Territory of Australia filed a class action settlement demanding similar compensation for being taken away from their families. Previously, the Federal government had refused to compensate victims in the Northern Territory.⁹³ Shortly thereafter, the federal government announced that they were compensating victims for the first time. Eligibility includes "the Stolen Generations survivors who were forcibly removed in the Northern Territory and the Australian Capital Territory prior to their respective self-government, and in the Jervis Bay Territory (collectively known as the territories)."⁹⁴

The scheme will compensate individuals with \$75,000 AUD for causing the forced removal from their homes and families and also provide an additional \$7,000 to support healing. The compensation will be a one-time payment. In addition, Australia's federal government will create a ~\$380 million fund that will provide payment and run for four years.⁹⁵

Unlike other compensation regimes, survivors will be able to share their stories "face-to-face" with senior government officials or receive written apologies.⁹⁶ Individuals are responsible for assisting with the healing of this trauma for the Stolen Generations survivors who were forcibly removed in the Northern Territory and the Australian Capital Territory prior to their respective self-government, and in the Jervis Bay Territory (collectively known as the territories). Details on application processes are forthcoming and the application will begin on March 1, 2022.⁹⁷

⁹² *New South Wales Independent Assessor (2020, December 31), Stolen Generations Reparations Scheme Interim Report. New South Wales.* [https://www.aboriginalaffairs.nsw.gov.au/healing-and-reparations/stolen-generations/2021-SGRS-Interim-Report-\(Final\)-\[accessible\].pdf](https://www.aboriginalaffairs.nsw.gov.au/healing-and-reparations/stolen-generations/2021-SGRS-Interim-Report-(Final)-[accessible].pdf)

⁹³ Gooley, C. (2021, April 27). Hundreds of Stolen Generation survivors to sue the federal government for compensation. ABC News. <https://www.abc.net.au/news/2021-04-28/class-action-stolen-generation-survivors-descendants/100098608>

⁹⁴ Australian Government, National Indigenous Australians Agency. (n.d.). Territories Stolen Generations redress scheme. <https://www.niaa.gov.au/indigenous-affairs/community-safety/national-redress-scheme/territories-stolen-generations-redress-scheme>

⁹⁵ Gooley, C. (2021, August 5). Territory Stolen Generations survivors to share \$380 million reparation scheme. *The Sydney Morning Herald.* <https://www.smh.com.au/politics/federal/territory-stolen-generations-survivors-to-share-380-million-reparation-scheme-20210804-p58fsn.html>

⁹⁶ *Ibid.*

⁹⁷ National Redress Scheme. (n.d.). Territories Stolen Generation Redress Scheme. <https://www.nationalredress.gov.au/resources/information/territories-stolen-generations>

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

Victoria

In addition, in January 2021 the Victoria Government announced that they would give \$6 million to the Koorie Heritage Trust and Connecting Home Limited with assistance.⁹⁸ Unlike other programs, it will provide a range of compensation options instead of merely one-time payments. The scheme will cover an expected 1,200 residents of Victoria and includes payments, counselling, and a funeral fund.⁹⁹

Lessons Learned from Australia

In sum, Australia has taken a similar approach to Canada, but with some slight variations. Rather than leverage court processes to affect compensation, territorial governments have passed schemes and implemented them. Australia has generally taken a local, rather than national, approach to compensating Aboriginal victims. These schemes have, however, reached a smaller universe of claimants, had narrower compensation criteria, and required victims to have oral hearings, which can often be retraumatizing.

The application process was intended to, and compared with Canadian class action settlement processes was, “low-documentation.” However, any Australian compensation regime served only hundreds or a couple thousand of applicants, not tens of thousands of applications like Canada’s class action settlements. The compensation scheme has no appeals process, does not provide applicants with legal advice, and there are sparingly few details about counselling and mental health supports – all of which are available in some Canadian compensation frameworks. The assessor’s discretionary power has led compensation definitions to be implemented in a narrow manner. In fact, counsel for many Lost Generation survivors have highlighted that Canada has a more inclusionary model.

Members of Australia’s “Stolen Generations” have complex – and sometimes contradictory – views on compensation. Some community members have highlighted that the compensation represents justice and acknowledgement of government-sanctioned harm. In addition, compensation has provided people with – anecdotally – the first opportunity in their lives to purchase a home. Compensation constitutes recognition of trauma resulting from forced removal and acknowledges that the forced removal was wrong. However, Stolen Generation survivors also believe that compensation was misguided in different ways. One survivor highlighted that “nothing can be done now” for recognition of compensation to make a material difference. Others believed that “symbolism can be a cop out” and must be linked with positive governmental action, therefore, compensation is intrinsically incomplete. Some claimants compared the amount of compensation to other class action settlements where there was widespread child abuse and highlighted the substantially lower compensation offered to Stolen Generation survivors.¹⁰⁰ Others advocated for alternative remedies, like healing centers or more expanded counselling, to provide compensation.

New Zealand Process

The Waitangi Tribunal

New Zealand takes a different approach to processing claims about Indigenous child removal by creating a “permanent commission of inquiry” designed to make recommendations of claims brought by Māori related to alleged breaches of the Treaty of Waitangi – a major treaty governing Crown-Māori relations in New Zealand.

The Tribunal has three primary powers. First, it makes recommendations on the dispensation of violations of the Waitangi treaty. Although the Tribunal can make recommendations, those recommendations are not binding – a stark difference from compensation decisions in previous regimes. Second, and importantly, the Tribunal is a specialized body that has exclusive jurisdiction over the treaty and its legal effect. Although Tribunal recommendations are not required to be implemented, its interpretation of the treaty is binding. Finally, the Tribunal can make determinations on certain legal issues (e.g., land/water rights) between the Crown and Māori. In sum, the major difference between other compensatory frameworks and the Waitangi Tribunal is its specialized interpretative function and its inability to make binding determinations on compensation processes.

⁹⁸ Premier of Victoria. (2021, January 4). *Healing For The Stolen Generations*. <https://www.premier.vic.gov.au/healing-stolen-generations>

⁹⁹ Longmore, J. (2020, March 18). *Stolen Generations redress scheme announced in Victoria*. ABC News. <https://www.abc.net.au/news/2020-03-18/stolen-generations-redress-scheme-announced-in-victoria/12067572>

¹⁰⁰ Koroff, J. (2021, August 8). *Compensation for Stolen Generation members*. Creative Spirits. <https://www.creativespirits.info/aboriginalculture/politics/stolen-generations/compensation-for-stolen-generation-members#suving-governments-is-brutally-hard>

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

Procedurally, the process bears multiple similarities to other compensatory processes. Claimants bear the burden of proof and are required to file complaints outlining the Crown's impugned conduct and proposing remedies. However, the body is intended to be bi-cultural and not exclusively operated by legal practitioners. The Tribunal is bi-national, meaning "about half the members are Māori and half are Pākehā, and at any sitting of the Tribunal, at least one Māori member must be present." Another important distinction between the Waitangi Tribunal and other compensation processes is that the process is inquisitorial rather than adversarial. Although the complainant has the burden of describing and producing their claims, a primary function of the commission is to do its own research to make recommendations. Further, the collection of evidence involves taking both Indigenous and settler forms of evidence to shape the evidentiary record.

The claims process is open only to Māori individuals. To lodge a claim, claimants must complete a "claims form."¹⁰¹ The claims form asks which treaty rights were violated by the Crown (meaning the central New Zealand government) and also asks who to notify about the creation of the claim – meaning the claimant can ensure that the Tribunal directly contacts parties. Legal assistance is not guaranteed; however, legal aid can be provided. The Tribunal does not, therefore, directly call on applicants to begin a claims process; however, if one is commenced relevant parties are notified directly at the discretion of the claimant.

Once a claim is registered, the Tribunal may include the claim as part of a "current inquiry" that the Tribunal is already addressing. The Tribunal classifies its inquiries into different categories. These categories include:

- District Inquiries: Inquiries into the use of land and constitutionality of the Crown's actions on Māori lands.
- Kaupapa Inquires: These are issues not specific to any district in New Zealand. These include, but are not limited to, cultural services, social services, and justice issues that affect Crown-Māori relations and engage the Treaty of Waitangi.

The Waitangi Tribunal gives priority to claims it classifies as urgent (including the child removal issue discussed below) and remedy applications where the Tribunal investigates whether they can make urgent remedies. The Tribunal has discretion to prioritize these claims. Note that for remedy applications, claimants bear the burden of explaining the relationship to other claims so that the Tribunal can hear these claims together, and thereby conveying the claims' urgency.

The documentation required to prove claims is variable – depending on the type of claim lodged. However, the research of the claim can be conducted by all interested parties – including the Tribunal itself. Historical and technical research is often conducted by Tribunal staff and commissioned directly by the Tribunal. One major function of the tribunal is to collect a "casebook." According to the Tribunal, this involves:

"The casebook research of professional or technical evidence involves working in Crown archives or records, libraries, with private papers and other sources of historical records. The research itself can range from a brief of evidence on a specific topic of a few pages to comprehensive historical reports covering issues raised in multiple claims across a whole district which may contain several hundred pages of writing and take a year or more to prepare."

Rather than placing the burden of proof solely on claimants, technical research is conducted with in-person researchers. They work in concert with claimants and the Crown to develop the factual record needed to "build understanding of their claim issues" and "gather advice" on what resources they should use to gather the "casebook."

The evidentiary burden is much lighter than traditional common law systems – and a wide variety of claimant evidence is acceptable. The most important thing to claimants is that the evidence "is directed to helping the Tribunal understand the claimant community." These can include modern evidence-gathering (e.g., PowerPoint presentations) to traditional oral histories.

The Waitangi Tribunal is a unique body in the common law world – and has been lauded as a future model. The Tribunal was created against a backdrop of complete neglect for the treaty by the settler government, and now provides a unique, expert body for mediating claims. The bi-national design of the institution also has been lauded as a model for inclusivity. However, critics have highlighted that the Government often ignores Tribunal recommendations – rendering the commission somewhat feckless and inept.

¹⁰¹ Government of New Zealand, Waitangi Tribunal. (n.d.). Sample Claim Form. <https://waitangitribunal.govt.nz/assets/Documents/Forms/WT-Sample-claim-form.pdf>

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

Child Removal Issue

Throughout 2020, the Waitangi Tribunal heard claims that a disproportionate number of Māori children (tamariki Māori) had been taken into state care. As of 2017, Māori children constituted more than 60 percent of the children in care, and recently, Māori children were five times more likely to be in state care than their non-Māori counterparts. The inquiry was largely triggered after the Oranga Tamiriki took a newborn from a teenage mother at Hawke's Bay Hospital in 2019.

The Tribunal, therefore, explored three questions:

1. Why is there a disparity between Māori and non-Māori taken into state care?
2. To what extent did legislative policy improve?
3. What changes are required to conform the state care regime that are consistent with Waitangi treaty principles?

At the hearings, the tribunal heard multiple stories from parents whose children were taken without their consultation. After hearing submissions by interested parties, claimants of treaty violations, and the Government of New Zealand, the Tribunal released its report in April, 2021, finding and recommending that:

1. The disparity between Māori and non-Māori children in Oranga Tamiriki care is unacceptable and there is a "need for essential and radical change to the care and protection system."¹⁰²
2. The Treaty guarantees that Māori have "chief authority" over where and how they live, which includes the right to "care and raise for the next generation." The disproportionate removal of Māori children, therefore, constituted a breach of the treaty.¹⁰³
3. Power and control over the Oranga Tamiriki should be returned to the Māori people. The Commission recommended creating a new care and protection system via a Transition Authority that functions to "identify changes necessary to eliminate the state care of tamariki." The Transition Authority will oversee the Oranga Tamiriki regime and propose systemic improvements to ensure that the new system is "by Māori for Māori delivery." The primary objective of the transition would be to "design a reformed system" for Māori children in conjunction with the Crown to "ensure a modified system is properly implemented."¹⁰⁴

Overall, the New Zealand compensation framework provides a comprehensive, and fundamentally distinctive means of managing child removal and remediating harm. The specialized, bi-national body has complete jurisdiction over treaty interpretation. However, it can only recommend – it cannot enforce.

Israel & Germany Compensation Schemes

In the early 1950s, the German government and Jewish organizations, the United States, and Israel, *inter alia*, provided funding for the formation of the Conference on Jewish Material Claims against Germany (the Claims Conference). The Claims Conference is a quasi-private organization responsible for negotiating reparative compensation for Holocaust survivors and memorialization of the Holocaust. The organization's function is two-fold: 1) to obtain funds for the relief, rehabilitation and resettlement of Jewish victims of Nazi persecution, and 2) to aid in rebuilding Jewish communities and institutions that were devastated by the Nazis.¹⁰⁵

Since the formation of the Claims Conference their role has evolved and expanded – often to obtain compensation for a larger universe of Holocaust survivors and to provide compensation and support for survivors to meet evolving needs. There are three general forms of compensation available to survivors, which include:

1. **Indemnification:** The payments to Nazi victims are known as indemnification, which is compensation for specific personal losses or damages. The original German indemnification program provided one-time settlements as well as monthly payments, known as pensions, for a variety of persecution-related damages, including harm to a victim's health or loss of professional opportunity.¹⁰⁶

¹⁰² Government of New Zealand, Waitangi Tribunal. (2021). *He Pāharakeke, He Rito Whakakīkinga Whāruarua: Oranga Tamariki Urgent Inquiry*. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_171027305/He%20Paharakeke%20W.pdf

¹⁰³ *Ibid.*

¹⁰⁴ *Ibid.*

¹⁰⁵ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). *65 Years of the Claims Conference*. <http://forms.claimscon.org/chronology/Chronology-65-web.pdf>

¹⁰⁶ Henry, M. (2002). *Fifty years of Holocaust compensation*. *American Jewish Year Book*, 102, 3-84. <https://www.bjpa.org/content/upload/bjpa/102c/102compensation.pdf>

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

2. **Reparations:** Reparations are payments in money or materials from one nation to another for damages inflicted during a conflict, and in this case, a genocide. Thus, reparations generally refer to the war-related debts of a defeated aggressor nation, and may entail a punitive element, as well.
3. **Restitution:** The return or recovery of identifiable assets, including machinery, real estate, business enterprises, and cultural properties that are restored to the original owners—nations, communities, institutions or individuals. (There were parallel claims for compensation in lieu of restitution for assets that could not be restored.) For Nazi-era properties, international Jewish organizations lodged claims after the war only against Germany and Austria for properties that were looted, confiscated, and "Aryanized." Restitution in Western Europe was a domestic matter; the states in the Soviet bloc did not believe in restitution. Since the collapse of communism, there have been claims to recover Jewish properties in Central and Eastern Europe. These have been fraught with legal and economic difficulties because of the difficulties of distinguishing between Nazi- and Soviet-era confiscation.

Over the last 30 years, compensation has focused on reparation – providing ongoing support to survivors for varying needs and recognizing their harm. For example, as the COVID-19 pandemic ravaged the world, the Claims Conference negotiated and funded a compensation program to provide survivors and/or their spouses with compensation to navigate the pandemic.

Application design

There are seven major funds that provide compensation. Compensation structure varies. Some funds provide lifelong support for survivors of concentration camps. Others, provide one-time payments to specific groups of survivors (e.g., children transported to concentration camps from specific countries).

Each fund is described in greater detail below, as well as its eligibility criteria¹⁰⁷:

| Fund Name | Eligibility Criteria |
|-------------------------------------|---|
| Kindertransport Fund ¹⁰⁸ | <p>Age: Under 21 years old.</p> <p>Eligibility: Unaccompanied by their parents and took part in a transport that was not organized by the German government in order to escape potentially threatening persecution by German forces;</p> <p>Eligibility: The individuals were transported from somewhere within the German Reich or from territories that had been annexed or occupied at the time;</p> <p>Time Horizon: Between November 9, 1938 and September 1, 1939 or was approved by the German authorities after November 9, 1938 but before September 1, 1939.</p> |
| Child Survivor Fund ¹⁰⁹ | <p>Eligibility: Jewish Nazi victims who were persecuted as Jews and were born January 1, 1928 or later AND who suffered one of the following types of persecution: (I) were in a concentration camp; or (II) were in a ghetto (or similar place of incarceration in accordance with the German Slave Labor Program); or (III) were in hiding or living under false identity/illegality for a period of at least 4 months in Nazi-occupied or Axis countries; (as defined by the Article 2/CEE Fund agreement); or (IV) were a fetus during the time that their mother suffered persecution as described above.</p> |
| Hardship Fund ¹¹⁰ | Claimants must satisfy one of these criteria: |

¹⁰⁷ Note: there are two other funds, however, they are mostly duplicative of the eligibility categories discussed here.

¹⁰⁸ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Kindertransport Fund.

<http://www.claimscon.org/what-we-do/compensation/background/kindertransport-fund/#:~:text=The%20Kindertransport%20Fund%20will%20open,from%20receiving%20this%20new%20benefit>; Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Kindertransport FAQs. <http://www.claimscon.org/what-we-do/compensation/background/kindertransport-fund/kindertransport-faqs/>

¹⁰⁹ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Child Survivor Fund.

<http://www.claimscon.org/what-we-do/compensation/background/child-survivor-fund/>

¹¹⁰ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Hardship Fund.

<http://www.claimscon.org/what-we-do/compensation/background/hardship/>

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

| | |
|--|--|
| | <ul style="list-style-type: none"> - Suffered deprivation of liberty (such as, ghetto, forced labor, camp, hiding or false identity); or - Fled from the Nazi regime; or - Fled between June 22, 1941 and January 27, 1944 from areas of the Soviet Union that were generally up to 100 kilometers from the most easterly advance of the German army (Wehrmacht) but were not later occupied by the Nazis; or - Stayed in Leningrad at some time between September 1941 and January 1944 or if they fled from there during this period; or - Suffered "restriction of liberty" as defined by the German Government, (such as were forced to wear the Star of David); or - Were restricted in movement, lived under curfew, suffered compulsory registration with limitation of residence, or - Suffered during the period of Nazi persecution in Algeria such as loss of education, loss of property or economic, professional, and social restrictions; or - Were a fetus at the time that their mother suffered persecution described above. - Anybody who received prior compensation. |
| Central and Eastern European Fund (CEEFF) ¹¹¹ | Nearly identical to the structure and eligibility criteria for the Article 2 Fund. However, the major difference is that the CEEF serves survivors living in "former communist-bloc countries of Eastern Europe or the former Soviet Union." |
| Spouse of the Holocaust Survivor Fund ¹¹² | Eligibility Criteria: i) Must have been married to the Article 2/CEE Fund beneficiary at the time they passed away (ii) Be alive as of January 1, 2020, or the date of the application, whichever is the latter. |
| Article 2 Fund ¹¹³ | <p>Administration: The Article 2 fund eligibility criteria is established by the German government and administered by the Claims Conference.</p> <p>Eligibility: Eligibility under the Article 2 Fund is limited to Jewish Nazi victims who were persecuted as Jews and who meet the following eligibility criteria:</p> <ul style="list-style-type: none"> • Were incarcerated in a concentration camp* or labor battalion during specific time periods as defined by the German Ministry of Finance on its website; or • Were imprisoned for at least 3 months in a ghetto as defined by the German Ministry of Finance; or • Were imprisoned for at least 3 months in certain "open ghettos" as defined by the German Ministry of Finance; or • Were in hiding for at least 4 months, under inhumane conditions, without access to the outside world in German Nazi-occupied territory or Nazi satellite states (Nazi instigation); or • Lived illegally under false identity or with false papers for at least 4 months under inhumane conditions in German Nazi-occupied territory or Nazi satellite states (Nazi instigation); or • Were a fetus during the time that their mother suffered persecution as described above. <p>Limitations:</p> <ul style="list-style-type: none"> • The Article 2 fund is subject to income and asset limits. |

¹¹¹ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Central and Eastern European Fund: Overview & History. <http://www.claimscon.org/what-we-do/compensation/background/ceeff/>

¹¹² Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Spouse of Holocaust Survivor Fund. <http://www.claimscon.org/what-we-do/compensation/background/spouse-of-holocaust-survivor-fund/>

¹¹³ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Article 2 Fund. <http://www.claimscon.org/what-we-do/compensation/background/article2-article2/>

Appendix EE. Overview of Canadian and International Compensation Schemes (continued)

| | |
|-------------------------|--|
| | <ul style="list-style-type: none"> Recipients of other funds (e.g., The German Federal Indemnification Law, Israeli Pensions, Central and Eastern European Fund). |
| COVID-19 Emergency Fund | Anyone who is alive and has been approved for a Hardship Fund Payment and does not receive a pension as compensation for persecution during the Holocaust. |

Dates of compensation scheme & Quantum of Compensation

| Kindertransport Fund ¹¹⁴ | Child Survivor Fund ¹¹⁵ | Hardship Fund ¹¹⁶ | COVID-19 Emergency Fund ¹¹⁷ | Article 2 Fund ¹¹⁸ | CEEF ¹¹⁹ | Spousal Survivor Fund ¹²⁰ |
|--|--|---|--|--|---|---|
| Fixed: One-time payments. Quantum: €2,500 | Fixed: One-time payments. Quantum: €2,500 | Fixed: One-time payments. Quantum: €2,556.46 | Fixed: Two supplemental payments in addition to the hardship fund. Quantum: 2,400 EUR total, in two installments. | Ongoing: Monthly payments. Quantum: 580 EUR per month, paid in aggregate quarterly. | Ongoing: Monthly payments. Quantum: 580 EUR per month, paid quarterly. | Ongoing: recipients receive payments until they pass away. Quantum: quarterly payments of \$1,539 EUR. |

The Compensation Claims committee uses three different forms: Kindertransport, Spousal Survivor, and a general form for all others, including if the claimant does not know which fund to apply to. Claimants bear the burden of proof. They are required – via applications available online – to provide descriptions of the concentration camp, and rough timelines. Claimants are required to produce “documentary proof of their persecution.” However, the Claims Conference, relying on Holocaust historians and archival documentary evidence, examines claims to verify their legitimacy.

Processing of claims

Oversight of identifying beneficiaries and the compensation distribution process. The claims committee generally has numerous, multinational oversight bodies that ensure that compensation agreements are correct:

¹¹⁴ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Kindertransport Fund. <http://www.claimscon.org/what-we-do/compensation/background/kindertransport-fund/>

¹¹⁵ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Child Survivor Fund. <http://www.claimscon.org/what-we-do/compensation/background/child-survivor-fund/>

¹¹⁶ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Hardship Fund. <http://www.claimscon.org/what-we-do/compensation/background/hardship/>

¹¹⁷ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Supplemental Hardship Fund Payment: Frequently Asked Questions. <http://www.claimscon.org/what-we-do/compensation/background/hardship/supplemental-hardship-fund-payment/supplemental-hardship-fund-frequently-asked-questions/>

¹¹⁸ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Hardship Fund. <http://www.claimscon.org/what-we-do/compensation/background/article2-article2/>

¹¹⁹ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Central and Eastern European Fund: Overview & History. <http://www.claimscon.org/what-we-do/compensation/background/ceef/>

¹²⁰ Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Spouse of Holocaust Survivor Fund. <http://www.claimscon.org/what-we-do/compensation/background/spouse-of-holocaust-survivor-fund/>

Appendix EE. Overview of Canadian and International Compensation Schemes *(continued)*

- **German Federal Audit Office:** Has discretionary authority to review how funds are distributed to the Claims Committee by the German government.
- **Audit:** The Claims Conference is audited by KPMG annually and produces claims conference financial statements.
- **Controller:** The Claims Committee has a controller that produces periodic reports on funding to specific organizations and oversight of the funds. Furthermore, they make recommendations on expanding coverage in specific places.
- **Office of the Ombudsman:** The Ombudsman's responsibilities are to assist in reviewing particular cases in which claimants seek clarification or may have a concern or grievance about a claim or application filed with the organization.

Appeals process and procedure for dealing with missing evidence. There is an appeals procedure for claimants whose claims are denied. Claimants can file for an independent review of applications. Currently, that review is conducted by a retired Chief Justice of Israel's National Labor Court and an American Historian. Claimants who are rejected have one year to file an appeal.

The Claims Conference is distinctive – especially vis-à-vis Canadian and Australian settlement processes. First, the Claims Conference is ongoing. Reparative payments to survivors – while smaller than the compensation schemes in Canada and Australia – provide a consistent source of funds for survivors. Second, the evolution of the scheme distinguishes it. From providing COVID-19 relief to expanding the eligibility criteria of some funds to include spouses of survivors, the Claims Conference has attempted to evolve the compensation needs of survivors to meet their needs. Additionally, compensation provides a material benefit – especially for indigent Holocaust survivors. For instance, one survivor was able to afford higher quality food after receiving compensation payments.

**This is Exhibit “K” referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G

Indigenous

First Nations call on federal ministers to extend Indian day school claims process

Deadline to file a claim for compensation is July 13

[Ka'nhehsí:io Deer](#) · CBC News · Posted: May 30, 2022 6:43 PM ET | Last Updated: May 30



Louise Mayo is a project co-ordinator hired to assist claimants in the Kanien'kehá:ka community of Kahnawake, south of Montreal. (Ka'nhehsí:io Deer/CBC)

WARNING: This story contains distressing details.

As the deadline for the countrywide class-action settlement for First Nations and Inuit children who suffered harm while attending federally run Indian day schools

approaches, calls for an extension are growing.

The deadline to submit a claim for the \$1.47-billion settlement between Canada and thousands of former students of the federally funded day school system is July 13.

But some survivors may need more time.

"There are many community members that have procrastinated, because it's been very traumatic for them," said Louise Mayo, a project co-ordinator hired to assist claimants in the Kanien'kehá:ka community of Kahnawake, south of Montreal.

"They find it very difficult to sit down and write it, so they've just been putting it off."

While separate from the residential school system, Indian day schools were a part of a federal policy aimed at assimilating First Nations and Inuit children and often had affiliations with the Roman Catholic, United, Anglican and other churches.

- [What you need to know about filing an Indian day schools settlement claim](#)

Nearly 700 Indian day schools operated across Canada between 1863 and 2000, including 10 in Kahnawake. Mayo was hired by the Mohawk Council of Kahnawake to provide support and advocacy for survivors in her community.

She said many people are dealing with post-traumatic stress disorder, anxiety, and depression as a result of their attendance at the institutions. As the July deadline approaches, she said she's busier than ever, fielding 30-60 calls and requests for support each week.

"There's still a lot of people that I have yet to see, and I don't know if I'm going to make it until July with the number of files that I'm carrying right now," she said.

Mayo said she is also worried some people may not make the deadline if they haven't yet started claims that need medical attestations or estate services from Indigenous Services Canada.

Ability to request 6-month extension

Indigenous Services Canada said in an emailed statement to CBC News that there's an expedited priority process of less than 60 days for appointing estate administrators and executors for estates that may be impacted by the settlement.





Cam Cameron is class counsel lead for the Federal Indian Day School settlement. (Submitted by Cam Cameron)

Cam Cameron, class counsel lead for the Federal Indian Day School settlement, acknowledged that the deadline is causing anxiety within some communities but emphasized that a six-month extension to the claims process is included in the settlement agreement.

As of July 13, claimants can submit a form to request an extension. An exceptions committee appointed by the Federal Court of Canada will evaluate each request.

"It should give some confidence that you're not going to run out of time," Cameron said of the extension process. "You just need to give a reason why you couldn't do it [in the] 2½ years beforehand."

Calls for 1-year extension

But Travis Boissoneau, Lake Huron Regional Deputy Grand Council Chief for the Anishinabek Nation, said the onus shouldn't be on survivors to fill out further paperwork for an extension.





Travis Boissoneau is the Lake Huron Regional Deputy Grand Council Chief for the Anishinabek Nation. (Submitted by the Anishinabek Nation)

"The process right now is as hard as it is for claimants," Boissoneau said. "Adding in fine print, in terms of extending on an individual basis, really just creates more challenges."

In February, the Anishinabek Nation, which represents 39 First Nations throughout the province of Ontario, issued a letter to multiple federal ministers calling for the deadline to be pushed back by a year.

The same concerns were echoed last month by First Nation chiefs in New Brunswick, as well as several other regional advocacy groups.

- [Day school settlement claims take time and support, says survivor as July deadline approaches](#)
- [First Nations chiefs in N.B. demand 1-year extension for Indian day school claims](#)

"We have communicated our concerns. Our concerns aren't being taken seriously," Boissoneau said.

"Our citizens require time ... The government of Canada has a real opportunity here to show some true reconciliation and understanding of the limitations put on literal victims going through this process."

144,000 claims already submitted

When asked about whether Ottawa would consider an extension, a statement from the federal Crown-Indigenous Relations and Northern Affairs department outlined the existing submissions process, noting the six-month extension.

"Canada cannot unilaterally amend the claims period deadline," the statement to CBC News said. "Questions about extending the deadline should be directed to class counsel ... who have been chosen by survivors to represent the interests of class members through this process."

As of May 2, 2022, more than 144,000 claims have been submitted to the claims administrator, according to the statement. More than 110,000 eligible class members have received compensation.

Support is available for anyone affected by their experience at Indian or federal day schools, and those who are triggered by these reports. Individuals can access immediate mental health counselling and crisis intervention services at the Hope for Wellness helpline by calling 1-855-242-3310 or online at www.hopeforwellness.ca.

[CBC's Journalistic Standards and Practices](#) | [About CBC News](#)

[Report typo or error](#) | [Submit a news tip](#) | [Corrections and clarifications](#)

Popular Now in News

1 Trump 'chose not to act' as mob attacked U.S. Capitol, Jan. 6 panel hears

886 reading now

2 Workers in hazmat suits haul 8 tonnes of spoiled meat from North Bay, Ont., butcher shop

542 reading now

3 PHOTOS

What it looked like as Hells Angels-linked bikers descended on Toronto

449 reading now

deadline for day-schools settlement

PATRICK WHITE >

INCLUDES CORRECTION

PUBLISHED JULY 7, 2022

UPDATED JULY 10, 2022



Indigenous groups are urging Ottawa to extend the deadline for the federal Indian day-schools settlement.

PATRICK DOYLE/THE CANADIAN PRESS

With a crucial deadline approaching, a coalition of Indigenous groups is pressing Ottawa and one of Canada's biggest law firms to reopen the federal Indian day school settlement so that eligible former students don't get excluded.

The day school system ran from the 1860s to 2000, when the last school was closed or transferred to the community. Unlike residential school students, the estimated 200,000 pupils who attended day schools returned home each night. Both systems suppressed



Former day school students have until July 13 to apply for compensation from the \$1.47-billion settlement. Indigenous leaders say thousands of people will be left out unless the deadline is extended by at least one year.

“There are thousands of survivors out there who are still coming to terms with putting in an application,” said Travis Boissoneau, the Huron Region Deputy Grand Council Chief for Anishinabek Nation, a political advocacy group for 39 Ontario First Nations. “And now time is running out. Both the federal government and class counsel are ignoring calls for a deadline extension.”

For their part, both Ottawa and the class legal firm representing former day school pupils, Gowling WLG, say they are aware of the concerns. They point out that the settlement includes a six-month deadline extension. It requires anyone filing claims beyond July 13 to submit an extension request form.

“We will continue to monitor and consider the number of claims filed by July 13, 2022, as well as the number of extension forms and claims forms filed during the extension period,” said Cam Cameron, lead Gowling lawyer on the settlement, in a statement.

Any new extension, he said, would require Ottawa’s consent and Federal Court approval. Around 150,000 claim forms have been filed already, exceeding actuarial estimates of the class size by around 20,000, he added.

Approved in 2019, the \$1.47-billion settlement granted abused day school students at least \$10,000 each for attending any of roughly 700 day schools funded by the federal government from 1920 onward.

The 2006 Indian Residential School Settlement Agreement excluded day school students. In 2016, Gowling WLG launched a class-action lawsuit seeking compensation. Ottawa settled in 2019.

Under the settlement terms, former day school students must complete and submit a 16-page claims form available online. The form varies in its degree of difficulty depending on what level of compensation the applicant is seeking.



compensation of \$10,000 without providing supporting documentation. A single instance of kissing, fondling or physical assault causing temporary injury is a \$50,000 Level 2 claim.

Students who endured Level 5 abuse – the most severe grade – are entitled to \$200,000. Level 5 is defined as repeated serious sexual assault, such as masturbation or penetration, or any sexual assault leading to long-term disability. But Level 5 applicants have to provide a list of their abusers, medical records and any photographs, diaries or narratives from family members and friends that might support the claim.

Locating all those supporting records at a time when pandemic restrictions barred face-to-face interaction and closed some government offices has proven onerous for some.

“A lot of people are confused about the whole process,” said Federation of Sovereign Indigenous Nations Third Vice-Chief Aly Bear. “It’s been happening during COVID, and people haven’t been able to get support they need to do applications properly. It’s quite heartbreaking.”

There is an option to provide a sworn declaration in place of documents, but Kelsey Anger, reconciliation manager for Anishinabek Nations, says they’re often rejected.

“I have not met anyone who submitted a Level 5 application with just sworn declarations who then receives Level 5 [compensation],” she said. “These individuals get letters saying their claims have been evaluated at Level 2 instead and that they’re only eligible for \$50,000.”

Anishinabek Nation and the Federation of Sovereign Indigenous Nations (FSIN), which represents 74 First Nations in Saskatchewan, have issued a joint statement demanding an extension. The Mohawk Council of Kahnawà:ke, Ontario Council of Chiefs and umbrella groups across the Prairies and Maritimes have echoed the position.

The groups say they have had to hire or redeploy staff just to assist former students with claims. The settlement provides free legal and mental-health assistance, but Ms. Anger said applicants would rather get local cultural support.

Ms. Anger has worked on claims with countless survivors and says that many are elderly



Countless applicants have told her that they found the compensation grid degrading and simply threw out the application. Still others have opted for level one compensation to avoid reliving a traumatic childhood event. Once a claim is submitted, it can't be amended, she said.

"If Canada is committed to truth and reconciliation, this is the truth, this is survivor's truth," Ms. Anger said. "The way to reconcile this is to enter into discussions and to make amendments before the settlement closes."

Our Morning Update and Evening Update newsletters are written by Globe editors, giving you a concise summary of the day's most important headlines. [Sign up today.](#)

Editor's note: An earlier version of this story incorrectly named the law firm representing former day school students. It is, in fact, Gowling WLG.

**This is Exhibit "L" referred to in
the Affidavit of Janice Ciavaglia,
Affirmed before me, on this 22nd
day of July, 2022**



A commissioner for taking Affidavits

Adam Williamson
LSO#62751G

Assembly of First Nations

55 Metcalfe Street, Suite 1600
Ottawa, Ontario K1P 6L5
Telephone: 613-241-6789 Fax: 613-241-5808
www.afn.ca



Assemblée des Premières Nations

55, rue Metcalfe, Suite 1600
Ottawa (Ontario) K1P 6L5
Téléphone: 613-241-6789 Télécopieur: 613-241-5808
www.afn.ca

Annual General Assembly
July 5, 6, 7, 2022 Vancouver, BC

Resolution no. 04/2022

TITLE: **First Nations Determination of the Reforms to the First Nations Child and Family Services Program and Jordan's Principle Ordered through the 2022 Canadian Human Rights Tribunal Ruling 8**

SUBJECT: Child and Family Services

Moved BY: Chief, Duke Peltier, Wiikwemkoong Unceded Territory, ON

SECONDED BY: Kevin Hart, Proxy, Mosakahiken Cree Nation, MB

DECISION Motion passed by consensus

WHEREAS:

- A.** The United Nations Declaration on the Rights of Indigenous Peoples (the UN Declaration) should be the framework for improvement to child welfare law and policy in order to address the harmful legacy of Residential Schools, such as the forceful removal of children, the disproportionate number of First Nations children in care, the consequences of involvement in child welfare systems, and the related loss of language and denial of culture and human rights.
- B.** The UN Declaration states that:
- i. Article 2: Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity.
 - ii. Article 22 (2): States shall take measures, in conjunction with Indigenous peoples, to ensure that Indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.
 - iii. Article 23: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively

Certified copy of a resolution adopted on the 7th day of July 2022 in Vancouver, British Columbia

ROSEANNE ARCHIBALD, NATIONAL CHIEF

04 – 2022
Page 1 of 4

- involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.
- C. The Truth and Reconciliation Commission of Canada (TRC) Calls to Action # 1 to # 5 call on federal, provincial, and territorial governments to take actions to improve First Nations child and family services.
- D. The Assembly of First Nations (AFN) has passed several resolutions on child and family services reform and First Nations determination over child and family services:
- i. Resolution 01/2015, *Support for the Full Implementation of the Truth and Reconciliation Commission of Canada's Calls to Action*;
 - ii. Resolution 62/2016, *Full and Proper Implementation of the Historic Canadian Human Rights Tribunal Decisions in the Provision of Child Welfare Service and Jordan's Principle*;
 - iii. Resolution 83/2016, *National Advisory Committee on INAC's Child Welfare Reform Engagement Strategy*;
 - iv. Resolution 40/2017, *Call on Canada to Comply with the 2016 Canadian Human Rights Tribunal Orders*;
 - v. Resolution 11/2018, *Federal Legislation on First Nations Child Welfare Jurisdiction*;
 - vi. Resolution 53/2018, *Federal Legislation on First Nations Child Welfare Jurisdiction*; and
 - vii. Resolution 16/2019, *An Act respecting First Nations, Inuit and Metis children, youth and families - Transition and Implementation Planning*.
- E. In 2016, the Canadian Human Rights Tribunal (CHRT) ruled that Canada was discriminating against First Nations children and families in its funding of the First Nations Child and Family Services (FNCFS) Program on-reserve and in the Yukon. The CHRT ordered Canada to completely overhaul the FNCFS Program and cease its discriminatory funding.
- F. By way of consent motion, on March 24, 2022, the CHRT ordered that several immediate measures be taken to reform the FNCFS Program and Jordan's Principle. These measures are intended to begin to alleviate the discrimination faced by First Nations children and families, while work continues toward the full reform of the FNCFS Program and Jordan's Principle.

Certified copy of a resolution adopted on the 7th day of July 2022 in Vancouver, British Columbia



ROSEANNE ARCHIBALD, NATIONAL CHIEF

04 – 2022
Page 2 of 4

- G.** The immediate measures include that:
- i. Canada will provide prevention funding in a per capita amount of \$2,500 to First Nations and/or FNCFS agencies.
 - ii. Canada will fund post majority care supports for First Nations young adults aging out of care and formerly in care, up to their 26th birthday, at actual costs for the 2022-23 fiscal year.
 - iii. Canada shall consult with the Parties to implement mandatory cultural competency and anti-racism training and performance commitments for Indigenous Services Canada (ISC) employees.
 - iv. Canada shall assess the resources required to provide services to high-needs Jordan's Principle recipients past the age of majority.
 - v. Canada will fund the IFSD to conduct needs assessments related to Jordan's Principle and First Nations not served by an agency. Canada will also fund the IFSD's Phase 3 study.
- H.** On November 16, 2021, the Canadian Human Rights Tribunal (CHRT) issued 2021 CHRT 41 calling on Canada to fund the purchase and construction of capital assets for the delivery of FNCFS and Jordan's Principle.
- I.** Investments in child and family services and Jordan's Principle should be available to all First Nations, whether they are pursuing the path of self-governance under *An Act respecting First Nations, Inuit and Métis children, youth and families*, or for as long as they choose to remain under the FNCFS Program.

THEREFORE, BE IT RESOLVED that the Chiefs-in-Assembly:

1. Call on Canada to honour its relationship with First Nations by immediately recognizing First Nations' Inherent Right to care for their children and families regardless of whether they reside on or off reserve.
2. Direct the Assembly of First Nations (AFN), to make a submission to the Canadian Human Rights Tribunal (CHRT) requesting that they support First Nations right to self-determination by ordering that all funding provided through the 2022 CHRT 8 ruling be disbursed to First Nations and self-governing First Nations in the Yukon in order for them to determine how to allocate this funding between their governments and FNCFS agencies, and support the First Nations Child and Family Caring Society of Canada to make their submission.

Certified copy of a resolution adopted on the 7th day of July 2022 in Vancouver, British Columbia



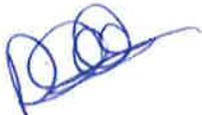
ROSEANNE ARCHIBALD, NATIONAL CHIEF

**Annual General Assembly
July 5, 6, 7, 2022 Vancouver, BC**

Resolution no. 04/2022

3. Call on Canada to redirect Provincial and Territorial funding for First Nations children living off-reserve to First Nations reclaiming jurisdiction over their children and families.
4. Call on Canada to ensure that any First Nations exercising jurisdiction over child and family services will not receive less funding than they would have received had they remained under the reformed First Nations Child and Family Services Program following the implementation of 2022 CHRT 8.

Certified copy of a resolution adopted on the 7th day of July 2022 in Vancouver, British Columbia



ROSEANNE ARCHIBALD, NATIONAL CHIEF

04 – 2022
Page 4 of 4