

CANADIAN HUMAN RIGHTS TRIBUNAL

BETWEEN:

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 Indian and Northern Affairs)

Respondent

and

CHIEFS OF ONTARIO, AMNESTY INTERNATIONAL CANADA and  
NISHNAWBE ASKI NATION

Interested Parties

**Affidavit of Valerie Gideon**

I, Valerie Gideon, Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch at the Department of Indigenous Services Canada, SWEAR THAT:

1. I am the Senior Assistant Deputy Minister of the First Nations and Inuit Health Branch ("FNIHB") at the Department of Indigenous Services Canada ("ISC"). I have been in this position since 2017. Prior to that I was the Assistant Deputy Minister of Regional Operations at FNIHB for five years. I report directly to the Deputy Minister of ISC on all matters of First Nations and Inuit health. I am Mi'kmaq from the Gesgapegiag First Nation and have spent my entire career dedicated to First Nations and Inuit health and wellness.



2. In my capacity as Senior Assistant Deputy Minister of the FNIHB, I have personal knowledge of the significant efforts Canada has made to comply with the orders made by the Tribunal in 2017 CHRT 35 (the “2017 Ruling”) and 2018 CHRT 4 (the “2018 Ruling”).
3. This affidavit is aimed to provide the most up-to-date information and evidence since my May 24 and June 21, 2018 Affidavits and October 30-31, 2018 cross-examination testimony on Canada’s activities on Jordan’s Principle and those ordered on mental health. The information is organized in the following five themes:
  - a) Response to First Nations Children Identified Needs;
  - b) Communications and Outreach;
  - c) Administration and Operations;
  - d) Monitoring Compliance; and,
  - e) Consultation.
4. Also included is evidence on how Canada is working with the Parties on the outstanding issues as articulated in the First Nations Child and Family Caring Society of Canada’s (“Caring Society”) December 21, 2018 motion. These issues include funding on the Choose Life Pilot Project, appeals process, and ISC staff training. This information should help to demonstrate that strong collaboration exists with the Parties, and that through monthly discussions at the Jordan’s Principle Operations Committee (JPOC), Consultation Committee on Child Welfare (CCCW), Jordan’s Principle Action Table (JPAT), and the Choose Life Working Group, close collaboration is maintained with the Parties. ISC is committed to continuing this work and does not require continued supervision by the Tribunal in order to remain firm in this ongoing commitment.

#### **Response to First Nations Children Identified Needs**

5. Since July 2016, Canada committed up to \$679.9 million over three years (2016/17 – 2018/19) to support the implementation of Jordan’s Principle. On March 19, 2019, the Government announced \$1.2 billion over three years (2019/20 – 2021/22) to ensure Canada continues to meet its legal obligations under Jordan’s Principle.
6. Funding for Jordan’s Principle is distributed in two ways: either directly through ISC (e.g., to the child/family/guardian or service provider/vendor) or through funding contribution agreements with First Nations communities and service delivery organizations (e.g. Bands, Tribal Councils) and other First Nation partner organizations (e.g., service coordinators). In the first case, requests for First Nations children requiring products and/or services are sent directly to ISC for determination and payment.



7. In the second case, First Nations children requiring products or services can be identified by a community, service provider or coordination organization. ISC will provide funding to communities or organizations to provide services to children, assist in pulling documentation together in submitting requests directly to ISC, as well as to facilitate and track access to products and services delivered. Communities or organizations will submit to ISC an estimated number of children requiring products or services generally as a group request and this request is determined within the Tribunal-ordered timeframes of 48 hours to 7 days. In keeping with the terms and conditions of their contribution agreements, within a period of time following the end of the agreement's fiscal year (approximately three months), funding recipients report on the actual number of children served and the products and services provided. As such, it is difficult to provide a direct count on the number of children receiving services or products on a real-time basis.
8. From July 2016 to February 28, 2019, an estimated 216,000 requests were approved for funding by ISC either through direct payment or through contribution agreements. Of these approved requests, roughly 134,333 were approved from April 1, 2018 to February 28, 2019. Of the 134,333 requests, 13,152 (9.7%) were paid directly by ISC, and 121,181 (90.2%) services, support and products were approved for administration through contribution agreements. The Jordan's Principle February Monthly Ministerial Report is attached to this affidavit as **Exhibit A**. It provides a regional breakdown of the number of requests and funding allotted between April 1, 2018 and February 28, 2019.
9. From 2016-2019 (up to February 28, 2019), \$466 million was spent to fund approved requests. An additional \$46 million was committed and to be paid by March 31, 2019. Of the \$466 million spent, the largest number of requests (over \$144 million) were for mental health and suicide prevention services such as land-based treatment, community camps/events, elder counselling, psychological assessments and treatment, institutional placement and treatment. Respite services, which provide relief to the child's family or caregiver(s), is the second largest number of requests (about \$118 million) followed by allied health services such as speech and language therapy, physiotherapy and occupational therapy (about \$90 million). A document called "Jordan's Principle Expenditures by Funding/Functional Areas", dated February 28, 2019 is attached to this affidavit as **Exhibit B**.
10. Specific to mental health services and the payment of mental health actuals in Ontario as ordered in the 2018 Ruling, seven claims were submitted: five group requests and two from individuals. Roughly \$1.7 million was paid for the five group requests submitted, and \$860.00 was paid for the two individual requests. The claims on actual costs range from \$57.10 for an individual claim to \$846,902 for a group claim. As discussed with Chiefs of Ontario counsel earlier this month, Canada is continuing to determine any claims submitted. A data tracker on paragraph 426 orders is attached as **Exhibit C**.



- a) While these costs are specific to paragraph 426 of the February 1, 2018 Ruling, as of April 2019, an additional \$33 million has been expended on approved mental health requests in the Ontario region alone.
  - b) Furthermore, since the start of the Choose Life Pilot Project in April 2017 until February 22, 2019, an additional \$102 million (included in the \$144 million cited in paragraph 9) was approved to support an estimated 22,126 children and youth living in the 49 Nishnawbe Aski Nation (NAN) communities. Over \$73 million was approved in the 2018/19 fiscal year, Funding for Choose Life continues and an evaluation process of the Choose Life Pilot Project is underway in partnership with NAN. The NAN Choose Life Track Sheet as of February 22, 2019 is attached to this affidavit as **Exhibit D**.
11. In paragraph 135(1)(D) of the 2017 Ruling, the Tribunal ordered Canada to re-review all denied requests for services, pursuant to Jordan's Principle or otherwise, dating back to April 1, 2009 to ensure compliance. The results of this re-review were reported by Sony Perron in his November 15 and December 15, 2017 affidavits. As communicated in his affidavits and my previous affidavits, Canada continues to determine any previously denied requests since April 2007 when submitted. The choice to re-review previous denied cases since April 2007 was consistent with the Government of Canada's commitment to Jordan's Principle made by the House of Commons, motion 296, in 2007.
  12. As of April 9, 2019, a total of 274 cases were re-reviewed of which roughly 105 were found to have been approved by an existing ISC program, and 35 were approved under Jordan's Principle. The other cases were found to be incomplete (e.g., missing information on needed product), inactive (e.g., requestor did not get back to region), were ineligible (e.g., adult request) or were denied (e.g., fit-bit, noise canceling headphones, cellphone). A chart detailing the re-review of previously denied cases from April 1, 2007 to April 9, 2019 is attached to this affidavit as **Exhibit E**.
  13. Of the 35 requests that were approved upon the re-review and the costs were documented in the case file, an estimated \$43,600 was funded by Jordan's Principle. Previous denied requests that were approved include: formula (e.g., Enfamil, Similac), assessments (e.g., educational-behavioural, psycho-educational), tablets, strollers, swing chairs, transportation to speech therapy, shoes, hearing aids, bifocals, and orthodontics.

#### Canada's Commitment to the Principle of Substantive Equality

14. Following up from paragraph 11 of my affidavit of June 21, 2018, Canada has been making significant efforts to meet the distinct needs and circumstances of First Nations children and families to ensure substantive equality is achieved.
15. Canada continues to use the document titled, "Jordan's Principle – Substantive Equality Principles" to guide the determination of requests. As previously mentioned



in my affidavits, this document was created together with the Parties and was approved for use at the February 2018 JPOC meeting. This document remains on Canada's website and is shared with communities and requestors by the Focal Point or can be accessed through the Client Information Packages that have been created for regional distribution at community meetings and events.

16. For requestors, the document is aimed to provide information about substantive equality and identify what type of information they should consider submitting at the time of their request. For Focal Points and Assistant Deputy Ministers who are involved with the determination of requests, this document provides a guide on the various questions posed when considering requests using the substantive equality lens. The Case Summary form that is used by the FNIHB ADM of Regional Operations in determining requests recommended for denial by regions, as well as the Summary Form used by the ADMs who are evaluating and determining Appeals are shown in **Exhibit F**. Each form explicitly outlines for the reviewers the "Guidance Questions to Help Assess Substantive Equality".
17. While the data reporting system is not able to share the number of requests that have been approved under the substantive equality lens, Canada's implementation has given a very broad spectrum of support to First Nations children and communities. For example, a child who experienced extreme trauma was approved for private school attendance, where the child excelled academically. Where a child on the Autism spectrum was prone to violent episodes, one on one care was given to his family. At the less intensive scale of the needs spectrum, children with mental health conditions have been provided with bikes, laptops and software, YMCA family memberships and noise cancelling headphones. Children with physical disabilities have been provided with adaptive family vehicles, home gyms, and daily respite care.
18. Recent efforts have been underway to develop and support the determination of requests using the lens of safeguarding the best interests of the child. As highlighted below in paragraph 44, the document was approved at the April 2, 2019 CCCW meeting and is attached as **Exhibit G**.

### **Communications and Outreach**

19. With respect to Canada posting clear information on Departmental websites according to paragraph 135(3)(A) of the 2017 ruling, the Government of Canada website materials about the definition of Jordan's Principle have not been changed or altered in any way since the 2017 Ruling was implemented. A link to the website can be found here: <https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/definition-jordans-principle-canadian-human-rights-tribunal.html>
20. Following my cross-examination on October 30 and 31, 2018, at the request of the Panel, I shared screen shots of the website that confirmed that Canada had updated its definition of Jordan's Principle according to the May 2017 Ruling. Minor changes to



the website are made regularly to update the numbers of approved Jordan's Principle requests as well as the regional contact information for making a request.

21. At the November 9, 2018 JPOC meeting, a deck of communications and advertising activities was presented for the Parties' consideration. During JPOC discussions and email communications with the Parties, advertising activities were established to reach First Nations families, foster parents, and health, education, social development professionals, both in First Nations communities and in urban settings. Targeted advertisement activities were conducted mainly through a digital-first campaign, utilizing YouTube, Pelmorex (weather station), Native Touch (mobile), Facebook, Twitter, First Nations Drum (print) and LinkedIn. To support these and other communication activities in the 2018-2019 fiscal year, approximately \$373,500 was expended.
22. These activities are in addition to the 2017-18 activities which included the Aboriginal Peoples' Television Network ("APTN") advertisements. In 2017-18, \$434,556.52 was spent on communications, including approximately \$150,000 for the APTN advertisement, as ordered in paragraph 135(3)(B) of the 2017 Ruling.
23. Preliminary analysis of the advertising campaign conducted by ISC Communications experts indicates that there were more visits to the website, calls to the Jordan's Principle National Call Centre, and calls generating a service request during the campaign run than at any other time since the website and call centre were launched. Attached to this affidavit as **Exhibit H** is a document called "Analytics on Jordan's Principle Website and Call Centre 2017-March 31, 2019."
24. Over the coming months, ISC will continue to work in collaboration with the Parties to share information and promote awareness of Jordan's Principle. This includes ongoing posts on the ISC's Facebook and Twitter channels, continuing to update the website to ensure information is up-to-date and responsive to the needs of First Nations families, and exploring opportunities to increase awareness and understanding of Jordan's Principle through outreach efforts with partners and stakeholders. The bringing together of the former Indigenous and Northern Affairs Canada and Health Canada's First Nations and Inuit Health Branch in the newly established ISC has enabled a one-stop shop approach for communications planning and execution.
25. Aside from this communication strategy and advertising plan, various outreach activities are undertaken by ISC staff to continue to raise awareness within ISC staff and other federal public service staff about Jordan's Principle. In all circumstances, the definition from the 2017 Ruling is communicated. As an example, on August 16, 2018, I joined the Deputy Minister's bimonthly broadcast to all ISC staff to share information on Jordan's Principle.
26. In March 2019, two webinars were held for interested ISC and Crown-Indigenous Relations and Northern Affairs Canada (CIRNAC) national and regional staff. On both occasions, employees were directed to read and understand the Rulings and the



definition of Jordan's Principle, and to identify unmet needs for children that existed in their area and to refer these to Jordan's Principle if they were unable to meet the need(s). The presentation delivered to staff, called Jordan's Principle and the Government of Canada's Commitment, is attached as **Exhibit I**.

27. Regarding communications with stakeholders pursuant to paragraph 135(3)(C) of the 2017 ruling, communications with regional and national stakeholders and the general public continue regularly. Activities initiated through headquarters include media outreach on Facebook and Twitter. Regional communiqués to First Nations partners are being updated to inform them about the February interim relief order and Budget 2019 commitment. ISC is seeking to ensure all First Nations individuals, families and communities that there is no disruption in their ability to access products or services to address the unmet health, social or education needs.
28. In February 2019, I sent letters to provincial/territorial ministries of health, community and correctional services. The purpose of the letters are to inform provincial/territorial officials about Jordan's Principle and improve future collaborations on serving the needs of all First Nations children. Example letters sent to the Manitoba ADM responsible for Child and Family Programs and a Youth Centre in Manitoba are attached as **Exhibit J**. Several provinces have submitted responses to date and bilateral discussions are being arranged as a starting point. A Federal/Provincial/Territorial meeting of the Ministers Responsible for Social Services scheduled for April 23-24, 2019 will include a discussion on Jordan's Principle implementation.
29. Collaboration with provincial and territorial governments on Jordan's Principle also exists at the regional level. For example, on November 15, 2018, the Minister of Indigenous Services, along with the 11 signatory Chiefs from Maskwacis, Siksika Nation, Bigstone Cree Nation and Kee Tas Kee Now Tribal Council and the Minister of Children's Services for the Government of Alberta, signed a Memorandum of Understanding ("MOU") on Jordan's Principle. The MOU on Implementation of Jordan's Principle in Alberta is attached as **Exhibit K**.
30. This MOU is the first of its kind between the federal government, provincial government and First Nations and will help ensure all First Nations children in Alberta, on and off reserve, can access the supports and services they need, when they need them. It allows for First Nations-driven solutions and a common approach to the implementation of Jordan's Principle. This transformative work is a significant milestone toward the Truth and Reconciliation Commission's Third Call to Action, calling on all levels of governments to fully implement Jordan's Principle.
31. At a regional level, community events and various communication and outreach events and activities are held on a regular basis. These are documented in monthly activity reports submitted to the Parties at JPOC meetings for their information. For instance, a monthly bulletin is maintained by the FNIHB Manitoba regional office



that is aimed to inform First Nations about regional Jordan's Principle activities, the Tribunal Rulings, and share best practices and stories that are submitted by children and families. Attached as **Exhibit L** is the Jordan's Principle Manitoba Monthly Bulletin for March 2019. This bulletin was emailed to a large distribution list of regional stakeholders and partners including: Jordan's Principle Case Managers who work within communities; Tribal Council Case Coordinators who oversee Tribal regions; individuals from specialized service provider organizations such as the Rehabilitation Centre for Children, Manitoba Adolescent Treatment Centre, and St. Amant; individuals from First Nations inner city organizations such as the Eagle Urban Transition Centre, Ndinawe, MB Keewatinowi Okimakanak Inc.; members from the Assembly of Manitoba Chiefs; and, FNIHB staff involved in community support.

32. Regional employees regularly engage with communities, schools, service providers and First Nations organizations to share information about Jordan's Principle and support communities in identifying and addressing requests under Jordan's Principle. Community visits are made to reach members and families and presentations are provided to engage more broadly. In all presentations made, the May 2017 Ruling and definition of Jordan's Principle are highlighted, as is the process for making a request.
33. Between November 27, 2018 and January 31, 2019, the following presentations/visits were made across the country with partners including First Nations communities, Band/Tribal Council staff, service providers and schools:
  - a) November 27, 2018 – Rouyn-Noranda, QC community meeting. Copies of the slideshows presented are attached to this affidavit as **Exhibit M**.
  - b) December 2, 2018 - Manitoba First Nation Education Resource Centre - Presentation to the Early Childhood Development Committee, Winnipeg.
  - c) December 4, 2018 - Presentation to the Atlantic Region Public Health and Primary Care Committee, a working committee of the Atlantic First Nation Health Partnership.
  - d) December 5, 2018 – Prince Albert – Northern Saskatchewan. The materials presented at Saskatchewan information sessions are attached as **Exhibit N**.
  - e) December 5, 2018 – Ontario - working meeting with ISC Regional Operations (RO) and CFS agency in Nogdawindamin.
  - f) December 6, 2018 – First Nation Health Authority (FNHA), BC - community engagement/presentation in Canim Lake (Interior Region). Provided the Jordan's Principle Handbook to providers, communities and individuals to support awareness about the program as well as sharing the ISC Jordan's Principle website.
  - g) December 6, 2018 – Ontario meeting with Sagamok First Nation - discussion of their proposal and the Jordan's Principle Child First Initiative.
  - h) December 7, 2018 - Wasagamack First Nation, Manitoba. Discussion on Jordan's Principle related housing modification requests and required



documentation. General discussion on Jordan's Principle leading up to housing modification issues/requests.

- i) December 7, 2018 – Ontario meeting with Anishinabek Health Director on Jordan's Principle.
- j) December 7, 2018 – Manitoba, Eagle Urban Transition Centre – development of a resource manual for external stakeholders on the Implementation of Jordan's Principle (including definition).
- k) December 12, 2018 – Presentation to the Dilico Health Anishinabek Health Conference.
- l) December 15, 2018 – meeting with Saskatoon Authority.
- m) December 18, 2018 - Norway House Cree Nation – Jordan's Principle Case Manager – phone discussion and sharing of Jordan's Principle Checklist for Housing Modifications/Repairs.
- n) January 3, 2019 - Presentation to Alberta Health Services: Allied Health Services.
- o) January 3, 2019 - Email to all Health Directors in Alberta.
- p) January 4, 2019 – Dakota Ojibway Child and Family Services in Manitoba.
- q) January 4, 2019 - Dakota Ojibway Tribal Council – Child and Family Services – Manitoba, Presentation and training on the Indian Registration System and implementation of Jordan's Principle.
- r) January 8, 2019 – Ontario meeting with Tikinagan Child and Family Services Team, discussed definition.
- s) January 10, 2019 - Manitoba, Interdepartmental Federal Working Group (including provincial representation as guests).
- t) January 16 and 17 2019 – Ontario AIAI Jordan's Principle Health summit – approximately 60 people attended.
- u) January 19, 2019 – Manitoba, Tribal Housing Advisors - At request of our Senior Housing Services Coordinator, information sharing to seven new Tribal Housing Advisors - Orientation.
- v) January 21, 2019 – MB, Seven Oaks School.
- w) January 22, 2019 – meeting with the École Montgomery Middle School, BC.
- x) January 23, 2019 - Presentation to Chiefs of the Atlantic First Nations Health Partnership
- y) January 23, 2019 – Health Directors' Network Quebec Meeting.
- z) January 23, 2019 – Ontario Director keynote at Anishinabek Health Conference. More than 300 people attended this event.
- aa) January 24, 2019 - Federation of Saskatchewan Indian Nations Summit Booth and informal presentation.
- bb) January 25, 2019 – Ontario met with Wikiwemikong Child and Family Services team to discuss definition, process, and access.
- cc) January 26, 2019 – Regina, SK communities.
- dd) January 31, 2019 – Ontario meeting with Six Nations Health Director, revisited definitions, process, and next steps.

34. When presentations and community events are held in Ontario, regional employees ensure that partners are aware of the orders specific to mental health services for First



Nations children in Ontario. On February 27, 2018, the lead Ontario Focal Point participated in a panel discussion at the Chiefs of Ontario's Health Forum. This slide deck, called "Jordan's Principle Child First Initiative – Chiefs of Ontario Health Forum" is attached as **Exhibit O**. As shown on slide 8, information was shared on mental health claims. The aim of the presentation was to inform First Nations representatives that Canada would continue to make retroactive payments on mental health actuals since January 2016. Canada has not set a deadline for accepting these.

35. Working with the Parties and other First Nations partners on communication strategies and plans are critical for the successful implementation. On September 12-13, 2018, Canada funded the AFN to organize and host a national event titled, "Jordan's Principle Summit: Sharing, Learning, and Growing: Imagining the Future of Jordan's Principle" in Winnipeg, MB. Nearly 1,000 participants participated in this event. According to a CBC article titled, "Families share how Jordan's Principle has helped their children", the Summit was a success and brought together advocates to share best practices. This CBC article was published on September 12, 2018 and is attached to this affidavit as **Exhibit P**.
36. Additionally, under paragraph 135(3)(E) of the May 2017 Ruling, Canada provided the Caring Society and AFN with \$100,000 each to develop training and public education materials relating to Jordan's Principle. Recently, the AFN published its handbook titled, "Accessing Jordan's Principle: A Resource for First Nations Parents, Caregivers, Families and Communities" which can be found at: <http://xatsull.com/wp-content/uploads/2019/01/Jordans-Principle-Handbook-Online.pdf>.
37. With the funding provided to the Caring Society to develop training and public education materials, the Caring Society created the Jordan's Principle scholarship fund to support First Nations students studying at a Canadian university who demonstrate commitment to Indigenous children's health and community service as well as academic commitment and achievement. Additional information on the scholarship fund can be found at: <https://fncaringsociety.com/jordan%E2%80%99s-principle-scholarship>.

### **Administration and Operations**

38. At the request of the Caring Society, on February 1, 2018, a Jordan's Principle National Call Centre opened at FNIHB's headquarter office. Working with regional Focal Points, the aim of the Call Centre is to support immediate intake of requests and/or respond to any questions that arise from the general public. At the request of the Caring Society at the February 12, 2019 CCCW meeting, the Call Centre will shortly start to record each incoming call. This measure aims to avoid situations where individuals calling the Call Centre report not having received a timely response and ISC not having the ability to verify the report aside from relying on employee notations.



39. As communicated in past affidavits, the administration and operations of Jordan's Principle are guided by Standard Operating Procedures (SOPs). The SOPs remain an evergreen document to reflect updates aimed at improving policies and procedures that are discussed with the Parties and regional staff.
40. On October 5, 2018, the SOPs were sent to the Parties and members of JPOC for comments and feedback. Many of the changes made reflected the concerns of the Caring Society's August 20, 2018 document entitled, "Concerns with Canada's Compliance on Jordan's Principle", as well as those shared through emails.
41. At the November 9, 2018 JPOC meeting, the SOPs were discussed. Parties agreed to provide further comment while ISC incrementally implemented positive changes made to this point, as shown in a draft version of the Jordan's Principle SOPs which are attached to this affidavit as **Exhibit Q**. As a result, on November 20-22, 2018 during the Focal Point Meeting in Ottawa, employees were directed to start using this version and were trained to determine requests using the same processes and procedures.
42. To support the growth in number of requests and identify efficiencies, in December 2018, I approved additional human and financial resources in each region. Depending on the needs, regions reorganized staff to improve response and payment turnaround times. A dedicated financial accounting team now exists to help process payments quicker.
43. In December 2018 and January 2019, the Caring Society published an updated "Concerns with Canada's Compliance on Jordan's Principle" document. To continue to address the concerns published, as well as those shared at JPOC meetings, through emails or telephone calls, Canada is working with the Parties to revise the November version of the SOPs. **Exhibit R** provides a cross-walk document containing the concerns identified and how Canada has proposed to respond to each concern in the updated SOPs. The aim is to have this SOP version presented at the April 28, 2019 JPOC meeting for discussion.
44. Generally speaking, the key changes in the SOPs involve:
- inserting language on the February 21, 2019 Interim Order;
  - changing the denial letter template so the reason for the denial is made clearer instead of only referring to the May 2017 order language;
  - including the new Principles for Safeguarding the Best Interests of the First Nations Child document that was approved at the April 2, 2019 CCCW meeting, which is attached as **Exhibit G**;
  - inserting text on the newly created Jordan's Principle Clinical Case Conferencing Policy and Procedure draft that is currently under review of the Parties, which is attached as **Exhibit S**; and,
  - updating the appeals section to include a more independent process for Jordan's Principle requests.



45. There has been progress on implementing an improved appeals process for Jordan's Principle to address the Parties' request for involvement of independent First Nations experts in health, social and education. At the April 2, 2019 CCCW meeting, the new appeals process statement of work and implementation work plan were approved. These documents are attached to this affidavit as **Exhibit T**.

### **Monitoring Compliance**

46. With respect to the initial determination of requests under paragraph 135(2)(A)(ii) of the 2017 ruling, which are 12 to 48 hours for an individual child and 48 hours to seven days for groups of children, compliance rates have fluctuated despite our best efforts.
47. The latest data reports available on compliance are for the month of February 2019. This compliance report is attached as **Exhibit U**. It shows that from February 1 to February 28, 2019, 1327 individual requests were received that were deemed as ready for determination. Of those, 1145 or 86% were approved, 106 (8%) denied, and 76 (6%) were in the process of being evaluated and determined at the time of reporting.
48. Approximately 82% of urgent requests were determined within 12 hours. Approximately 75% of non-urgent individual requests were determined within 48 hours.
49. Also shown in the February compliance report (Exhibit U), from February 1 to February 28, 2019, roughly 31 requests were received for community-managed supports for groups of children that were deemed ready for determination. Of the 31 requests, 24 or 77% were approved, five (16%) were denied, and two were in the process of being determined at the time of reporting. There were no requests that were deemed urgent and 25 (86%) were determined within seven calendar days.
50. As shown in Exhibit C above with regards to paragraph 426 of the 2018 Ruling and payment of all mental health actuals in Ontario, all seven submissions were evaluated and determined in accordance with the timelines and payments were issued within the 15 days as ordered.
51. Data reporting is a standing item on JPOC meeting agendas. At JPOC, various data reports are shared for discussion including up-to-date compliance rates (refer to Exhibits A and U) as well as a monthly activity report that highlights all activities undertaken or underway in each region and at headquarters. These activities include communications and outreach, community events, and compliance activities.



### Data Collection and Reporting Framework

52. As stated above, on a regular basis, Canada shares various data reports with the Parties. These include weekly Jordan's Principle National Call Centre reports and monthly Jordan's Principle Compliance Reports (refer to Exhibit A). The weekly Jordan's Principle National Call Centre Report statistics for April 1-7, 2019 are attached to this affidavit as **Exhibit V**.
53. Given the increased interest in data shared by Canada with the Parties, at the January 17, 2019 CCCW meeting, I committed to the Parties that we would work to develop a Reporting Framework that identifies the existing indicators being collected and discuss additional indicators of interest. A special meeting is being planned for April 17, 2019 to discuss this framework. Once complete, this framework is intended to guide future reporting, including compliance rates, and discussions at JPOC and CCCW. At the April 2, 2019 CCCW meeting, I shared a document listing indicators and existing data collection on Jordan's Principle requests for discussion. This document is attached to this affidavit as **Exhibit W**.

### Longitudinal Study on First Nations Children and Youth

54. Further to my May 24, 2018 affidavit on mental health, Canada has pursued a number of activities to better understand the access challenges faced by First Nations children with regards to mental health but also other types of services. The Gap Analysis Report that was ordered in paragraph 425 of the 2018 Ruling was completed on March 23, 2018 with feedback and input from the Parties and the First Nations Mental Wellness Framework Implementation committee. A list of actions taken to respond to this order and paragraph 426 which was to retroactively pay for mental health actuals in Ontario, is attached to this affidavit as **Exhibit X**.
55. This Gap Analysis report helped to identify that new data and research are necessary. In late 2018, I approved work on a Longitudinal Survey on First Nations Children and Youth.
56. With involvement of the Parties, this Longitudinal Study is being led by the independent First Nations Information Governance Centre (FNIGC). FNIGC is developing a proposal for the feasibility/planning of the Child Development Survey (measuring the impacts of Adverse Childhood Experiences among other elements) and revision to the existing First Nations Community Survey. The AFN and the Caring Society have been involved in calls between Canada and the First Nations Information Governance Centre, as we seek to identify scope, scale and timing of the feasibility study. To date, the feasibility study will cost an estimated \$600,000 and will take approximately 20 months.




## Consultation

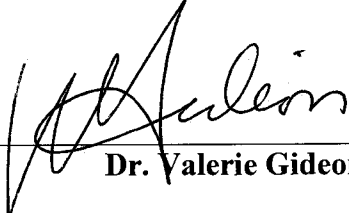
57. The Tribunal has ruled that Canada shall work with the Parties on Jordan's Principle through consultation and resolve any outstanding issues when they arise. I have made every effort to work with the Parties and collaborate on the policy and operations of Jordan's Principle and addressing gaps in First Nations children mental health. Wherever possible, I have sought to create and foster an open and transparent dialogue to respond to issues promptly and effectively so that the Government's activities and commitments on Jordan's Principle are reflective of Parties' understandings and of our regional First Nations partners.
58. I was responsible for updating the Jordan's Principle Operations Committee terms of reference, including adding a Parties' co-chair which is presently occupied by the AFN. I sought support of the Parties to include Jordan's Principle on the agenda and work plan of the Consultation Committee on Child Welfare. ISC continues to support and fund the joint work of the Jordan's Principle Action Table that is chaired by the AFN. On a regular basis, ISC responds to questions of the Caring Society regarding requests for specific children as well as those aimed at clarifying/addressing operational and data issues.
59. I have developed a proposal for a Common Secretariat to achieve better coordination in ISC's support and participation in meetings involving the Parties, whether they involve Jordan's Principle or the First Nations Child and Family Services Program. This approach was approved by the CCCW on April 2, 2019. Attached as **Exhibit Y** is the proposal on the Common Secretariat Consultation with Parties to the Canadian Human Rights Tribunal Complaint that includes a description of its function and implementation.
60. Dr. Blackstock and I co-chair an Expert Advisory Committee on development of a policy lens and training for the public service to prevent discriminatory ideologies, policies and practices from being perpetuated against First Nations children in the public service. The draft terms of reference and work plan for the First Nations Children's Rights/Mandatory Training Curriculum and Policy Lens Advisory Group are attached as **Exhibit Z**. In addition, to respond to the Parties' concerns about ISC's performance, at the April 2, 2019 CCCW meeting, I tabled a draft of ISC's Executive Performance Objectives related to implementation of the Orders for comment. This document is attached to this affidavit as **Exhibit AA**.
61. In order to better track and respond in a timely manner to cases brought forward to my attention by the Caring Society, I have created a position in my office that is also supporting the creation of the improved appeals process. While new, the intention of this client representative function is to provide monthly reports to the Caring Society of cases tracked, outcomes, etc.



62. I keep in close contact with the Parties. I am often corresponding with one or multiple parties on a weekly and sometimes daily basis. It is fair to say that someone from my team is in contact with one or more of the Parties on a daily basis.
63. I want to reassure the Tribunal that ISC is committed to working with the Parties through consultation to resolve issues as they arise. I view the collaborative work with the Parties as a long-term measure to ensure that the unmet needs of First Nations children are being met and to further ensure that the legacy of Jordan River Anderson is honoured and fulfilled.
64. Over the next year, working with the Parties and under the advice of the Jordan's Principle Action Table that is chaired by the AFN, I will continue to support and participate directly in the continued development of the longer term implementation approach to Jordan's Principle.

SWORN TO before me at the City of  
Ottawa, Province of Ontario, on  
April 15, 2019.

  
\_\_\_\_\_  
A Commissioner for Taking  
Affidavits  
Q. HANSSENS

  
\_\_\_\_\_  
Dr. Valerie Gideon



This is Exhibit "A" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



### Jordan's Principle – Child First Initiative February Monthly Report

Funding for Jordan's Principle – Child First Initiative is being distributed in two ways, either directly through Indigenous Services Canada (ISC) or through community partners and partner organizations. In the first case, First Nations children requiring products and/or services apply directly to ISC for support and these requests are then managed by ISC.

In the second case, First Nations children requiring products or services can be identified by a partnering community or service organization. Partners are funded by ISC to assess cases as well as to facilitate and track access to products and services delivered. At the time of application, an estimated number of children requiring products or services is provided to ISC. At the end of the funding cycle, partners report on the actual number of children served and the products and services provided.

Between April 1, 2018, and February 28, 2019, there were an estimated 134,333 products and services approved by Jordan's Principle – Child First Initiative. Of the total number of product and services approved, 13,152 products and services were administered directly by ISC. The remaining 121,181 products and services were approved for administration by partner organizations and communities.

Table 1: JORDAN'S PRINCIPLE/CFI – Approved Requests, April 1, 2016 – February 28, 2019						
Region	Total Approved Requests 2016-17 fiscal year	Total Approved Requests 2017-18 fiscal year	2018-19 fiscal year requests			Total Approved Requests, July 2016 – February 28, 2019
			Total Approved ISC Managed Individual Requests	Total Approved Community Managed Group Requests	Total Approved Requests (to February 28, 2019)	
Atlantic	18	2,809	3,419	4,085	7,504	10,331
Quebec	33	3,529	1,024	18,697	14,521	18,083
Ontario	630	49,494	3,394	36,330	41,724	91,848
Manitoba	3,695	9,852	1,064	31,464	32,528	46,075
Saskatchewan	513	7,186	1,481	17,877	19,358	27,057
Alberta	43	2,344	588	8,133	9,721	12,108
British Columbia/FNHA	7	1,617	1,745	3,534	5,279	6,903
Northern/Yukon	1	60	437	3,261	3,698	3,759
<b>TOTAL</b>	<b>4,940</b>	<b>76,891</b>	<b>13,152</b>	<b>121,181</b>	<b>134,333</b>	<b>216,164</b>

#### Notes:

1. The number of products and services requests in Community managed requests is an estimate provided by partner organizations and communities. The final number of services as well as the number of clients served with this funding is due to be reported by communities and service providers at the end of the funding period.
2. The number of products and services requested by partner organizations and communities in 2018-2019, reported above, may include a continuation of products and services that were previously requested and approved in Fiscal Year(s) 2016-2017 or 2017-2018 for multiple years.
3. Data validation activities on regional submissions are ongoing.



Table 2: JORDAN'S PRINCIPLE/CFI – Summary of Expenditures & Commitments, Grants and Contributions funding			
Region		Expenditures & Commitments	
		2017-2018 FY	2018-2019 FY (to February 28, 2019)
Atlantic		\$5.74M	\$26.26M
Quebec		\$2.80M	\$12.18M
Ontario		\$55.34M	\$120.96M
Manitoba		\$57.54M	\$73.31M
Saskatchewan		\$6.65M	\$31.26M
Alberta		\$7.13M	\$29.90M
British Columbia/FNHA		N/A	N/A
Northern/Yukon		\$0.22M	\$7.92M
<b>TOTAL</b>		<b>\$135.42M</b>	<b>\$301.78M</b>

### Summary

- From July 2016 to February 28, 2019, the Government of Canada approved an estimated 216,164 requests for products and services for First Nations children.
- From April 1, 2018, to February 28, 2019, the Government of Canada approved an estimated 134,333 requests for products and services for First Nations children.
- The Government of Canada approved approximately 76,891 requests for products and services for First Nations children in Fiscal Year 2017-2018 and 4,940 requests for products and services in Fiscal Year 2016-2017.
- To date, the majority of requests are community managed and they are for services such as respite care and specialized services, including mental health supports, speech language pathology, physiotherapy and occupational therapy.
- ISC managed individual requests are for products and services, including electronic devices and software, adaptive and sensory equipment, mobility aids, and other medical services and devices.
- As of March 31, 2018, a total of \$135.42M was expended in support of Jordan's Principle through Grants and Contributions funding in Fiscal Year 2017-2018.
- From April 1, 2018, to February 28, 2019, an additional \$301.78M has been committed or expended in support of Jordan's Principle through Grants and Contributions funding for Fiscal Year 2018-2019.



This is Exhibit "**B**" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



**Jordan's Principle Expenditures by Funding/Functional Areas, as at February 28, 2019**

<b>Func. Area</b>	<b>Year 1 2016-17</b>	<b>Year 2 2017-18</b>	<b>Year 3 2018-19</b>	<b>Grand Total</b>
KL16 - Respite Care	8,825,319.00	48,961,165.20	59,717,515.77	117,503,999.97
KL22 - Allied Services	391,961.00	29,195,051.28	60,301,687.99	89,888,700.27
KL07 - Suicide Prevention		28,821,902.00	60,443,078.00	89,264,980.00
KL29 - Mental Health	19,982.00	11,791,885.28	43,722,913.29	55,534,780.57
KL24 - Service Coordination	4,791,967.00	15,546,203.00	19,709,916.05	40,048,086.05
ISC Regional Office (Education & Social Services)	63,018.00	12,968,103.30	22,289,723.62	35,320,844.92
KL17 - Home Care	73,100.00	2,129,243.00	5,823,475.92	8,025,818.92
KL04 - AHSOR	585,121.00	1,076,108.00	5,048,398.01	6,709,627.01
KL30 - Medical Transportation	56,107.02	929,300.14	4,289,359.05	5,274,766.21
KL06 - Brighter Futures	2,500.00	330,423.62	4,763,660.00	5,096,583.62
KL26 - Medical Supplies & Equipment	73,922.78	685,875.23	1,691,199.25	2,450,997.26
KL03 - Maternal Child Health		969,133.00	1,278,090.00	2,247,223.00
KL09 - Treatment Centres Program (NNADAP)	26,443.50	48,087.27	1,854,460.82	1,928,991.59
KL23 - Day Programs	17,250.00	396,184.40	1,377,649.55	1,791,083.95
KL33 - Education			1,262,797.88	1,262,797.88
KL05 - Building Healthy Communities			996,000.00	996,000.00
KL02 - Fetal Alcohol Spectrum Disorder	43,045.00	265,805.00	416,021.00	724,871.00
KL13 - CCC Nusing - Direct Service Delivery			456,972.00	456,972.00
KL25 - Pharmacy	45,782.15	175,089.73	173,256.12	394,128.00
KL27 - Dental	1,428.57	9,816.62	382,562.52	393,807.71
KL20 - Capital Investments				



		115,989.80	273,264.18	389,253.98
KL18 - HCC Professional Development	18,720.00	180,359.00	18,000.00	217,079.00
KL10 - Youth Solvent Abuse Program	22,681.50	132,000.00	31,575.78	186,257.28
KL12 - CCC Supplies & Equipment	90,027.00		1,913.68	91,940.68
KL14 - CCC Other Direct Service Delivery		68,134.00	2,500.00	70,634.00
KL28 - Vision Care		20,345.77	30,632.57	50,978.34
KL11 - CCC Professional Development		18,700.00		18,700.00
KL19 - Palliative Care			2,632.50	2,632.50
KL08 - National Native Alcohol & Drug Abuse Program		810.00		810.00
<b>Grand Total</b>	<b>15,148,375.52</b>	<b>154,835,714.64</b>	<b>296,359,255.55</b>	<b>466,343,345.71</b>

Notes:

1. Regional Office Education & Social Services includes approvals for Education, Income Support, Assisted Living, etc.
2. Due to data restrictions in February, they could not be split into each category.
3. An additional \$46 million was committed and to be paid out by March 31, 2019 – a breakdown by functional area is not available.



This is Exhibit "C" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019

A handwritten signature in black ink, appearing to read 'Bernard Hanssens', is written above a horizontal line.

A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



## APPLICATION DETAILS

Claimant	Submitted By	City/Community	Province/Territory	Unique Identifier	ON/OF Reserve	Type of Request (Individual / Group)	Date region receives sufficient information to assess request
Nogdawindamin Family and Community Services	Nogdawindamin Family and Community Services	Batchewana First Nation	ON	ON-MH-0001		Group	02-16-2018
Dilico Anishinabek Family Care	Dilico Anishinabek Family Care	Fort William First Nation	ON	ON-MH-0002		Group	02-22-2018
	Aamjiwnaang First Nation	Sarnia	ON	ON-MH-0003	OFF	Individual	02-15-2018
	Aamjiwnaang First Nation	Wyoming	ON	ON-MH-0004	OFF	Individual	02-15-2018
Wahnapitae First Nation Health Department	Wahnapitae First Nation Health Department	Capreol	ON	ON-MH-0005		Group	02-05-2018
				6575-5-232			03-08-2018
<del>* Anishinaabe Abinoojii Family Services</del>	<del>Anishinaabe Abinoojii Family Services</del>	Kenora	ON	ON-MH-0006		Group	
Native Child and Family Services	Native Child and Family Services	Toronto	ON	ON-MH-0007		Group	05-03-2018
Saugeen First Nation	Saugeen First Nation	Southampton	ON	ON-MH-0008		Group	10-23-2018

\* Funding to the Anishnaabe Abinoojii Family Services was removed as the requests were paid by the Child and Family Services Program under Order 411, February 1, 2018 Ruling



Time received (hh:mm)	Reason for application/ Needs	Product/ support/ service delivered (list each product or service as a separate line item if the client has more than one)	start date (mm-dd-yyyy)	end date (mm-dd-yyyy)	Actual cost
16:08 CHRT Order 426		Children's Mental Health Reimbursement	01-26-2016	02-01-2018	\$ 549,564.03
13:43 CHRT Order 426		Children's Mental Health Reimbursement	01-26-2016	02-01-2018	\$ 846,902.36
14:54 CHRT Order 426		reimbursement for mileage for counsellor Wilma Simon to travel from London to Sarnia to see child	09-10-2017	02-09-2018	\$ 800.00
15:05 CHRT Order 426		reimbursement for gas, mileage, and parking	09-05-2017	09-15-2017	\$ 57.10
10:21 CHRT Order 426		Children's Mental Health Services Reimbursement	01-26-2016	01-28-2018	\$ 98,602.50
0:00 CHRT Order 427		Band Representative Services Reimbursement			
	CHRT Order 426	Agency expenditures for Mental Health Funding			\$ 2,200,781.42
12:00 CHRT Order 426		Children's Mental Health Reimbursement	01-26-2016	02-01-2018	\$ 94,774.62
14:30 CHRT Order 426		Mental Health Services to Children	01-28-2018	02-01-2018	\$ 111,935.00
Jordan's Principle		Allied Health services to Children - SLP			\$ 57,299.00



SUPPORTING DOCS REQUESTED		DECISION			RESPONSE TO APPLICANT	
Rationale	Decision	Notice of Acceptance date (mm-dd-yyyy)	Decision Time (hh:mm)	Total funding amount approved	Date of response to requestor (mm-dd-yyyy)	Time of response to requestor (hh:mm)
Listing of the mental health services provided	Approved	02-26-2018	22:00	\$ 549,564.00	02-28-2018	17:25
	Approved	03-05-2018	15:01	\$ 846,902.00	03-05-2018	15:58
	Approved	02-26-2018	13:25	\$ 800.00	02-28-2018	16:49
Referred to INAC under Order 427 Combined total of \$68,362.50. Remaining \$30,240 considered as a Jordan's Principle request.	Approved	03-11-2018	20:46	\$ 57.10	03-12-2018	11:00
	Mental Health Services approved under 426	02-22-2018	11:53	\$ 12,900.00	03-27-2018	9:42
	Approved upon ESDPP recommendation under 427	03-22-2018	13:45	\$ 55,462.50		
<del>Narrative description of Niigoni program delivery. Narrative on mental health services delivered by Sherry Copenance. Child focused summary. Confirmation that clients are children.</del>	Approved			\$ 2,200,781.42	09-17-2018	
Clarification on Foster Parent Consulting. Narrative articulating the rate for services from Inner Stages Consulting. Separate Language Pathology Services under CFI. Determine funding vehicle.	Approved	05-09-2018	11:48	\$ 49,486.00	05-11-2018	16:59
Invoices from MH support for youth	Approved	10-23-2018	15:18	\$ 169,234.00	10-23-2018	15:18
Allied health expenditures	Approved					



## PAYMENT PROCESSING

[illegible]



This is Exhibit "D" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019

A handwritten signature in black ink, appearing to read 'Bernard Hanssens', written over a horizontal line.

A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



	Further Information	Further Information	children	Requested	Approved	prepare	sent	prepared	FINANCE	Report	2019 Status	2018-2019 Accepted	reallocation in 2017/2019	requested for						
					2018/2019	d				2018-2019		Rec'd		2019/2020						
Mushkegowuk Council	Dec 21/17 @9:22am	Dec 22/17	N/A	N/A	100	\$640,863.00	\$612,713.00	yes	yes	yes	yes	SET	2019-03-31	\$612,713.00	N/A	YES	Dec 10/18	Dec 10/18		Prior approved from 2017/2018 application
Chapleau Cree FN	Feb 01/18 @ 7:28am	Mar 26/18 @ 8:59pm	Feb 05/18 @ 8:30am		100	\$507,235	\$699,405	yes	yes	yes	yes	FLEX	2021-03-31	\$699,405.00	N/A	YES	Rec'd Jan 17/19 @ 12:03pm	Jan 17/19 @ 2:18 pm	Sept 18/18 @ 12:19pm, accepted Oct 30/18. Another request to reprofile \$45,000 on Jan 09/19. Total of both is \$115,000. Sent email Feb 22 for 3rd reprofile attempt	Request to reprofile some of this fiscal funding. Funding within training & travel to purchase of van and land based activities. Quote rec'd and reprofile accepted \$70,000. Received another reprofile on Jan 09/19 for wheel chair accessible vehicle \$45,000. Total of all reprofiles is \$115,000 and was reminded in a reply when reprofile was accepted that Interim is still outstanding
Constance Lake FN	Feb 24/18 @ 8:52am	Mar 27/18 @ 10:16am	N/A	N/A	400	\$415,492.00	\$415,492.00	Yes	Yes	Yes	yes	FLEX	2021-03-31	\$351,703.00	\$63,789	INCOMPLETE	Jan 30/19 @ 11:48am, back to comm for inaccuracies			Interim Rpt back to comm on Feb 01/19 due to inaccuracies
Shibogama Health Authority	Mar 6/18 @4:08pm	Mar 27/18 @ 11:55am	N/A	N/A	82	\$249,370.00	\$249,370.00	Yes	Yes	Yes	yes	SET	2019-03-31	\$249,370.00	N/A	NO	Email to SPO on Feb 18			
Long Lake #58	March 9/18 @4:09pm	Mar 28/18 @ 4:53pm	N/A	N/A	207	\$952,613.00	\$952,613.00	Yes	Yes	Yes	yes	SET	2020-03-31	\$952,613.00	N/A	NO	Interim DCI created Aug 31/18			
Neskantaga	Mar 22/18 @ 11:42am	Mar 23/18 @ 3:26pm	N/A	N/A	100	\$1,424,496.00	\$1,424,496.00	Yes	Yes	Yes	yes	FLEX	2019-03-31	\$712,248	\$712,248	YES	Nov 13/18 @ 4:25pm	Dec 07/18 @ 9:43am		Email to NAN Dec 06 re conversation necessary with comm re spending of funds
Windigo Interagency WINKS	Mar 07/18 @ 2:43pm	Mar 15/18 @ 2:25pm	N/A	N/A	280	\$901,175.00	\$928,455.00	Yes	Yes	Yes	yes	SET	2019-03-31	\$928,455.00	N/A	INCOMPLETE	Nov 13/18 @ 4:25pm, Processing			
Weenusk	Mar 26/18 @ 3:50pm	Mar 27/18 @ 11:54am	N/A	N/A	151	\$750,948.00	\$750,948.00	Yes	Yes	Yes	yes	SET	2023-03-31	\$563,211.00	\$187,737	YES	Nov 29/18	Nov 29/18		
Mushkegowuk Council	Mar 27/18 @ 9:41am	Mar 28/18 @ 4:48pm	N/A	N/A	700	\$1,292,845.00	\$1,292,845.00	Yes	Yes	Yes	yes	SET	2019-03-31	\$1,292,845.00	N/A	NO	CRK called and sent email for rpts on Jan 25			
Webequie FN	Mar 27/18 @ 1:03pm	Apr 07/18 @ 10:42am	N/A	N/A	380	\$1,474,287.00	\$1,475,837.00	yes	yes	yes	yes	FLEX	2020-03-31 Extended for 1 yr	\$1,106,878.00	\$368,959	INCOMPLETE	DCI sent in Sept 2018, rec'd rpt on Feb 14, need clarif			
Kitchenuhmaykoosib Inninuwug	Mar 27/18 @ 1:43pm	Apr 05/18 @ 7:11am	Mar 27/18 @ 7:18pm	Apr 03/18 @ 3:51pm	642	\$4,047,107.00	\$4,059,373.00	Yes	yes	Yes	yes	FLEX	2020-03-31 Extended for 1 yr	\$3,044,530.00	\$1,014,843	NO	Sent email Sept 17 & Dec 10, Jan 31			Director sent email on Jan 31 to discuss reprofiling of CL funds to fit JP request
Mishkeegogamang	Mar 29/18 @ 10:04am	Apr 05/18 @ 9:48pm	Mar 29/18 @ 2:53pm	Apr 04/18 @ 2:26pm	1080	\$3,470,724.67	\$3,470,725.00	Yes	yes	Yes	yes	FLEX	2020-03-31 Extended for 1 yr	\$2,603,044.00	\$867,681	INCOMPLETE	Nov 26/18 @ 3:44pm, sent email back Feb 08			
Aroland	Mar 29/18 @ 11:38am	Apr 04/18 @ 6:40pm	Mar 29/18 @ 4:53 pm	Apr 04/18 @ 12:04pm	122	\$671,990.00	\$671,990.00	Yes	Yes	Yes	yes	SET	2020-30-31	\$671,990.00	N/A	YES	Dec 14/18 @ 2:27pm	Dec 19/18 @ 9:45am		
Missanabie Cree	Mar 29/18 @ 11:58am	Mar 31/18 @ 7:15am	N/A	N/A	174	\$217,026.00	\$217,026.00	Yes	Yes	Yes	yes	SET	2020-03-31	N/A	\$217,026.00	INCOMPLETE	Nov 28/18 Processing, sent email Feb 08/19 See note			Feb 08/19 @ 1:35 sent email back to community to discuss the Interim Report as Interim and Financial stmt do not match
Matachewan	Mar 29/18 @ 12:04pm	Apr 5/18 @ 9:42 pm	Mar 29/18 @ 5:27pm	Apr 04/18 @ 3:07pm	65	\$131,736.00	\$131,736.00	Yes	yes	Yes	yes	SET	2020-03-31	\$131,736.00	N/A	YES	Nov 13/18 @ 12:42pm	Nov 18/18 @ 12:42pm	Possible amt of skidoo purchase see file	
Wahgoshig	Apr 03/18 @ 10:01am	Apr 05/18 @ 9:38pm	Apr 03/18 @ 10:03pm	Apr 03/18 @ 3:18pm	113	\$634,085.00	\$625,835	Yes	yes	Yes	yes	SET	2020-30-31	\$625,835.00	N/A	NO	DCI sent in Sept 2018			
Shibogama Health Authority #2	Apr 03/18 @ 10:59am	Apr 06/18 @ 10:51am	Apr 03/18 @ 3:04 pm	Apr 04/18 @ 3:01 pm	82	\$314,160.00	\$331,760.00	yes	yes	yes	yes	SET	2019-03-31	\$331,760.00	N/A	NO	Email to SPO on Feb 18			Oct 15 @ 1:32pm working with Allan Brown on reallocation request
Brunswick House	Apr 03/18 @ 1:59pm	Apr 07/18 @ 10:36am	Apr 03/18 @ 8:54pm	Apr 09/18 @ 12:04pm	67	\$772,272.00	\$299,499.00	yes	yes	yes	yes	SET	2019-03-31	\$299,499.00	N/A	YES	Email sent on Jan 09/19 for rpt. Comm sent draft on Jan 23/19 and final rec'd on Jan 24/19. Process			
Bearskin Lake	Apr 03/18 @ 5:39pm	Apr 05/18 @ 9:54pm	Apr 03/18 @ 10:59pm	Apr 05/18 @ 12:50pm	120	\$2,448,244.90	\$2,051,405.00	yes	yes	yes	yes	FLEX	EXT 2020-03-31	\$1,538,554.00	\$512,851	INCOMPLETE	Jan 22/19 @ 12:27pm, updated version Feb 08/19, Processing, teleconference on Feb 11/19. See note	Processing, teleconference on Feb 11/19. See note	Teleconference to reprofile Jan 23/19	NAN in comm Jan 23 working on it. Rec'd annual 17/18 and Interim 18/19 on Feb 07, setting up teleconference on Feb 11/19 to discuss with NAN and community
KO Health - Nurses	Apr 04/18 @ 3:55pm	Apr 06/18 @ 10:52am	Apr 04/18 @ 6:13pm	Apr 05/18 @ 12:33pm	1080	\$844,528.47	\$847,824.00	yes	yes	yes	yes	FLEX	2019-03-31	\$847,824.00	N/A	NO	Rpt ext Nov 16, Email sent to NAN on Dec 06, Jan 14, Feb 19-20			
NAN CL Coordinator and Mental Health Services Coordinator	April 05/18 @ 1:37pm	April 05/18 @ 9:53pm	N/A	N/A		\$1,350,338	\$1,350,338	yes	yes	yes	yes	FLEX	2021-03-31	\$1,012,828.00	\$337,609	YES	Rec'd Feb 22/19, processing			
Beaverhouse FN	Apr 06/18 @ 2:25pm	Apr 07/18 @ 10:49am	N/A	N/A	86	\$427,570.00	\$427,570.00	yes	yes	yes	yes	BLOCK - Wabun	2020-03-31	\$427,570.00	N/A	YES	Nov 16/18 @ 4:22pm	Nov 16/18 @ 4:45pm		Email to NAN Dec 06 re conversation necessary with comm re reprofiling
Poplar Hill FN	Apr 06/18 @ 4:10pm	Apr 07/18 @ 10:44am	N/A	N/A	110	\$917,808.00	\$917,808.00	yes	yes	yes	yes	FLEX	2020-03-31	\$688,356.00	\$229,452	INCOMPLETE	Nov 29/18, Under Review, sent email Nov 30 & Jan 11 and Feb 06			Interim Rpt rec'd on Nov 29 but needed to be revised, sent back to the community to revise, several emails sent to acquire revised rpt
Keewatin FN	Apr 09/18 @ 9:57am	Apr 09/18 @ 9:17pm	N/A	N/A	180	\$974,201.00	\$963,230	yes	yes	yes	yes	FLEX	2019-03-31	\$963,230.00	N/A	NO	Email Aug 29 and another email on Jan 04/19		Reprofiled 2018-2019 in the amt of \$296,831.28	Emails sent for Interim Report (Aug 29 & Jan 04)
Windigo FN council	Apr 11/18 @ 3:40pm	Apr 13/18 @ 1:12pm	N/A	N/A	494	\$2,128,909.20	\$2,128,909.00	yes	yes	yes	yes	SET	2019-03-31	\$1,439,671	\$689,238	NO	Nov 23/18 SPO sent email			
Slate Falls FN	Apr 11/18 @ 4:09pm	Apr 16/18 @ 10:51am	Apr 12/18 @ 12:31pm	Apr 13/18 @ 4:21pm	90	\$1,364,108.90	\$1,364,109	yes	yes	yes	yes	FLEX	2019-03-31	\$1,023,082.00	\$341,027	YES	Oct 22/18 @ 5:25pm	Oct 22/18 @ 7:21pm	Sent template on Feb 21/19	
Wawaskesiu FN	Apr 12/18 @ 3:52 pm	Apr 13/18 @ 2:48pm	N/A	N/A	30	\$375,320.00	\$375,320.00	yes	yes	yes	yes	SET	2018-03-31	\$281,490.00	\$93,830	YES	Jan 08/19 @ 3:43pm	Jan 23/19 @ 11:07am		
Taykwa Tagamou	Apr 13/18 @ 3:17pm	May 09/18 @ 4:05pm	Apr 15/18 @ 8:57am & Apr 27/18 @ 4:58pm	Apr 27/18 @ 4:43 pm May 09/18 @ 3:10pm	40	\$899,976.00	\$806,926	yes	yes	yes	yes	SET	2021-03-31	\$403,463	\$403,463	YES	Dec 05/18	Dec 05/18		
KOBE Keewatinook Okimakanak Board of Education																				Rec'd Interim Rpt from KOBE on Jan 24/19, Coordinator states only started as of Oct 2018 so rpt is mostly from that period on and not previous. This rpt does not belong to KOBE CL amounts approved it is for JP funding amounts, was discussed in teleconference and via email they will prepare our CL rpts.
	Apr 20/18 @ 4:12pm	Apr 21/18 @ 3:07pm	N/A	N/A	1060	\$858,275.00	\$858,275.00	yes	yes	yes	yes	FLEX	2019-03-31	\$413,436.00	\$444,839	INCOMPLETE	Email sent to NAN on Dec 06 and Jan 14. Rec'd rpt on Jan 24, questions sent email on Feb 14			
Ginoogaming FN	Apr 20/18 @ 10:26pm	Apr 23/18 @ 12:37	Apr 21/18 @ 7:02pm	Apr 23/18 @ 12:13pm	290	\$399,968.80	\$399,435.00	yes	yes	yes	yes	SET	2020-03-31	\$399,435.00	N/A	NO	Rpt ext Nov 16			
Mattagami FN	Apr 23/18 @ 11:03am	Apr 23/18 @ 4:50pm	N/A	N/A	120	\$579,401.68	\$579,402.00	yes	yes	yes	yes	SET	2020-03-31	\$579,402.00	N/A	YES	Dec 10/18	Dec 11/18		
Mushkegowuk TC	Apr 24/18 @ 6:41pm	May 13/18 @ 9:20am	Apr 24/18 @ 9:33pm & May 08/18 @ 3:36pm	May 08/18 @ 3:36pm	700	\$2,830,080.00	\$2,741,420.00	yes	yes	yes	yes	SET	2019-03-31	\$1,732,853.00	\$1,008,567	NO	CRK called and sent email for rpts on Jan 25		Have req't reallocation of all funds	
Lac Seul	Apr 25/18 @ 11:04am	May 10/18 @ 3:42pm	Apr 25/18 @ 1:26 pm	May 09/18 @ 10:39am	205	\$1,302,154.15	\$1,309,934	yes	yes	yes	yes	FLEX	2021-03-31	\$601,678.00	\$708,256	YES	Dec 18/18 @ 12:38pm	Feb 06/19 @ 12:25pm		Questions on budget and last fiscal funds.
KOSS-Keewatinook Okimakanak Secondary School	Apr 25/18 @ 4:26pm	May 05/18 @ 6:53am	Apr 25/18 @ 6:03pm	Apr 26/18 @ 10:36pm See notes	150	\$2,795,947.00	\$1,352,286.00	yes	yes	yes	yes	SET	2019-03-31	\$93,901.00	\$1,258,385	NO	Email sent to NAN on Dec 06 and Jan 14. Email rec'd Jan 31/19 that they will send Interim next week. Emailed again Feb 12			
KOSS-Keewatinook Okimakanak Secondary School	Apr 25/18 @ 4:26pm	July 12/18 @ 10:41pm	June 28/18 in person mtg		150	\$2,795,947.00	\$744,854.00	yes	yes	yes	yes	SET	2019-03-31	\$318,330.00	\$426,524	NO	Email sent to NAN on Dec 06 and Jan 14. Email rec'd Jan 31/19 that they will send Interim next week. Emailed again Feb 12			
KO Health - Elders	Apr 30/18 @ 12:45pm	May 14/18 @ 4pm	May 01/18 @ 3:46pm	May 14/18 @ 3:18pm	1,060	\$661,135.00	\$661,135.00	yes	yes	yes	yes	SET	2019-03-31	\$661,135.00	N/A	NO	Email sent to NAN on Dec 06 and Jan 14, Feb 19-20			
North Caribou Lake	May 08/18 @ 2:09pm	May 18/18 @ 1:39pm pending quotes rec'd	May 09/18 @ 6:37am	May 17/18 @ 5:47pm	300	\$4,357,985.28	\$3,117,288.00	yes	yes	yes	yes	FLEX	2019-03-31	\$2,222,157.00	\$895,131	YES	Feb 06/19 @ 10:57am, Processing			
Wunnum Lake	May 09/18 @ 5:32pm	June 02/18 @ 7:54am	May 09/18 @ 7:31pm	May 30/18 @ 3:45pm	175	\$2,767,752.90	\$1,814,020.00	yes	yes	yes	yes	FLEX	2019-03-31	\$1,360,515.00	\$453,505	INCOMPLETE	Email sent on Jan 11/19 @ 8:45am. Rec'd on Feb 04 and sent back for questions on Feb 05			
Windigo TC-Secondary School Services	May 10/18 @ 3:03pm	May 11/18 @ 6:17am	N/A	N/A	120	\$683,045.00	\$628,045.00	yes	yes	yes	yes	SET	2019-03-31	\$628,045.00	N/A	NO				
Sandy Lake FN	May 14/18 @ 8:21pm	June 04/18 @ 10:42 pm	May 15/18 @ 8:48am	June 4/18 @ 10:42 pm	600	\$947,520.00	\$784,080.00	yes	yes	yes	yes	FLEX	2021-03-31	\$588,060.00	\$196,020	NO	Email sent on Feb 06, reply Feb 07 waiting on invoices			
Whitewater Lake FN	May 16/18 @ 7:08pm	June 11, 2018 @ 12:58	May 16/18 @ 5:59pm	June 4/18 in person at NAN mtg	60															



Eabametoong -Fort Hope	May 23/18 @ 7:12pm	July 13/18 @ 8:57pm	May 24/18 @ 11:29pm	July 12/18 @ 11:41am	297	\$2,263,406.00	\$1,362,192.00	yes	yes	yes	yes	yes	FLEX	Extended for 1 yr	\$681,096	\$681,096	NO	states will have it ready next week				
Flying Post FN	May 24/18 @ 12:06pm	May 25/18 @ 6:12am	May 24/18 @ 3:30pm	May 24/18 @ 4:04pm	60	\$166,947.00	\$170,869.00	yes	yes	yes	yes	yes	SET	2020-03-31	\$170,869.00	N/A	NO	Email sent Feb 14				
Attawapiskat FN	May 27/18 @ 10:48	June 11/18 @ 8:52pm	May 28/18 via NAN May 29/18 @ 11am teleconference see note	June 4/18 @ 3:14 pm	500	\$3,127,234.00	\$2,879,015.00	yes	yes	yes	yes	yes	SET	2021-03-31	\$639,782.00	\$2,239,233.00	INCOMPLETE	Interim Q1 & Q3 Financial stmt rec'd, email sent on Nov 16 & 19. Teleconference on Feb 08. Int rpt rec'd Feb 20, rpt not sufficient Feb 06/19@10:57am, Processing	Total of \$99,257 Reprofile. Sent rpt on Feb 18 to reprofile \$ for Youth Ctr			Teleconference on Feb 08 with NAN and Attawapiskat to discuss reporting not submitted, email sent after teleconf with missing rptg and templates
North Caribou Lake #2	May 22/18 @ 2:51pm	June 01/18 @ 3:39pm		May 30/18 @ 1:47pm,	300	\$467,089.04	\$463,239.00	yes	yes	yes	yes	yes	FLEX	2019-03-31	\$463,239.00	N/A	YES					Emails sent for Interim Report (Dec 28 and Jan 09) No responses from the community. As per SPO lack of response is holding funds.
Fort Albany FN	May 29/18 @ 12:53pm	June 12/18 @ 4:32pm	May 29/18 @ 9:51pm	June 12/18 @ 1:54 pm	400	\$2,027,644.35	\$1,971,210.00	yes	yes	yes	yes	yes	FLEX	2023-03-31	\$1,478,409.00	\$492,801	NO	Reminder Email sent Dec 28 and Jan 09/19, Feb 13/19				
Moose Cree FN	June 12, 2018 @	June 22/18 @ 6:53pm	N/A	N/A	154	\$447,513.00	\$432,845	yes	yes	yes	yes	yes	FLEX	2020-03-31	\$288,564.00	\$144,281	YES	Nov 29/18 @ 1:55 pm				
Lac Seul #2	June 12/18 @ 9:41am	June 22/18 @ 3:59 pm	June 12/18 teleconference	June 22/18 @ 12:36pm	205	\$107,800.00	\$106,578	yes	yes	yes	yes	yes	FLEX	2021-03-31	\$106,578.00	N/A	YES	Dec 18/18 @ 12:38pm	Feb 06/19 @ 12:25pm			Email rec'd Oct 09/18 (\$432,845). Approved Oct 17/18 @ 11:05am
Pikangikum FN	June 18/18 @ 11:25am	June 18/18 @ 4:24pm	June 18/18 @ 4:24pm	June 25/18 @ 2:06pm	1,357	\$3,706,335.00	\$3,595,970.00	yes	yes	yes	yes	yes	FLEX	2019-03-31	\$2,696,978.00	\$898,992	NO	Sent email Oct 5/18				
Marten Falls FN	June 22/18 @ 2:06pm	June 29/18 @ 10:18am	June 22/18 @ 4:36 pm	June 28/18 @ 2:24pm	147	\$830,225.80	\$773,511.00	yes	yes	yes	yes	yes	FLEX	2021-03-31	\$515,674.00	\$257,837	NO					
Deer Lake FN	June 25/18 @ 2:04pm	July 20/18 @ 9:39pm	June 25/18 @ 4:55pm	July 20/18 Teleconf	332	\$804,696.00	\$671,936.00	yes	yes	yes	yes	yes	FLEX	EXT 2020-03-31	\$503,952.00	\$167,984	NO	Sent email Feb 12/19				
Sachigo Lake FN	June 25/18 @ 6:04pm	June 26/18 @ 9:40am	N/A	N/A	363	\$1,006,113.00	\$931,875.00	yes	yes	yes	yes	yes	FLEX	2019-03-31	\$698,907.00	\$232,968	YES	Dec 05/18	December 7, 2019			Email sent on Dec 07
Mucreebec Eeyoud	July 5/18 @ 1:18pm	July 7/18 @ 9:46am	N/A	N/A	130	\$693,918.00	\$690,617.00	yes	yes	yes	yes	yes	FLEX	2023-03-31	\$460,412.00	\$230,205	NO	SPO sent email on Jan 14/19				
Wapekeka FN	June 29/18 (see note)	July 07/18 @ 9:42am	N/A	N/A	230	\$895,772.00	\$1,185,870.00	yes	yes	yes	yes	yes	BLOCK	2019-03-31	\$576,534.00	\$576,528	NO					Application amount of \$1,153,062 plus Helicopter evacuation of \$32,808 = total funding of \$1,185,870
Kasabonika Lake FN	July 10/18 @ 2:20pm	Aug 31/18 @ 12:14pm	July 10/18 @ 8:43pm / July 26 @ 10:56pm	July 26/18 @ 12:19pm / Aug 15/18 @ 12:27pm	410	\$1,635,612.00	\$1,005,961.00	yes	yes	yes	yes	yes	FLEX	2020-03-31 Extended for 1 yr	\$696,369.00	\$247,523 and \$63,069 for Helicopter Evac	NO	NAN sent email Nov 30/18 and Feb 13				Teleconference Aug 15 @ 3pm to discuss reporting as there is a discrepancy in funding spent. Amount approved is 2018/2019 application of \$943,892 and Helicopter Evacuation of \$63,069 = Total funded of \$1,006,961
Kashechewan FN	July 14/18 @ 7:54pm	Aug 24/18 @ 1:01pm	July 14/18 @ 9:41am	Aug 20/18 @ 3:34	794	\$7,129,006.48	\$2,594,421.00	yes	yes	yes	yes	yes	FLEX	2021-03-31	\$1,111,896.00	\$1,482,525	INCOMPLETE	Nov 30 email to comm and Jan 07, rpt on file but not sufficient				Email sent to the community on July 14/18, reply on July 16 teleconference scheduled on July 24 at 3pm with Cheri and NAN and July 27 with NAN, Oliver Wesley. NAN had another mtg with Christine Head week of July 30-Aug 03/18. Reply rec'd on Aug 20/18 @ 3:32pm
Kashechewan FN (Additional Reconsideration)	Sept 04/18 @ 2:26pm	Oct 11/18 @ 3:22pm	Sept 06/18 @ 2:46pm	Oct 08/18 @ 10:44pm	same as above	\$4,999,105.15	\$157,912.00	yes	yes	yes	yes	yes	FLEX	2021-03-31	\$31,584.00	\$126,328	INCOMPLETE	Nov 30 email to comm and Jan 07, rpt on file but not sufficient				
Constance Lake FN #2	July 25/18 @ 10:28am	Sept 7, 2018 @ 4:56pm	July 25/18 @ 7:25pm	Aug 09/18 @ 3:30pm	400	\$255,156.00	\$255,156	yes	yes	yes	yes	yes	FLEX	2021-03-31	\$255,156.00	N/A	INCOMPLETE	Jan 30/19 @ 11:48am, Processing				Call with Robyn on Aug 09/18 to discuss reporting arns and 2nd request.
McDowell Lake FN	July 26/18 @ 2:14pm	Aug 13/18 @ 2:24pm	July 27/18 @ 12:15pm	Aug 13/18 @ 11:40am	20	\$452,311.38	\$361,843.00	yes	yes	yes	yes	yes	SET	2020-03-31	\$271,383.00	\$90,460	NO	Dec 19 req't extension				
Nibinamik FN	July 30/18 @ 6:30pm	Sept 02/18 @ 9:10pm	Aug 03/18 @ 11:41am, teleconf Aug 08 & Aug 28	2018-09-01	191	\$4,107,570.00	\$1,257,552.00	yes	yes	yes	yes	yes	FLEX	2019-03-31	\$419,184.00	\$838,368	YES	Nov 26/19, Processing				
KOBE Detox and Safety Space		Aug 01/18 @ 7:03pm	N/A	N/A	1,060	\$433,022.00	\$299,922.00	yes	yes	yes	yes	yes	SET	2019-03-31	\$299,922.00	N/A	NO	Email sent to NAN on Dec 06, Jan 14, Feb 21				Made contact with application contact on Feb 21 for Interim Rptg
Matawa Learning Ctr- Detox and Safety Space		Aug 01/18 @ 6:40pm	N/A	N/A	60	\$418,200.00	\$284,867.00	yes	yes	yes	yes	yes	SET	2021-03-31	\$213,648.00	\$71,219	YES	Dec 07/18	Feb 14/19 see note	Asked to reprofile Oct 26		No money spent as the space has not yet started, in a Set CA will need to recover.
NNEC Detox and Safety Space		Aug 01/18 @ 6:43pm	N/A	N/A	300	\$391,582.00	\$258,372.00	yes	yes	yes	yes	yes	SET	2019-03-31	\$193,779.00	\$64,593	NO	Sent email Feb 18/19				
Matawa Learning Ctr- Matawa First Nations Mngmt	Aug 13 @ 6:49 am	Oct 17/18 @ 9:56am	Aug 13/18 @ 1:55pm	Oct 16/18 @ 4:43pm	95	\$1,158,079.00	\$1,266,097.00	yes	yes	yes	yes	yes	SET	2021-03-31		\$1,266,097.00	NO	Dec 07/18				Oct 26 Request to reprofile, no amt yet, sent template
Independent First Nations Alliance -IFNA	Aug 15/18 @ 4:14pm	Aug 31/18 @ 4:33PM	Aug 15/18 @ 6:17pm	Aug 29/18 @ 3:11pm	30	\$1,213,388.00	\$588,810.00	yes	yes	yes	yes	yes	SET	2021-03-31	\$441,606.00	\$147,204	NO					
Pikangikum FN #2	Aug 17/18 @ 9:36am		Aug 17/18 @ 10:18am			\$3,006,382.50							FLEX	2019-03-31								
Cat Lake First Nation	Sep 6/18 @ 12:38pm	Sept 08/18 @ 9:26 AM	N/A	N/A	120	\$563,020.33	\$299,477	yes	yes	yes	yes	yes	FLEX	EXT2020-03-31			NO	Nov 14 sent templates to comm				
Deer Lake FN School	Sept 07/18 @ 3:59pm	Oct 03/18 @ 7:15pm	Sept 07/18 @ 4:01pm	Sept 28/18 @ 9:39am	253	\$519,618.00	\$213,389.00	yes	yes	yes	yes	yes	FLEX	EXT 2020-03-31		\$213,389.00	YES	Processing, Dec 17/18 @ 1:20pm				\$293,898 from last year, taken off of 2018/2019 fiscal request
North Spirit Lake	Aug 02/18 @ 10:30am	Sept 6/18 8:29am	Aug 27/18 @ 9:40am	Sept 5/18 @ 9:42 am	120	\$2,153,809.90	\$958,868	yes	yes	yes	yes	yes	FLEX	2021-03-31	\$719,151	\$239,717	YES	Teleconf and email sent Jan 25 with templates. Email with Interim Feb 21, nothing spent, processing				Sent Interim on Feb 21/19 with nothing spent and requesting to reprofile.
Chapleau Ojibwe FN	Sept 17/18 @ 2:08pm	Sept 21/18 @ 8:02pm	Sept 14/18	Oct 02/18 @ 8:44am	15	\$427,405.00	\$470,745	yes	yes	yes	yes	yes	BLOCK -Wabun	2020-03-31	N/A	\$470,745.00	YES	Nov 06/18 @ 9:47am	Nov 06/18 @ 10:55am			
Kingfisher FN	Sept 24/18 @ 12:11pm	Oct 17/18 @ 10:07am	Sept 25/18 @ 5:47pm	Oct 09/18 @ 10:10am	172	\$1,678,302.00	\$984,244	yes	yes	yes	yes	yes	BLOCK	2020-03-31	N/A	\$984,244.00	NO	Rpt ext Nov 14				Sent email to NAN (Sept 25) with questions for Kingfisher, reporting and carry forward plan do not match. Reply on Sept 27/18 still missing reprofiling req't. NAN sent email on Oct 02 stating understanding confusion with reporting and Jessica will contact the comm to work on the Annual rpt and Carry over plan. Reply on Oct 09/18 @ 10:10am with updated rpt and reprofile request. Oct 11/18 @ 4:44 emailed NAN for more clarification on reporting
NAN CL Program Evaluation Project	August 30/18 @ 3:35pm	Oct 11/18 @ 4:51pm	N/A	N/A	N/A	\$74,250.00	\$74,250.00	yes	yes to comm and Sask office	yes	yes	no with Sask to bring to their finance	Sask CA	Sask CA	CA in Sask	N/A	NO					
NAN CL Video Project	Oct 12/18 @ 5:02pm	Oct 13/18 @ 10:24am	Oct 12/18@9pm telephone conversation with Anna Betty regarding budget errors	N/A	N/A	\$61,765.00	\$64,735.00	yes	yes	yes	yes	yes	FLEX	2021-03-31		\$64,735.00	NO					
KO Health-Nurses EMDR	Nov 12/18@11:37am		Nov 13/18@4:19pm		1,060	\$45,540.00							SET	2019-03-31								
KO TC-Embrace Life Forum 2019	Nov 13/18@12:22pm		Nov 13/18@3:20pm	Nov 15/18 @ 2:09pm		\$219,513.00							SET	2019-03-31								Email sent on Nov 13 for clarification on the travel costs and more information on the application. KOBE has not demonstrated a gap in existing programming to support the need for the conference.
NNEC Mushkegowuk TC-Airport Security	Nov 14/18 @ 6:50pm	Dec 11/18 @ 9:43am	Nov 15/18 @ 5:45pm / Rec'd reply on Dec 06/18	Dec 10/18 conversation on telephone	300	\$1,397,340.00	\$94,997	Yes	yes	Yes	yes	yes	SET	2019-03-31			NO	Sent email Feb 18/19				
	Jan 31/19 @ 1:30pm	Not approved Feb 09/19 @ 8pm	Teleconference Feb 08/19 @ 9am		Not noted	\$236,793.70	Not approved	Yes		No	no		SET	2019-03-31								
<b>TOTAL</b>					<b>22,126</b>	<b>\$100,470,371</b>	<b>\$73,168,681</b>								<b>\$47,219,279</b>	<b>\$23,412,529</b>						



This is Exhibit "E" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



**Re-Review of Previously Denied Cases, Jordan's Principle or Otherwise, April 1, 2007 to April 9, 2019**

Region	Requests Received Between 2007 to July 2016 (Note 1)						Requests Received from July 2016 to Oct 2017					Requests received from Nov 2017 – April 9, 2019		
	# Denied Requests	Apprvd by Diff't Program	Incomplete Information (Note 2)	# Outreach Initiated	# Ineligible	# Denied	# of Denied Requests	Approved Further Review	# Outreach Initiated	# Ineligible	# Denied	# of Denied Requests	Approved Upon Further Review	Denied upon Review
BC	3	1			1	1	0					0		
AB	57	33	17	1	4	2	18	6			12	0		
SASK	4	1				3	12	1			11	0		
MAN	61	57	4				4				4	0		
ON	3	3					45	8	2		35	0		
QC	2	2					17	8			9	0		
ATL	5	3		2			21	8	3		10	8	1	7
NOR	7	5			2		7	3		1	3 (Note 3)	0		
<b>Total</b>	<b>142</b>	<b>105</b>	<b>21</b>	<b>3</b>	<b>7</b>	<b>6</b>	<b>124</b>	<b>34</b>	<b>5</b>	<b>1</b>	<b>84</b>	<b>8</b>	<b>1</b>	<b>7</b>

**Notes:**

- Since November 2017, eight requests for First Nations children who were previously denied under Jordan's Principle or otherwise were received by the ISC Atlantic regional office.
- No other regional office had received these type of requests.



This is Exhibit "F" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



[Insert Case number]

## ADM Summary Review

PROTECTED B  
when completed

Background Information on File (Note: all dates are YYYY/MM/DD)	
Date/Time Escalated:	
Group Request (Y/N):	
Child's Name:	
Child's Date of Birth:	
Address/Community:	
Parent/Requester Name:	
Presentation to ADM (filled in electronically)	
Case Number:	
Age:	
Child's Status:	
Professional diagnosis:	
Challenges/Needs identified:	
Product or service requested:	1)
Costs associated with each item:	1) \$
Within Normative Standards?	1)
Other relevant information:	•
Request History:	
Supporting documents:	1)
Date of ADM Review:	
Decision:	
Rationale:	
Follow-up Action:	



**Guidance Questions to Help Assess Substantive Equality**

Service needs will continue to be assessed first against normative standards. However, in assessing whether a service should be provided, the following questions serve as guidance to help achieve substantive equality. When considering requests, please take into account the specific needs of the child such as:

1. Does the child have heightened needs for the service in question as a result of an historical disadvantage?
2. Would the failure to provide the service perpetuate the disadvantage experienced by the child as a result of his or her race, nationality or ethnicity?
3. Would the failure to provide the service result in the child needing to leave the home or community for an extended period?
4. Would the failure to provide the service result in the child being placed at a significant disadvantage in terms of ability to participate in educational activities?
5. Is the provision of support necessary to ensure access to culturally appropriate services?
6. Is the provision of support necessary to avoid a significant interruption in the child's care?
7. Is the provision of support necessary in maintaining family stability, as indicated by:
  - the risk of children being placed in care; and/or
  - caregivers being unable to assume caregiving responsibilities?
8. Does the individual circumstance of the child's health condition, family, or community context (geographic, historical or cultural) lead to a different or greater need for services as compared to the circumstances of other children (e.g., extraordinary costs associated with daily living due to a remote location)?
9. Would the requested service support the community/family's ability to serve, protect and nurture its children in a manner that strengthens the community/family's resilience, healing and self-determination?

**ADM Decision and Signature (Completed on hard copy of document)**

<b>Approved</b>		<input type="checkbox"/> Product/service/support available to all children ; or <input type="checkbox"/> Product/service/support within normative standard If not - the request <input type="checkbox"/> Ensures substantive equality in the provision of products/services/supports to the child <input type="checkbox"/> Ensures culturally appropriate services/product/support to child <input type="checkbox"/> Safeguards the best interest of the child
Rationale		
<b>Denied</b>	Eligibility	<input type="checkbox"/> Above Age of Majority for the province of residence; or <input type="checkbox"/> Non-Status, not-ordinarily resident on reserve.
	CHRT assessment	<input type="checkbox"/> Product/service/support not available to all children ; or <input type="checkbox"/> Product/service/support beyond the normative standard <b>And</b> the request does not: <input type="checkbox"/> Ensures substantive equality in the provision of products/services/supports to the child <input type="checkbox"/> Ensures culturally appropriate services/product/support to child <input type="checkbox"/> Safeguards the best interest of the child
Rationale		
ADM Signature:		



Background Information on File (Note: all dates are YYYY/MM/DD)	
Date of Denial:	
Date of Appeal Request:	
Group Request (Y/N):	
Child's Name:	
Child's Date of Birth:	
Address/Community:	
Parent/Requester Name:	
Presentation to Appeal Committee (filled in electronically)	
Case Number:	HC-XX-0000-APPEAL
Age:	
Child's Status:	
Medical diagnosis:	
Challenges/Needs identified:	
Product or service requested:	<ul style="list-style-type: none"><li>1)</li><li>2)</li></ul>
Costs associated with each item:	<ul style="list-style-type: none"><li>1)</li><li>2)</li></ul> <p>Total: \$</p>
Within Normative Standards?	<ul style="list-style-type: none"><li>1)</li><li>2)</li></ul>
Other relevant information:	
Request History:	
Supporting documents:	
Date of Appeal:	
Decision:	
Rationale:	
Follow-up Action:	
Guidance Questions to Help Assess Substantive Equality	
<p>Service needs will continue to be assessed first against normative standards. However, in assessing whether a service should be provided, the following questions serve as guidance to help achieve substantive equality.</p> <p>When considering requests, please take into account the specific needs of the child such as:</p> <ol style="list-style-type: none"><li>Does the child have heightened needs for the service in question as a result of an historical disadvantage?</li><li>Would the failure to provide the service perpetuate the disadvantage experienced by the child as a result of his or her race, nationality or ethnicity?</li><li>Would the failure to provide the service result in the child needing to leave the home or community for an extended period?</li><li>Would the failure to provide the service result in the child being placed at a significant disadvantage in terms of ability to participate in educational activities?</li><li>Is the provision of support necessary to ensure access to culturally appropriate services?</li><li>Is the provision of support necessary to avoid a significant interruption in the child's care?</li><li>Is the provision of support necessary in maintaining family stability, as indicated by:<ul style="list-style-type: none"><li>the risk of children being placed in care; and/or</li><li>caregivers being unable to assume caregiving responsibilities?</li></ul></li><li>Does the individual circumstance of the child's health condition, family, or community context (geographic, historical or cultural) lead to a different or greater need for services as compared to the circumstances of other children (e.g., extraordinary costs associated with daily living due to a remote location)?</li></ol>	



9. Would the requested service support the community/family's ability to serve, protect and nurture its children in a manner that strengthens the community/family's resilience, healing and self-determination?		
<b>Decision and Signature (Completed on hard copy of document)</b>		
<b>Approved</b>		<input type="checkbox"/> Product/service/support available to all children ; or <input type="checkbox"/> Product/service/support within normative standard If not - the request: <input type="checkbox"/> Ensures substantive equality in the provision of products/services/supports to the child <input type="checkbox"/> Ensures culturally appropriate services/product/support to child <input type="checkbox"/> Safeguards the best interest of the child
<b>Rationale</b>		
<b>Denied</b>	<b>Eligibility</b>	<input type="checkbox"/> Above Age of Majority for the province of residence; or <input type="checkbox"/> Non-Status, not eligible for status and not-ordinarily resident on reserve.
	<b>CHRT assessment</b>	<input type="checkbox"/> Product/service/support not available to all children ; or <input type="checkbox"/> Product/service/support beyond the normative standard <b>And</b> based on the documentation provided, the request does not have sufficient information to determine that this product/service/support would: <input type="checkbox"/> Ensure substantive equality to justify the provision of products/services/supports to the child <input type="checkbox"/> Ensures culturally appropriate services/product/support to child <input type="checkbox"/> Safeguards the best interest of the child
<b>Rationale</b>		
<b>Appeal Committee Official Name and Title:</b>		<hr/>
<b>Appeal Committee HC-XX-0000 Signature:</b>		<hr/>



This is Exhibit "G" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019

A handwritten signature in black ink, appearing to read "B. Hanssens", is written over a horizontal line.

A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



# Principles for Safeguarding the Best Interests of the First Nations Child

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## *Background and Definition of a Right*

The United Nations defines a human rights as “rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion or any other status.”

As the Government of Canada seeks to achieve reconciliation with Indigenous peoples, a paradigm shift towards recognition of rights, respect, co-operation and partnership is required. The implementation of **Jordan’s Principle** consistent with Canadian Human Rights Tribunal decisions is foundational to this work as it requires the federal government to work with First Nations in the co-development of a system of supports and services to safeguard the best interests of First Nations children, their families and communities.

Jordan’s Principle is a legal principle designed to address gaps in government services and discrimination that can result in delay, disruption and/or denial of services to First Nations children. In 2017, the CHRT ruled that when a government-funded service is not necessarily available to all other children or is beyond the normative standard of care, the government department of first contact will evaluate the individual needs of the child to:

- Ensure substantive equality;
- Ensure culturally appropriate services; and/or
- Safeguard the best interests of the child

Evaluation of requests must also take into account needs that stem from historical disadvantage and inequities and deficiencies in culturally informed public services.

Jordan’s Principle also recognizes that children are significant recipients of public services (i.e.: education, health, recreation, child care and other social programs), and First Nations children have been disproportionately served by child welfare, juvenile justice and youth services. As a result, First Nations children are impacted the most by both the intended and unintended impacts of policies and services. As a basic principle, First Nations children are entitled to rely on the basic premise that any authority dealing with them would do so with due consideration to their human rights and safeguard their best interests.

Furthermore, Jordan’s Principle underlines the historical disadvantages and intergenerational impacts of colonization, such as the impacts of the Indian residential schools system and Sixties Scoop, the discrimination arising from Canada’s inequitable provision or denial of public services, among many other traumatic experiences on First Nations children, families and communities.

In applying Jordan’s Principle, all federal government actors must recall and recognize that many of colonization’s historical disadvantages and intergenerational impacts were based on a



colonial concept of a child's best interest. For example, Canada's 1894 *Regulations relating to the education of Indian children* allowed Indian Agents to issue warrants to commit First Nations children to residential school where the Indian Agent thought the child's parent was "unfit or unwilling to provide for the child's education" or the child was "not properly cared for."

Similar rationales were used to justify the transformation of residential schools into child welfare institutions, on the basis that some First Nations parents would not be able to assume the responsibility for the care of their children. As the Royal Commission on Aboriginal Peoples noted in 1996, these assessments were "were measured, of course, against non-Aboriginal norms." Similarly, in the course of the 60s scoop, which wreaked profound and lasting psychological damage on First Nations children and communities, government actors who placed thousands of First Nations children with non-Indigenous families were making decisions they thought were in the best interests of those First Nations children.

The implementation of Jordan's Principle is concerned with ensuring that First Nations children have equal access to the products, services and supports they need, when they need them. In order to safeguard the best interests of the child, Jordan's Principle recognizes that understanding the impact of intergenerational trauma and the role of the child in the family and community are required to ensure that individual First Nations children have an equal chance to live up to their full potential, taking full account of their distinct culture.

### ***Applying the lens of safeguarding the best interest of the child in a non-colonial language and policy context***

The Canadian Human Rights Tribunal has ordered Canada to apply "safeguarding the best interests of the child" in the evaluation of requests under Jordan's Principle. The United Nations Convention on the Rights of the Child (UNCRC) also creates an obligation to consider the Best Interest of the Child, which is a cornerstone to the application of Jordan's Principle.

The Best Interests of the Child is a key child rights-based principle, enshrined in Article 3(1) of the UNCRC providing:

*"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration".*

In the specific context of indigenous children, the UNCRC requires in Article 30 that the child also:

*"shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practice his or her own religion or to use his or her own language."*



The 1989 Convention on the Rights of the Child (CRC) is the main legal instrument on the protection of children. It embodies four general principles<sup>1</sup>:

- The **best interests** of the child shall be a **primary consideration** in all actions affecting children (Article 3).
- There shall be **no discrimination** on the grounds of race, colour, sex, language, religion, political or other opinions, national, ethnic or social origin, property, disability, birth or other status (Article 2).
- States Parties recognize that every child has the inherent **right to life** and shall ensure to the maximum extent possible the **survival and development** of the child (Article 6).
- Children shall be assured the **right to express their views freely** in all matters affecting them, their views being given due weight in accordance with the child's age and level of maturity (Article 12).

As a substantive right and guiding principle that aims to ensure the enjoyment of all rights in the UNCRC, Best Interest of the Child speaks to the **child's holistic development** and requires a rights-based approach that promotes the **child's human dignity**.<sup>2</sup> As recognized in General Comment 11 to the UNCRC, as indigenous children, First Nations children *"require special measures in order to fully enjoy their rights."*

The UNCRC is a binding international human rights treaty that Canada has ratified that requires governments to take positive measures to ensure children have the full enjoyment of all rights under the Convention. In order to meet its obligations under the UNCRC, it is important for the Government of Canada to consider the potential impacts of legislation, budgets, policies, programs and practices on children's rights. When providing services or supports, the Government of Canada is obligated to ensure that it does so in a manner which respects **all of a child's rights including their equality rights**. The Best Interest of the Child right and the non-discrimination right are both "general principles" of the UNCRC and are mutually reinforcing.

Taking into consideration the dehumanizing and colonialist, oppressive legacy faced by First Nations children throughout much of Canada's history, safeguarding the best interest of the child language is being reframed to focus on consideration of the individual needs of the child, considering all factors contributing to the child's well-being.

**Safeguarding the Best Interests of the First Nations Child** considers the surrounding context to make sure that **patterns of disadvantage** are assessed and addressed in the development, implementation and evaluation of products, supports and services.

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<sup>1</sup>

<sup>2</sup> See also Best interests of the child in General Comment 11: <http://www.refworld.org/docid/49f6bd922.html>



## *Evaluation and Determination of Safeguarding the best interests of First Nations children*

Consideration of safeguarding the best interests of First Nations children requires an evaluation of information, considering the specific circumstances of each identified child or group of children, and must be applied in a manner that is responsive to each child's particular age, capacity, diagnosis, needs, maturity and circumstance.

Decisions made about the safety and well-being of First Nations children should be guided by the United Declaration on the Rights of Indigenous People and the following principles:

*Every First Nations child should:*

- *have a **safe and nurturing environment** so they may live up to their full potential;*
- *be loved in ways that bring **dignity, support and meaning to their life**;*
- *have their **cultural identity and linguistic needs** valued and respected;*
- *have **access to their traditional land, resources and teachings**;*
- *be free from discrimination and/or the long-term impacts of disadvantage;*
- *have a **safe and nurturing relationship with their family (including siblings and extended family), community and nation**;*
- *have **available and timely access** to supports and services of equivalent quality to those available to non-Indigenous children;*
- *have any needs related to **physical, sensory, mental health or intellectual disabilities** met;*
- *have their **rights upheld in relation to education, health and a safe environment**;*

### **Safeguarding the Best Interest of a First Nations Child: Process for Evaluation and Determination under Jordan's Principle**

The term "best interests" broadly describes the well-being of a child, which can be determined by a variety of individual circumstances, such as age, health status, presence or absence of parents, the child's environment and life experiences. While a formal evaluation of "best interest" is not always required, the following factors may be considered when determining how to safeguard the best interests of a First Nations child:

- First Nations children and their families/caregivers/communities are experts in their own experiences and determining what is in their best interest.
- Consideration for the *whole child and their needs*, including their physical, emotional and spiritual well-being in the context of their right to grow up as a member of their cultural group.
- Consideration is given to the *child's circumstances* and any potential impact of ISC's decisions on their well-being and development.



- Specific attention or care is needed to ensure a child has access to health, social or educational products, supports and/or services to improve outcomes and develop with dignity.
- The family/caregivers, service providers and/or community partners have advocated on behalf of the child/children to ensure decisions are in keeping with the protection and enhancement of the child/children's health and well-being.
- A child-focused approach identifies gaps in products, services and supports affecting individuals or groups and proposed interventions can be monitored or evaluated to report on success or if additional or remedial action is needed.
- The remedy requested *respects and protects the rights of the child* as a First Nation person.
- Information about the child's community circumstances is factored into the assessment of their best interests (e.g., location, public health issues, access to water, safe housing and economic circumstances, etc.)

Other influential factors include:

- the need for **timely responses given the health or developmental needs** of the child and the impact of any delays in required supports and services on their development;
- whether the measures proposed are reasonably believed to alleviate or reduce disadvantage with the provision of services/products; and
- whether the child has been given the opportunity to be engaged in all matters affecting them according to their developmental capacity and maturity.

The following questions should be posed when assessing a request to the implementation of Jordan's Principle:

1. Has consideration been given to the *whole child and their needs*, including their physical, emotional and spiritual well-being in the context of their right to grow up as a member of their cultural group?
2. Has consideration been given to *current and past government legislation, policies* and actions on First Nations and their impact on the benefits and outcomes for children and how this might impact the current need?
3. Has consideration been given to *respect and protect the rights of the child* as a First Nation person?
4. Will the action preserve a sense of identity, belonging, acceptance and connection of the child to his/her/their community?



5. Do you understand the *child's circumstances* and any potential impact of ISC's decisions on their well-being and development?
6. Have you applied known information about the child's community circumstances in the assessment of their best interests (e.g., location, public health issues, access to water, safe housing and economic circumstances, etc.)?
7. Has consideration been given to *protect the safety and integrity of the child's care* within their family and community?
8. Have the *child's rights relating to education, health and safety* been upheld?
9. Have the *child's views* been considered and given due weight in accordance with their age, maturity and evolving capacity?

DRAFT



This is Exhibit "H" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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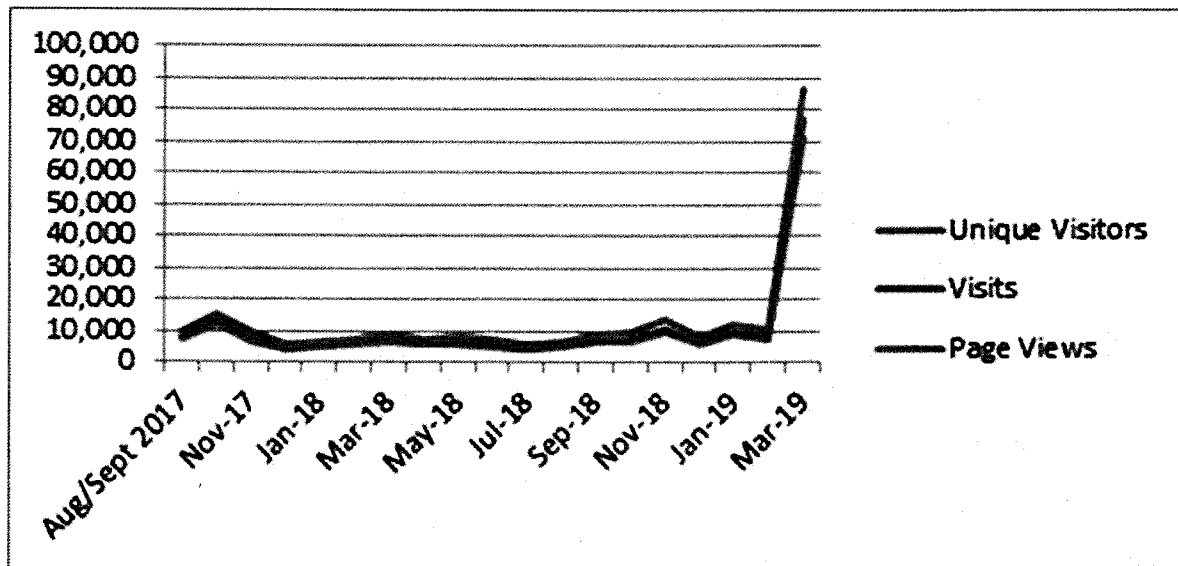
A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



## Analytics on Jordan's Principle Website and Call Centre, 2017 – March 31, 2019

### Total Number of Visits to ISC website Jordan's Principle Content. August 2017 – March, 2019



Source: Canada.ca Analysis (August 2017 to March 2019):

### Monthly Total Calls to the Jordan's Principle National Call Centre

Period	Total Number of Calls	Number of Calls Generating Service Request
Feb-18	86	21
Mar-18	155	21
Apr-18	189	66
May-18	226	81
Jun-18	270	63
Jul-18	235	54
Aug-18	333	88
Sep-18	345	117
Oct-18	541	173
Nov-18	551	208
Dec-18	378	135
Jan-19	758	302
Feb-19	651	260
Mar-19	899	305

Source: Call Centre Analysis (February 2018 to March 31, 2019):  
*\* Note: The time period starts from the launch of the call centre in February 2018.*



This is Exhibit "I" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)





Government  
of Canada

Gouvernement  
du Canada

Canada



# **Jordan's Principle and the Government of Canada's Commitment**

Departmental Staff Training  
Indigenous Services Canada & Crown-Indigenous Relations  
February, 2019





# Purpose & Goal

To raise awareness of Jordan's Principle

## Overview:

- ☐ Background
- ☐ Canadian Human Rights Tribunal Rulings
  - evolution of definition and scope
  - evaluating and determining requests
  - substantive equality
- ☐ Jordan's Principle – A Child-First Initiative
- ☐ Discuss opportunities to better meet the needs of First Nations children



# Background

## How We Got Here? A Brief Look into the Past

- In 2005, 5 year old Jordan River Anderson, a First Nations child from the Norway House Cree Nation in Manitoba, died in the hospital while the provincial and federal governments could not agree on who was financially responsible for his home care in a medical foster home.
- 2005 – present House of Commons debates:
  - December, 2007 Private Member's motion to *adopt an approach that addresses First Nations children's needs first*;
  - December 2016 Private Member's that *the government should immediately adopt a child first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children.*
- 2007/08 – 2011/12 - \$11M Health Canada (HC) Jordan's Principle Fund
- July 5, 2016 – up to \$382.5M HC/INAC Jordan's Principle: A Child-First Initiative (CFI) (2016/17 – 2018/19). Additional \$297.4M in 2018/19



## **The Canadian Human Rights Tribunal**

- In January 2016, a complaint by the First Nations Child and Family Caring Society (Caring Society) and the Assembly of First Nations (AFN) was substantiated by the CHRT
- The Government of Canada was ordered to:
  - cease its discriminatory practices
  - reform INAC's Child and Family Services Program
  - cease applying its narrow definition of Jordan's Principle, and
  - take measures to immediately implement the full meaning and scope of the principle



# The Canadian Human Rights Tribunal

- February 2007 AFN and the Caring Society complaint against child welfare
- Three Tribunal rulings that implicated Jordan's Principle in the complaint:

**1. January 26, 2016:** *cease applying its narrow definition of Jordan's Principle and to take measures to immediately implement the full meaning and scope of Jordan's Principle.*

**2. April 26, 2016:**

- *Immediately consider Jordan's Principle as including all jurisdictional disputes, including those between federal government departments*
- *All First Nations children not only those children with multiple disabilities*
- *Government organization that is first contacted should pay for the service without the need for policy review or case conferencing before funding is provided.*

**3. September 14, 2016:** *Cease applying its narrow definition of JP and take measures to immediately implement the full meaning and scope of JP". By October 31, 2016 INAC to provide detailed compliance report "confirmation that it is applying the principle to all FN children (not just to those resident on reserve)".*



## May 26, 2017 Ruling and Orders (amended on Nov 2, 2017)

**Decision:** *Canada has continued to apply a narrower definition to Jordan's Principle and is not in full compliance with the previous orders regarding the principle.*

### Themes of Orders:

- The definition of Jordan's Principle;
- Processing and tracking of Jordan's Principle cases;
- Publicizing the compliant definition and approach to Jordan's Principle;
- Retention of Jurisdiction.

### What's new?

- Evaluate and determine a request for service within *12 hours to 7 days* depending on urgency and type of request (child versus group of children);
- *No longer requires* the existence of a departmental or governmental *jurisdictional dispute* to trigger the legal obligation to provide funding under Jordan's Principle; and
- *No longer any requirement* that the request for funding be in relation to a *normative service* in order to engage a legal obligation under Jordan's Principle.



## Jordan's Principle is based on Key Principles:

- i. Jordan's Principle is a child-first principle that applies equally to **all First Nations children**, whether resident on or off reserve; not limited to discrete short-term issues;
- ii. Ensures **no gaps in government services**; can address, for example, but is not limited to, gaps in such services as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy;
- iii. First contacted government department **pays for the service without engaging in case conferencing** before funding is provided; reimbursement afterwards;
- iv. If beyond normative standard, first contacted government department evaluates needs to ensure **substantive equality, culturally appropriate services and/or safeguard the best interests of the child**; pays without case conferencing; reimbursement afterwards;
- v. **Dispute is not a necessary** requirement amongst government departments or for the application of Jordan's Principle.

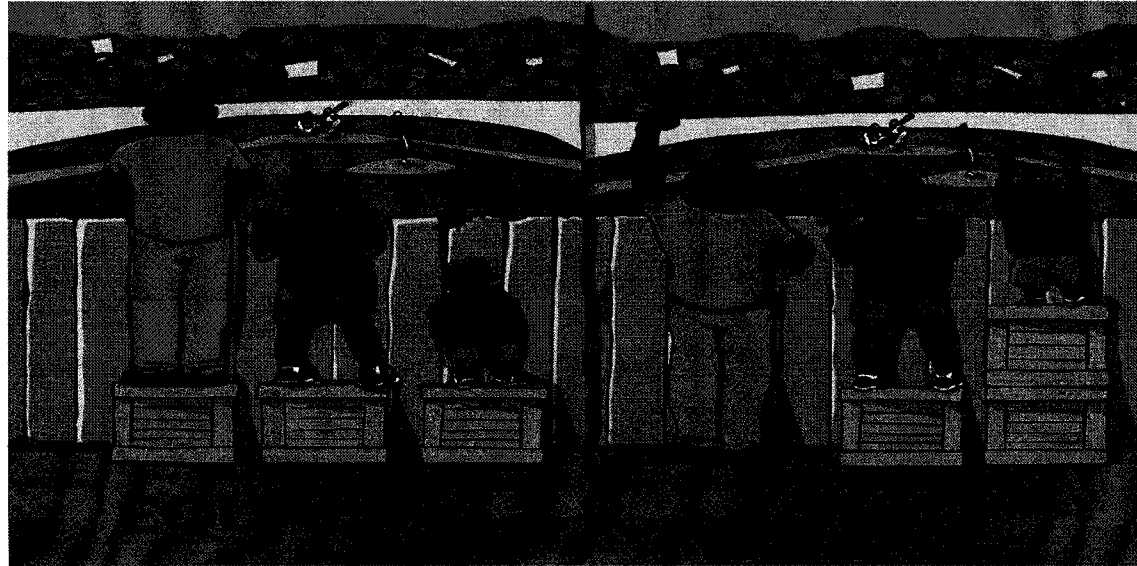


## Evaluating & Determining Jordan's Principle Requests

- Timeframes for respond to requests upon submission of necessary information (e.g., assessment):
  - **12 hours** for urgent cases of an individual child requests;
  - **48 hours** for non-urgent requests from an individual child or urgent cases of requests for groups of children; and,
  - **7 calendar days** for non-urgent group requests.
- Can undertake clinical case conferencing with professionals, family members and/or the community
- Determine if requested services should be provided to ensure substantive equality in the provision of services to the child, to ensure culturally appropriate services to the child and /or to safeguard the best interest of the child



# What does Substantive Equality mean?



- ❖ recognition that not all people start off from the same position, and that these unequal opportunities make it more difficult for some to be successful.
- ❖ Treating everyone the same is only fair if they are starting from the same position.
- ❖ Seeks to address the inequalities that stem from an individual's particular circumstances, to help put them at the same position as others.



## What does Substantive Equality mean?

- ✓ **A legal principle** that refers to:
  - achievement of true equality in outcomes of government programs and services through equal access, equal opportunity;
  - provision that meets any unique needs and circumstances, such as cultural, social, economic and historical and contemporary disadvantage;
- ✓ **A process and an end goal** relating to outcomes that seek to acknowledge and overcome the barriers that have led to the inequality; and,
- ✓ **Requires implementation of measures** to respond to unique causes of their historical disadvantage, geographical, cultural needs/circumstances.

For this reason, substantive equality for First Nations children will require that government policies, practices and procedures impacting them take account of their historical, geographical and cultural needs and circumstances and aim to safeguard the best interest of the child as articulated in the United Nations Committee on the Rights of the Child, General Comment 11.



## Determining Substantive Equality: Example Questions

*Refer to handout “Jordan’s Principle – Substantive Equality Principles”*

- Would the failure to provide the service perpetuate the disadvantage experienced by the child as a result of his or her race, nationality or ethnicity?
- Would the failure to provide the service result in the child needing to leave the home or community for an extended period?
- Is the provision of support necessary in maintaining family stability?, as indicated by: the risk of children being placed in care and, caregivers being unable to assume caregiving responsibilities.
- Does the individual circumstance of the child’s health condition, family, or community context (geographic, historical or cultural) lead to a different or greater need for services as compared to the circumstances of other children (e.g., extraordinary costs associated with daily living due to a remote location)?
- Would the requested service support the community/family’s ability to serve, protect and nurture its children in a manner that strengthens the community/family’s resilience, healing and self-determination?



## Jordan's Principle – A Child-First Initiative

- July 5, 2016: Joint HC and INAC Ministerial statement of up to \$382.5 million over three-years (2016/17 – 18/19) for:
  - Service coordination: fund external organizations to provide service coordination;
  - Service Access Resolution Fund: allocation to enable HC and INAC to meet the health, social needs and/or educational needs;
  - Data collection: collect and analyze service and financial data; and
  - Adequate human resource capacity to implement components of the interim approach: 14 regional Focal Points/Child Navigators
- Spring 2018: Additional \$297.4M to fund 2018/19 approved requests
- Goal: Establish interim mechanisms to support a broadened, interim federal policy approach to Jordan's Principle, moving forward a child-first approach.
- Jordan's Principle Operations Committee – dialogue and timely advice on Jordan's Principle implementation and planning activities; participation by all CHRT Parties
- Additional activities: Engagement with First Nations partners; Communications and outreach



# Funded Requests

## JORDAN'S PRINCIPLE/CFI – Approved Requests, April 1, 2016 – December 31, 2018

Region	Total Approved Requests 2016-17 fiscal year	Total Approved Requests 2017-18 fiscal year	2018-19 fiscal year requests		Total Approved Requests (to December 31, 2018)	Total Approved Requests, July 2016 - December 31, 2018
			ISC managed individual requests	Community managed group requests		
Atlantic	18	2,809	2,780	3,935	6,715	9,542
Quebec	33	3,529	842	11,979	12,821	16,383
Ontario	630	49,494	2,572	37,088	39,660	89,784
Manitoba	3,695	9,852	780	31,461	32,241	45,788
Saskatchewan	513	7,186	1,336	17,110	18,446	26,145
Alberta	43	2,344	442	8,883	9,325	11,712
British Columbia/FNHA	7	1,617	1,601	3,363	4,964	6,588
Northern	1	60	322	2,748	3,070	3,131
<b>TOTAL</b>	<b>4,940</b>	<b>76,891</b>	<b>10,675</b>	<b>116,567</b>	<b>127,242</b>	<b>209,073</b>

### Notes:

1. The number of products and services requests in Community managed requests is an estimate provided by partner organizations and communities. The final number of services as well as the number of clients served with this funding is due to be reported by communities and service providers at the end of the funding period, but in many cases are still pending.
2. The number of products and services requested by partner organizations and communities in 2018-2019, reported above, may include a continuation of products and services that were previously requested and approved in Fiscal Year(s) 2016-2017 or 2017-2018 for multiple years.
3. Data validation activities on regional submissions are ongoing. Reconciliation for the 2018-2019 Fiscal Year was undertaken for this report, which has resulted in changes in the total number of requests and approved requests as compared to those previously reported.



# **Jordan's Principle - Successes**

## **Implementation**

- Flexible contribution agreements (where appropriate) to communities to support group of children with similar needs
- Co-lead projects on community-specific needs (e.g., suicide prevention/treatment with the Nishnawbe Aski Nation (Choose Life Project); service delivery models)
- Regional Focal Points/Service Navigators, and service coordination organizations

## **Engagement & Communication**

- Working tables/enhanced partnerships with First Nations partners, including CHRT Parties
- Co-lead with AFN on longer term approach – Jordan's Principle Action Table
- Enhanced knowledge and understanding of Jordan's Principle
  - Facebook, Twitter, APTN, radio advertisement, YouTube, print media



## **Jordan's Principle Opportunities:**

Jordan's Principle is  
**ALL OUR RESPONSIBILITY!**

*Ask yourself:*

1. What can I do to learn more about past decisions on the discriminatory treatment of First Nations children?
2. Are there any services/supports/products in my work area that other Canadian children receive and that are not available to First Nations children?
3. Are decisions being made that consider all First Nations children on and off reserve?
4. Are decisions being made in safeguarding the best interest of the child, considers substantive equality and culturally appropriate care?



## To Learn More:

***All staff are required to read and understand the CHRT Rulings***

- CHRT Orders: <https://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/item/232587/index.do?r=AAAAAQAOY2FyaW5nIHNVY2lIdHkB>
- About Jordan's Principle: [www.canada.ca/jordans-principle](http://www.canada.ca/jordans-principle)
- Definition of Jordan's Principle:  
[www.canada.ca/en/indigenous-services-canada/services/jordans-principle/definition-jordans-principle-canadian-human-rights-tribunal.html](http://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/definition-jordans-principle-canadian-human-rights-tribunal.html)

***For children who you know is going without the care they need:***

- Jordan's Principle National Call Centre  
1-855-JP CHILD (1-855-572-4453)  
TTY: 1-866-553-0554
- Regional Jordan's Principle Focal Points and phone numbers:  
[www.canada.ca/jordans-principle](http://www.canada.ca/jordans-principle)



This is Exhibit "J" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)





Indigenous Services  
Canada

Services aux  
Autochtones Canada

Jill Perron  
Assistant Deputy Minister, Children and Families  
Government of Manitoba  
RM 351 Legislative Building  
Winnipeg, MB R3C 0V8

February 6, 2019

Dear Mr. Perron:

I am writing to further share information with, and engage your Ministry in discussions regarding the implementation of Jordan's Principle. As you may be aware, on January 26, 2016, the Canadian Human Rights Tribunal (CHRT) found that Canada's provision of funding for child and family services on reserve was discriminatory. At the same time, the Tribunal ordered Canada to adopt the full meaning and scope of Jordan's Principle.

Indigenous Services Canada has been working with First Nations to implement Jordan's Principle in accordance with the Tribunal's orders since July 2016. Jordan's Principle addresses the needs of First Nations children by ensuring there are no gaps in government services to them. Jordan's Principle also requires Canada to consider requests for services outside the scope of what is normally publically funded on the basis of ensuring substantive equality in the provision of services to the child, ensuring culturally appropriate services to the child and/or safeguarding the best interests of the child. To date, notable progress has been made with over 209,000 requests for health, social and educational services and supports approved for First Nations children across Canada.

We have also been working collaboratively to develop a longer term strategy for Jordan's Principle with national, regional and community First Nations representatives. Through this engagement, we have heard from First Nations the importance of continuing to work with provincial/territorial colleagues to support First Nations children in receiving the health, social and education services they need, when they need them, no matter where they live. We have also heard from several provinces and territories that there is interest in better understanding the requests that have been approved under Jordan's Principle.

As part of the co-development of the longer-term implementation plan, Canada is interested in undertaking a deeper analysis of the services and supports that have been

.../2



Canada

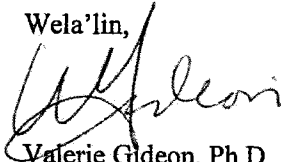


provided to date, including those services that may fall within provincial or territorial jurisdiction (i.e., First Nations children living off reserve, attending provincial schools). Ideally, we would like to undertake this work in partnership. We are in discussions with the Institute on Governance to undertake this analysis and are seeking a point (or points) of contact in your Ministry with whom we can liaise to coordinate this analysis, share the results and also discuss next steps.

Collaboration will support the fulfilment of the Truth and Reconciliation Commission's third Call to Action which calls on all levels of government to fully implement Jordan's Principle. Together with First Nation partners, I would propose that we meet to discuss this analysis, as well as how we can support better structures and funding models so that First Nations children and families get the health, social, and educational products, services and supports they need, when they need them

My office will be in contact to set up a meeting to discuss the analysis in further detail. You can also contact me at 613-957-7701 or [valerie.gideon@canada.ca](mailto:valerie.gideon@canada.ca) to initiate this discussion.

Wela'lin,



Valerie Gideon, Ph.D.  
Senior Assistant Deputy Minister  
First Nations and Inuit Health Branch  
Indigenous Services Canada



Canada





Manitoba Youth Centre  
170 Doncaster St.,  
Winnipeg, Manitoba  
R3N 1X9

February 8, 2019

Dear: Manitoba Youth Centre

I am writing to you in the spirit of combining our efforts to ensure that First Nations children and youth living in Canada are given opportunities to thrive along with all other children in Canada. This includes youth who are currently detained in correctional facilities across the country.

Jordan's Principle assists all First Nations children and youth in Canada who have unmet health, social or educational needs. It ensures access to needed products, services and supports and is available to children and youth who are under the age of majority in their respective province or territory and have Indian status, are eligible for registration or who are ordinarily resident in a First Nation community.

A few examples of the types of products, services and supports that Jordan's Principle can help First Nations children and youth access are:

- Education: educational assistants, psycho-educational assessments, speech therapy, audiology supports, occupational therapy;
- Health and social care: physiotherapy, mental health counseling, addictions treatment, social work; and,
- Group requests: any service that would be used by more than one First Nations child, which could include an educational assistant shared among several youth; an Elder in residence to provide support through traditional knowledge and teachings; or, land-based programming, among others.

Parents, guardians or service providers can access Jordan's Principle for First Nations children by calling 1-855-JP CHILD (1-855-572-4453), open 24 hours a day, 7 days a week, or contacting one of the regional representatives at [www.canada.ca/jordans-principle](http://www.canada.ca/jordans-principle)

.. /2



An information package is attached that includes posters on Jordan's Principle. These posters are a great way to help let people know about the supports that are available to address the immediate unmet health, social and/or educational needs of First Nations children and youth. They can be shared and posted in areas that will reach the families and guardians of First Nations children, along with people in their everyday lives, including key support staff (social workers, educators, medical staff, etc.) working in correctional facilities.

We hope that you will be interested in distributing and posting the included poster within your facility. The poster is also available for free download at:

<https://www.canada.ca/en/indigenous-services-canada/service/first-nations-inuit-health/rep01ts-publications/printable-posters-contact-jordan-s-principle.html>

Your assistance in raising awareness about Jordan's Principle is instrumental and we thank you for your collaboration.

Respectfully,



Valerie Gideon

Senior Assistant Deputy Minister, First Nations and Inuit Health Branch  
Indigenous Services Canada





This is Exhibit "K" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



**MEMORANDUM OF UNDERSTANDING  
ON IMPLEMENTATION OF JORDAN'S PRINCIPLE IN ALBERTA  
(Hereinafter referred to as the "MOU")**

**BETWEEN THE PARTIES:**

**FIRST NATIONS HEALTH CONSORTIUM**

As represented by its members

**Siksika Nation, Loon River First Nation, Lubicon Lake Band, Peerless Trout  
First Nation, Whitefish Lake #459 First Nation, Woodland Cree First Nation,  
Ermineskin Cree Nation, Samson Cree Nation, Louis Bull Tribe, Montana  
First Nation, Bigstone Cree Nation ]**

(hereinafter referred to as "FNHC")

**AND:**

**HER MAJESTY THE QUEEN IN RIGHT OF CANADA**

As represented by the Minister of Indigenous Services Canada

(hereinafter referred to as "Canada")

**AND:**

**HER MAJESTY THE QUEEN IN RIGHT OF ALBERTA**

As represented by the Minister of Children's Services

(hereinafter referred to as "Alberta")

Collectively referred to as the Parties.



## **PREAMBLE**

**Whereas**, Jordan's Principle is a child-first principle named in memory of Jordan River Anderson, a First Nations child from Norway House Cree Nation in Manitoba who passed away in hospital never having spent a day in his family home due to a jurisdictional dispute between governments;

**Whereas** the third Call to Action in the Report of the Truth and Reconciliation Commission of Canada Calls to Action explicitly states the following: "we call upon all levels of government to fully implement Jordan's Principle";

**Whereas** the Truth and Reconciliation Commission of Canada Calls to Action specified that the United Nations Declaration on the Rights of Indigenous Peoples form the framework for reconciliation, and set out the minimum standards of rights of Indigenous Peoples, including the rights with respect to Indigenous peoples health;

**Whereas** the parties are committed to the implementation of Jordan's Principle;

**Whereas** the objective of this MOU is for the Parties to work collaboratively and expeditiously to ensure First Nations children in Alberta residing on or off-reserve have access to all government services, without limitation or discrimination receiving care and/or supports equivalent to other Albertans;

**Whereas** nothing in this MOU shall be construed to prejudice, abrogate, or derogate the existing aboriginal and treaty rights protected by section 35 of the *Canada Constitution Act, 1982*, including in particular a treaty right to health, or by any other current or future agreements and/or collaboration made between or amongst the parties;

**Whereas** nothing in this document shall be construed so as to prejudice, abrogate, or derogate the constitutional responsibilities and obligations of the Federal government or the Government of Alberta;

**Whereas** Treaties 6, 7 & 8 are the foundation and basis of relations between First Nations in Alberta, the Federal government and provincial governments, while the beneficiaries may be any First Nations child descendants of the Treaty First Nations;

**And whereas** all Parties have participated in grounding the work in Ethical Space (see Appendix I) for this document to allow for inclusive collaboration.

**THEREFORE:**



## **PART I – Purpose and Principles**

### **1. Scope and Purpose**

- (1) This MOU is intended to create a framework for alignment and collaboration between the Parties to address the needs of First Nations children in Alberta.
- (2) This MOU is intended to clarify and formalize commitment of the Parties.
- (3) This MOU is intended to encourage and support meaningful ongoing engagement between the Parties.

### **2. Principles**

- (1) No delay in service delivery to First Nations children is the priority under processes developed under this MOU in accordance with the spirit and intent of Jordan's Principle.
- (2) The Parties commit to carrying out the work by implementing the principles of Ethical Space:
  - a. Ethical space is an Indigenous concept grounded in both written and oral systems represented by the weaving together of Indigenous and other knowledge systems;
  - b. Ethical space is framed by:
    - i. Indigenous knowledge, traditions, protocols, and practices;
    - ii. Treaties 1 - 11, Agreements, and other constructive arrangements;
    - iii. Canadian Constitution;
    - iv. United Nations *Declaration on the Rights of Indigenous Peoples*;
    - v. Truth and Reconciliation Commission of Canada *Calls to Action*; and
    - vi. The Elders' Declaration (2016, Elders Advisory, Treaties 6, 7, & 8).
- (3) The Parties recognize the diversity of First Nations peoples, communities, languages, cultures, traditions, protocols, oral practices, stories, songs, and spiritual beliefs and the need for cultural safety and culturally appropriate service delivery for First Nations children.
- (4) The human rights of First Nations children will form the basic principle upon which services will be provided as per the implementation of this MOU
- (5) The parties will also be mindful of obligations further to the United Nations Convention on the Rights of the Child.



## **PART II – Commitments**

- (6) The Parties agree to the working definition of Jordan's Principle established by the Canadian Human Rights Tribunal's (CHRT) under Tribunal T1340/7008, and agree to evaluate it annually while working towards a shared working definition of Jordan's Principle.
- (7) The Parties commit to jointly establish a committee comprised of members who represent the signatories to this MOU. The committee will respond to requests for services under Jordan's Principle, whose mandate includes the following:
- a. Working collaboratively to:
    - i. Implement the full scope of Jordan's Principle using a child-first approach;
    - ii. Ensure equitable access to services for First Nations children in Alberta without discrimination by developing the necessary processes to prevent delays in service delivery.
  - b. Determine the resources needed to support the continued delivery of necessary programs and services to First Nations children.
  - c. Sharing information on the relevant programs and services provided by their respective departments and/or ministries in order to effectively facilitate First Nations children's access to the services they require. Any sharing of information will:
    - i. respect the principles of OCAP™; and
    - ii. be in compliance with federal and provincial laws, including relevant protection of privacy legislation including the *Freedom of Information and Protection of Privacy Act* (Alberta), the *Health Information Act* (Alberta) and the *Privacy Act* (Canada).
  - d. Where possible, supporting and building upon the successes and innovative approaches to implementation of Jordan's Principle that are already taking place in Alberta.
  - e. Recognizing the impact of colonization, including policies, legislation, intergenerational trauma, Indian Residential Schools, the 60s Scoop, and overrepresentation of children in care.
    - i. Working toward addressing those challenges to improve outcomes for First Nations children.
  - f. Ensuring greater collaboration between the parties, respecting that this Memorandum of Understanding is intended to co-create a framework between the parties to work towards achieving implementation of Jordan's Principle.



- g. Engaging in meaningful dialogue, discussion, alignment, and evaluation of this collaborative effort as per the *United Nations Declaration on the Rights of Indigenous Peoples* Article 18: "Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions," and considering the TRC Calls to Action on child welfare, health and education, language and culture.
- (8) Committee membership is to be determined by the parties, and the membership will establish a Terms of Reference, in accordance with their mandate described above in Part II.

### **PART III - Deliverables**

- (9) The committee's deliverables will include:
- a. Identifying existing structures (such as committees, tables, and processes) that relate to Jordan's Principle implementation, across all government ministries and departments, toward a common approach;
  - b. Identifying and overseeing a coordinated approach to communication, which includes:
    - i. Generating awareness and informing the public,
    - ii. Training staff, and
    - iii. Providing information to children and families;
  - c. Overseeing the implementation of the commitments set out in Part II of this document, which includes:
    - i. The prioritization of commitments,
    - ii. Establishment of action plans,
    - iii. Creation of time lines, and
    - iv. Identification of resource requirements and their source;
  - d. Sharing best practices; and
  - e. Any other responsibilities as determined and agreed to by the parties.

### **PART IV - General Articles**

1. This MOU will remain in effect unless terminated in writing by any Party and delivered to all other Parties upon 90 day notice.
2. First Nations of Treaties 6, 7 & 8 who are not members of the FNHC may be a party to this MOU as they wish, by means of their duly authorized representative. However, any First Nation child residing in Alberta will continue to be eligible for all services,



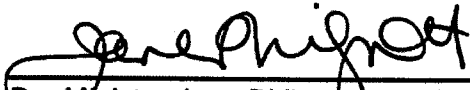
service delivery and processes described in this MOU regardless of whether their First Nation is party to this Agreement or not;

Other First Nations representatives may become parties to this Memorandum by opting in (and upon approval of all existing parties). Parties agreeing to opt in to the Memorandum will ratify and sign the Memorandum by counterpart and agree to be bound by the terms of the Memorandum.

3. First Nation children in Alberta will continue to be eligible for all services, service delivery and processes under Jordan's Principle regardless of whether their First Nation government is a party to this MOU.



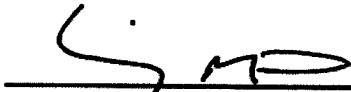
Ratified and Signed this 15<sup>th</sup> day of NOVEMBER, 2018 at  
EDMONTON in the Province of Alberta.


  
Per Minister Jane Philpott, on behalf of  
the Government of Canada

  
Per Minister Danielle Larivee on behalf  
of the Government of Alberta

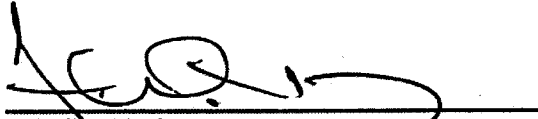
  
Bigstone Cree Nation

  
Peerless Trout First Nation

  
Ermineskin Cree Nation

  
Garrison Cree Nation

  
Loon River First Nation

  
Siksika Nation

  
Louis Bull Tribe


  
Whitefish Lake #459 First Nation

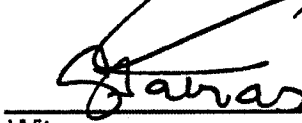
  
Lubicon Lake Band


  
Woodland Cree First Nation

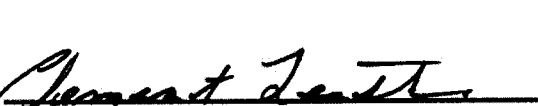
  
Montana First Nation

  
First Nations Health Consortium

  
Witness

  
Witness

  
Witness

  
Witness

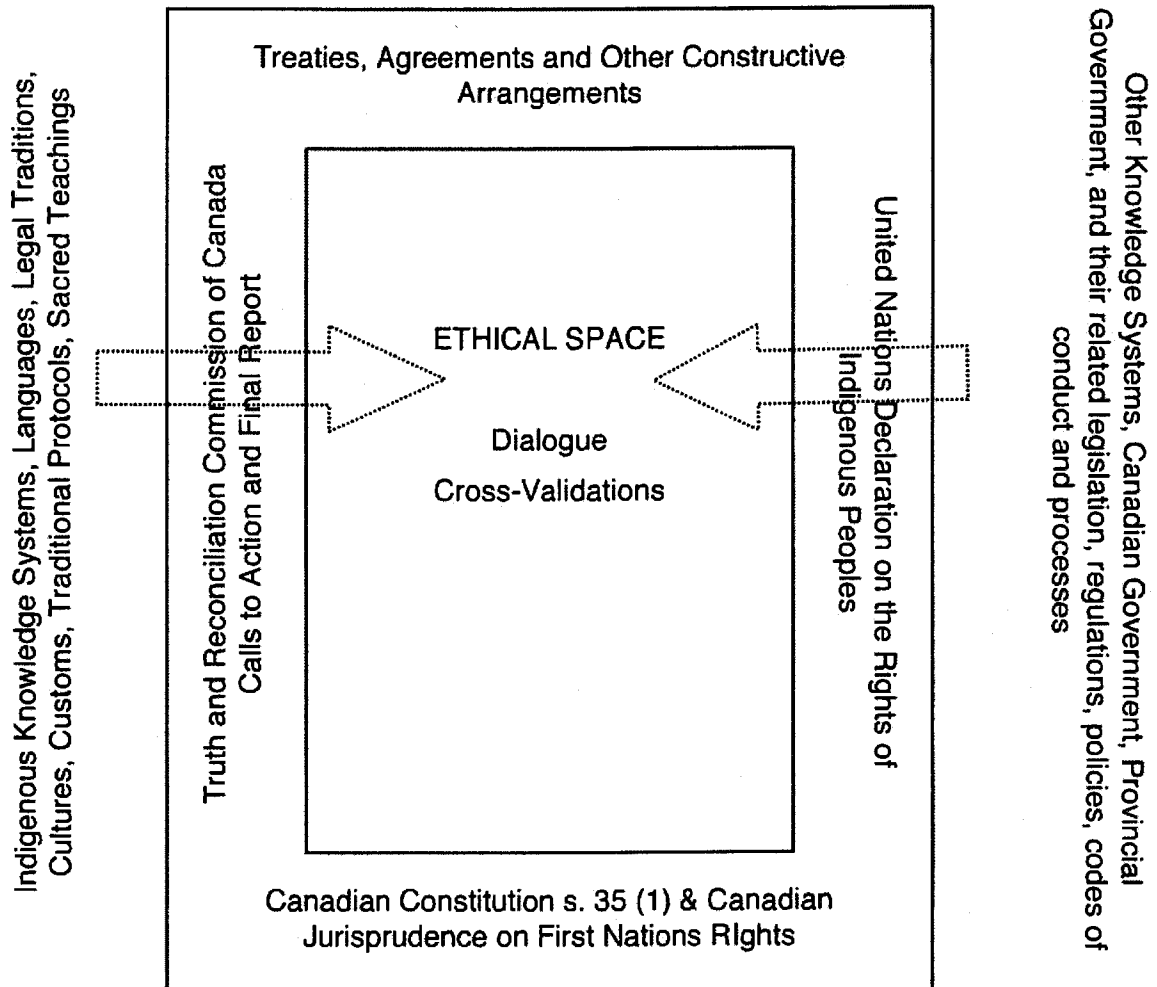
  
Witness



## APPENDIX I

ORAL  
SYSTEMS

WRITTEN  
SYSTEMS





This is Exhibit "L" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019

A handwritten signature in black ink, appearing to read "B. Hanssens", is written above a horizontal line.

A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



# Jordan's Principle (FNIHB) Manitoba Monthly Bulletin March - 2019

## Quote of the Month

"There is no such thing as a 'bad kid' – just angry, hurt, tired, scared, confused, impulsive ones expressing their feelings and needs, the only way they know how. We owe it to every single one of them to always remember that." – Educator Jessica Stephens

## Regional Updates

### **The Canadian Human Rights Tribunals Fourth ruling on Jordan's Principle (May 2017):**

<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/definition-jordans-principle-canadian-human-rights-tribunal.html>

**Effective Immediately:** All Jordan's Principle requests including home modifications and education related items will be submitted to Jordan's Principle within the First Nations and Inuit Health Branch.

### **Accommodations in Remote and Isolated Communities**

Case Managers are the responsible persons to make arrangements with Nurses in Charge of nursing stations to accommodate specialized service providers (SSP's) from MATC, RCC and St. Amant (prior to arrival). The above SSP's are on the list of priority visitors for accommodations in nursing stations. Regional Directive #21.

### **URGENT: Annual and Interim Reports**

Please submit all outstanding reports to [Carrie.Gaskin@canada.ca](mailto:Carrie.Gaskin@canada.ca). Contact your CLO for information/support. Reporting discrepancies can effect non-essential funding.

### **Jordan's Principle FNIHB MB Contact Information**

Joe Gacheru: [Joe.Gacheru@Canada.ca](mailto:Joe.Gacheru@Canada.ca)

Carrie Gaskin: [Carrie.Gaskin@Canada.ca](mailto:Carrie.Gaskin@Canada.ca)

Jamie Dueck: [Jamie.Dueck@Canada.ca](mailto:Jamie.Dueck@Canada.ca)

Susan Brandner: [Susan.Brandner@Canada.ca](mailto:Susan.Brandner@Canada.ca)

Generic Email: [MB.HC.JP-MB.SC.JP@hc-sc.gc.ca](mailto:MB.HC.JP-MB.SC.JP@hc-sc.gc.ca)

### **Medical Supplies and Equipment Update**

Weighted equipment and mobility devices have protocols and best practices to consider. Prior to purchasing these types of items, please consult with the Occupational Therapist and/or Physical Therapist involved in the child's care to ensure items are recommended and used under therapy recommendations.

### **New Sensory Motor Rooms through MFNERC**

MFNERC Occupational Therapists and Physiotherapists have been working with 46 First Nations communities to develop Sensory Motor Rooms in their schools. These spaces are for students to develop a variety of skills using specialized equipment. These spaces provide daily opportunities to work on self-regulation, motor skills, social-emotional skills and communication. If you have questions, please reach out to MFNERC Clinical Services at 1-204-594-1290 ext. 2119





**Jordan's Principle Case Manager and Case Coordinator Training**

Now Available through SE Health Community of Learning. Contact [Jamie.dueck@canada.ca](mailto:Jamie.dueck@canada.ca) if you have not received a preliminary access invitation by April 1st.

**Youth Mental Wellness & Addictions**

**Challenging Behaviour Learning Modules by St. Amant**

4 online learning modules on understanding behaviour, behaviour assessment and change through reinforcement. Visit: <https://stamant.ca/learning-centre2/challenging-behaviour/understanding-behaviour/>

**Overcoming Negativity: A Program for Children who are Programmed to think the Worst**

Ages 7 – 9, cognitive behaviour therapy techniques and mindfulness training that teaches children how to change their perspectives. Dates: April 4, 11, 18, 25 & May 2 & 9  
Location: 3-1250 Waverley St., Winnipeg  
Phone: 204-477-8555  
Visit: [www.mindmattersclinic.ca](http://www.mindmattersclinic.ca) \*Additional fees apply

**Mental Health First Aid Course**

A 12 hour course on providing Mental Health First Aid to people developing a mental health problem or experiencing a crisis. Visit: [www.mbwpg.cmha.ca](http://www.mbwpg.cmha.ca) or [www.mhfa.ca](http://www.mhfa.ca)

**MB First Episode Psychosis Family Support Group**

Families with youth who have experienced first-episode psychosis meet monthly to share, learn and support each other. Phone: 204-475-8381 or email: [mdecter@gmail.com](mailto:mdecter@gmail.com)

**Addictions Foundation of Manitoba**

Residential and community treatment: Adults and youth prevention and educational programs, province wide.  
Location: 1031 Portage Ave.  
Phone: 204-944-6200 Visit: [www.afm.mb.ca](http://www.afm.mb.ca)

**Crystal-Meth: Information for Families & Friends**

Spot the signs by Addictions Foundation of MB. View full handout PDF here: <https://makeconnections.ca/wp-content/uploads/2018/11/Crystal-Meth-Family-Friends-Handout.pdf>

**Behavioural Health Foundation, Winnipeg**

Established in 1967. Long term residential programming to persons (and their dependents) with addictions and co-occurring mental health issues. Indigenous traditional programming is an integral part of treatment.  
Phone: 204-269-3430 or visit: [www.bhf.ca](http://www.bhf.ca)

**Youth Sexual Health**

**Sexuality Education Resource Centre (SERDC)**

Information and resources on family planning, sexual health and family communication. Free workshops for parents, families and community groups.  
Location: 200-226 Osborne St. N.  
Phone: 204-982-7800  
Visit: [www.serc.mb.ca](http://www.serc.mb.ca)

**Bidwewidam: Indigenous Masculinities, Identities & Mino-bimaadiziwin**

Explore ideas about First Nation's male identities and masculinities through the words and insights of 12 Elders from different nations across Canada. Traditional roles, colonization and the journey to bimaadiziwin (good life). Complete PDF below.  
<http://research.ofic.org/sites/default/files/Bidwewidam-%20indigenous%20masculinities%2C%20identities%2C%20and%20mino-bimaadiziwin%20Report.pdf>

**4 Girls Only! Educational resource by MB Status of Women**

An interactive workbook geared towards girls. Addresses healthy self-regard, human rights, healthy relationships, online safety, having sex for the first time, consent, planning for the future and community engagement. Complete PDF below.  
[https://www.gov.mb.ca/msw/publications/pdf/4girls\\_only.pdf](https://www.gov.mb.ca/msw/publications/pdf/4girls_only.pdf)

**Grandmother Teachings and Coming of Age Ceremonies**

Conducted each spring at the Turtle Lodge by the grandmothers, who provide teachings of how to honour and carry oneself as a Woman. Young girls are expected to attend the full 4 days accompanied by a female mentor.  
Date: May 18-22  
Location: 47071 HWY 11, Fort Alexander MB  
Website: [www.turtlelodge.org](http://www.turtlelodge.org)

**Dating Violence, Bullying and Safe Choices About Alcohol**

Access free videos and Power Points on relationships, gender, dating violence, power, control and the cycle of violence.  
Visit: <https://stamant.ca/learning-centre2/dating-violence-bullying-and-safe-choices-about-alcohol/>

**Circling Buffalo Inc.**

Serving 63 MB First Nations. Mental Health Therapists that travel to remote and isolated communities to provide therapy and crises intervention for victims of domestic violence. Phone: 204-620-3153 or 204-623-3423  
Visit: [www.circlingbuffalo.ca](http://www.circlingbuffalo.ca)



### **TLC Supports Counselling Services (Youth)**

Certified psychotherapist providing services in communities surrounding Brandon specializing in addictions, depression and PTSD. Therapy Services: Acceptance and commitment, sand tray, expressive arts, trauma focused, cognitive behavioural, solutions based, etc.

Phone: 204-620-3290

Email: [timlcrawford@hotmail.ca](mailto:timlcrawford@hotmail.ca)

Visit: <https://tlc6203290.wixsite.com/mysite>

### **When Likes Become a Need: Social Media use and Anxiety, Addiction and Self-Esteem in Adolescents**

Explore neurobiology of addiction, social media marketing and the impact on the developing brain with Julie Walsh.

Date: April 4<sup>th</sup> \*\*\*Free & available by TeleHealth

Time: 12:30PM – 4:00PM

Location: SSCY Centre, 1155 Notre Dame Ave., Winnipeg

Phone: Rita at (204) 258-6601

Email: [rdrohmereski@rccinc.ca](mailto:rdrohmereski@rccinc.ca)

### **School Based Mental Health Services**

Did you know that most schools have a School Psychologist accessible through schools? They focus on resiliency competence and self-esteem. Talk to your child's teacher for more information.

### **Emergency Contact Numbers**

**MKO Mobile Crises Response Team:** Crises response and intervention service for all MB FN communities 1-844-927-5433

**Klinic Community Health Care:**

Kids Help Phone (councillors): 1-800-668-6868

Kids Help Phone Texting Service 24/7 (trained responders): Text 686868 \*no charge for sending or receiving texts, no internet connection or data plan required.

**Youth Crises Stabilization System (WRHA):**

204-949-4777 or 1-888-383-2776

**Health Sciences Centre**

Children: 204-787-4244

**Sexual Assault Emergency and Support Contacts**

**Victim Services:** Toll free 1-866-484-2846

**Klinic's Sexual Assault Crises line:** 1-888-292-7565

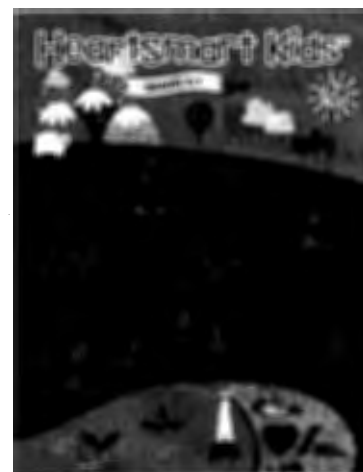
**Ka Ni Kanichihk's Heart Medicine Lodge:** 204-953-5820

**Hope Crises Centre (Interlake):** 204-753-5353

### **Books of the Month**

#### **Heart Smart Kids Books**

Series of 3 educational booklets for children in grades K – 6. Filled with colourful activities and resources to help children learn how their community, environment and choices can help them to live a healthy life. Includes Indigenous based activities that explore spiritual, emotional and physical aspects of health. Heart and Stroke Foundation of Canada.



Order free books here:  
<https://hskids.ca/>

#### **El Deafo**

New York Times Best Seller. A graphic novel memoir by Cece Bell, sharing her experience as a child with hearing loss. Take a delightful and insightful look inside the life of a child with hearing loss in school, friendships and the community at large. For middle school readers but adults can learn from this book too! Order here:  
<https://www.amazon.ca/El-Deafo-Cece-Bell/dp/1419712179>



#### **Working Together: A Parent's Guide to Formal Dispute Resolution (Between Parent and School)**


This guide outlines procedures for successful informal dispute resolution between parent and school and failing that, the steps to take for formal dispute resolution. Manitoba Education, Citizenship and Youth. Complete PDF below.  
[https://www.edu.gov.mb.ca/k12/docs/parents/dr/formal\\_dr.pdf](https://www.edu.gov.mb.ca/k12/docs/parents/dr/formal_dr.pdf)

Additional funding may not be provided for advertised items.



This is Exhibit "**M**" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019

A handwritten signature in black ink, appearing to read "Bernard Hanssens", is written over a horizontal line.

A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)





Indigenous Services  
Canada

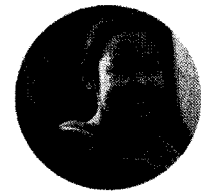
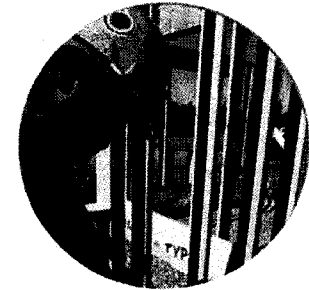
Services aux  
Autochtones Canada

# Jordan's Principle



**Rouyn Noranda**

November 27, 2018



Canada



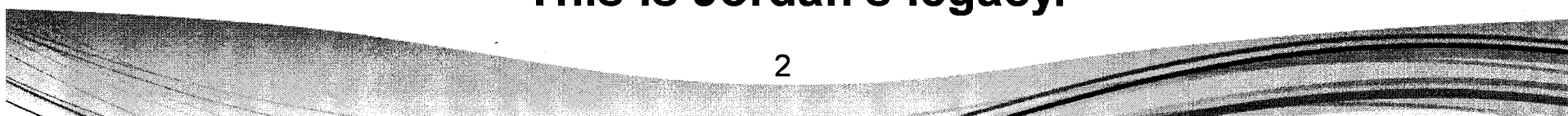


## Jordan's Legacy

- Jordan's Principle is named in honour of Jordan River Anderson, a First Nations child born in 1999
- In 2007, the House of Commons passed Jordan's Principle
- It was a commitment that First Nations children would get the products, services and supports they need, when they need them. Payments would be worked out later
- Jordan's Principle is helping to ensure that every First Nations child has access to the services and supports they need



**This is Jordan's legacy.**



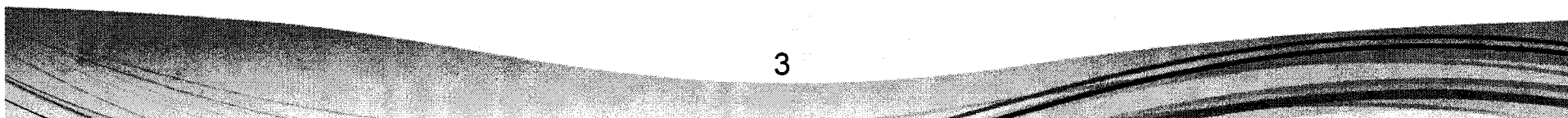




## Canada's Commitment to Upholding Jordan's Principle

- On January 26, 2016, the Canadian Human Rights Tribunal ordered Canada to fully implement Jordan's Principle
- Canada began work to immediately implement Jordan's Principle, but also committed to engaging with First Nations to co-development policy options for the long-term implementation
- From July 2016 to September 2018 more than 165,000 requests were approved under Jordan's Principle

***Jordan's Principle is a legal principle that applies to all First Nations children***

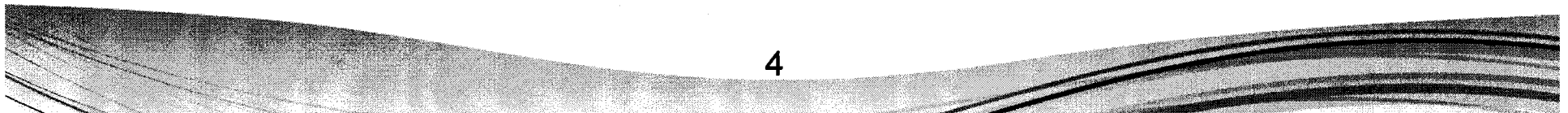




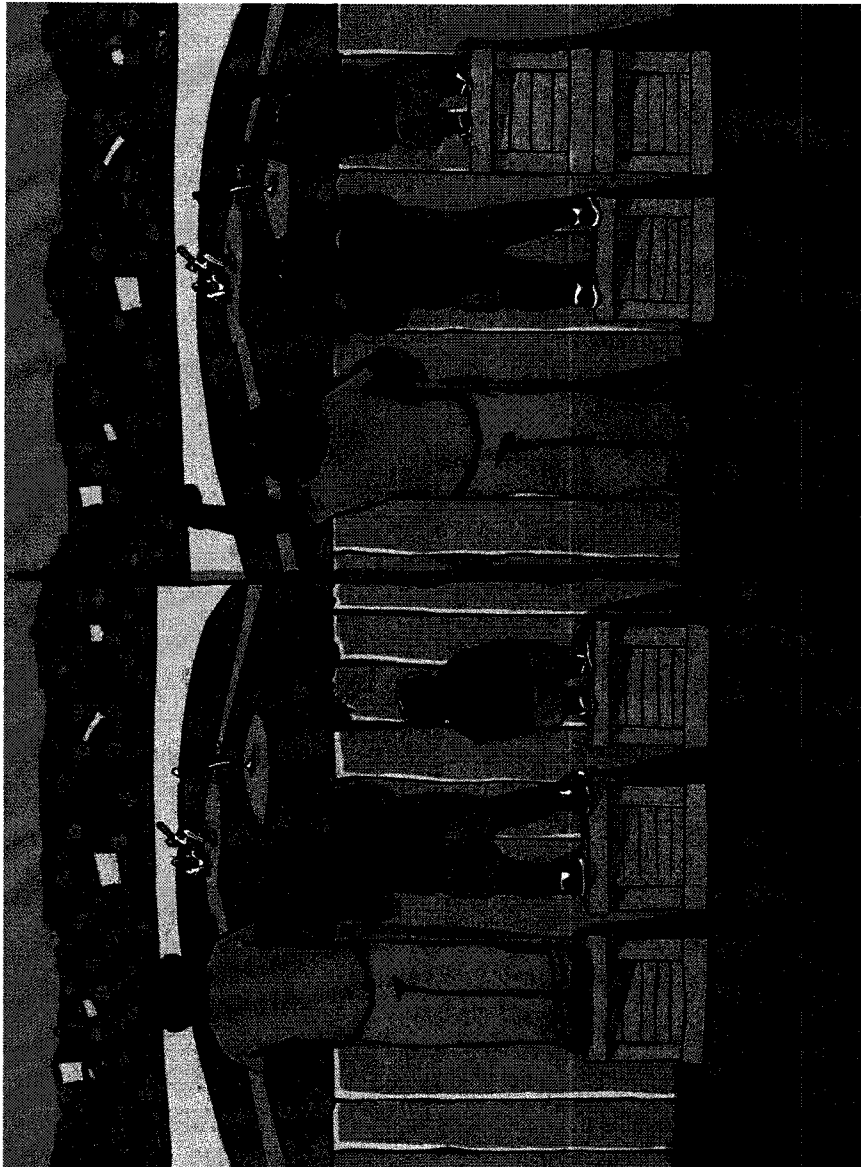


## **Jordan's Principle – Current implementation**

- Jordan's Principle is a child first principle and applies to all First Nations children, regardless of where they live.
- Is not limited to First Nations children with a handicap, specific short term conditions, or conditions which have an incidence on everyday activities.
- Addresses the needs of First Nations children by ensuring there are no gaps in government services to them;
- Evaluate and determine a request for service within 12 hours – 7 days.
- Ensure culturally appropriate services and substantive equity that can go beyond normative provincial standard.











## Jordan's Principle – Current implementation

- Since June 19, 2018, Indigenous Services Canada respond to individual and Group requests for Inuit children.
- Since June 19, 2018, Indigenous Services Canada interpret the definition of Jordan's Principle as including non-status Indigenous children ordinarily resident on reserve.
- The expanded eligibility for Jordan's Principle is now as follows:
  - Registered First Nations children living on or off reserve;
  - First Nations children entitled to be registered, under the *Indian Act* - including those who became entitled to register under the December 22, 2017 amended provisions of the *Indian Act*, under Bill S-3; and
  - Non-status Indigenous children who are ordinarily resident on reserve.
  - This expanded definition is to be applied retroactively to all requests submitted since July 5, 2016.





## **Service Coordination**

Roles and responsibilities of local Jordan's Principle coordinators:

### **Outreach**

- Improve client awareness of existing services and supports
- Build or facilitate relationship with the Province to improve coordination

### **Assessment and Coordination**

- Refer cases, or undertake needs assessment
- Help families navigate the system
- Coordinate access to services
- Refer cases to Indigenous Services Canada that cannot be met through existing services

### **Data collection and reporting**





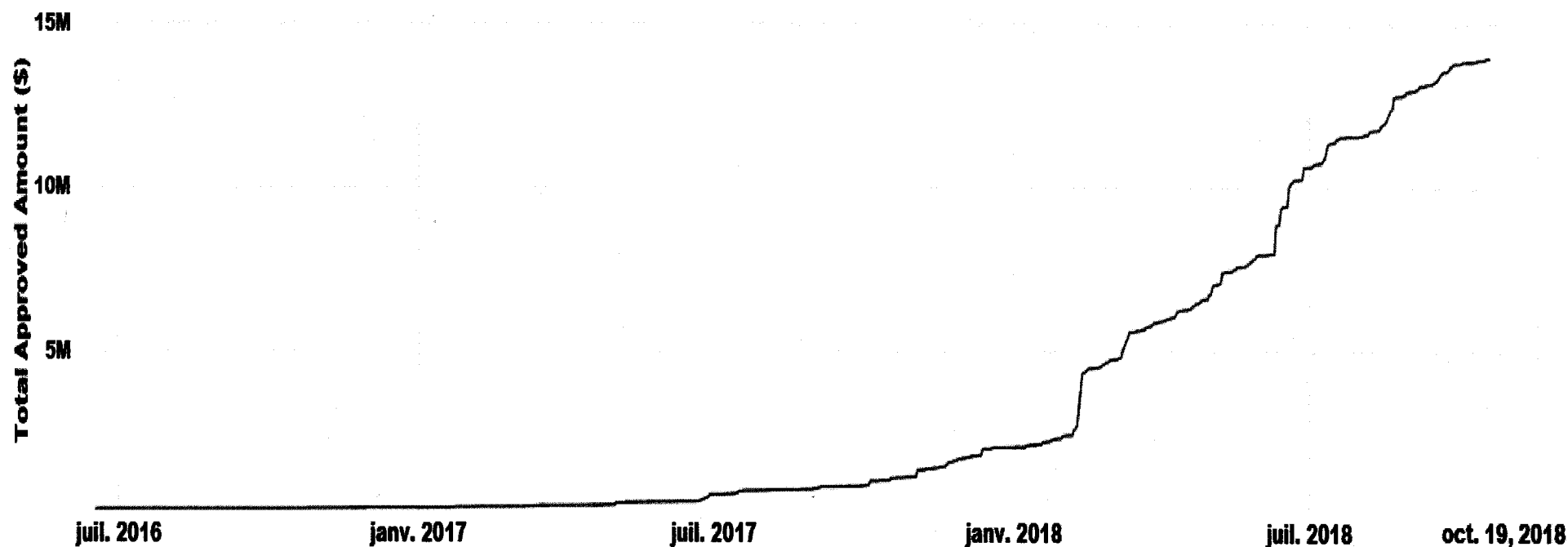
## Funding Example

- Specialized medical equipment and supplies;
- English Services;
- Medical transportation;
- Specialized day programs for children with disabilities;
- Mental Health evaluation support and sessions;
- Nutritional supplements;
- Speech Therapist evaluation and sessions;
- Rehabilitation therapies;
- Neuropsychologist evaluation;
- Adapted school transportation;
- Hiring professionals to ensure appropriate follow up with children and their families.





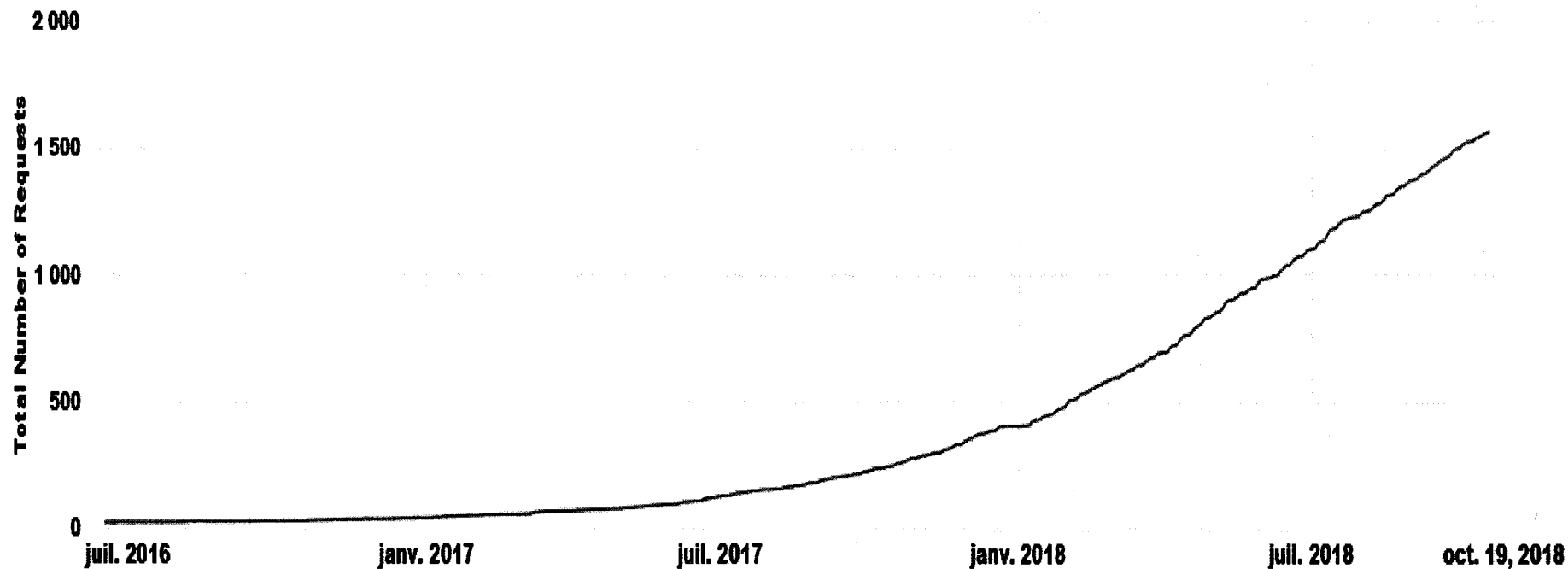
## Regional Statistics – Approved Funding for Quebec Region







## Regional Statistics – Number of Approved Requests for Quebec Region

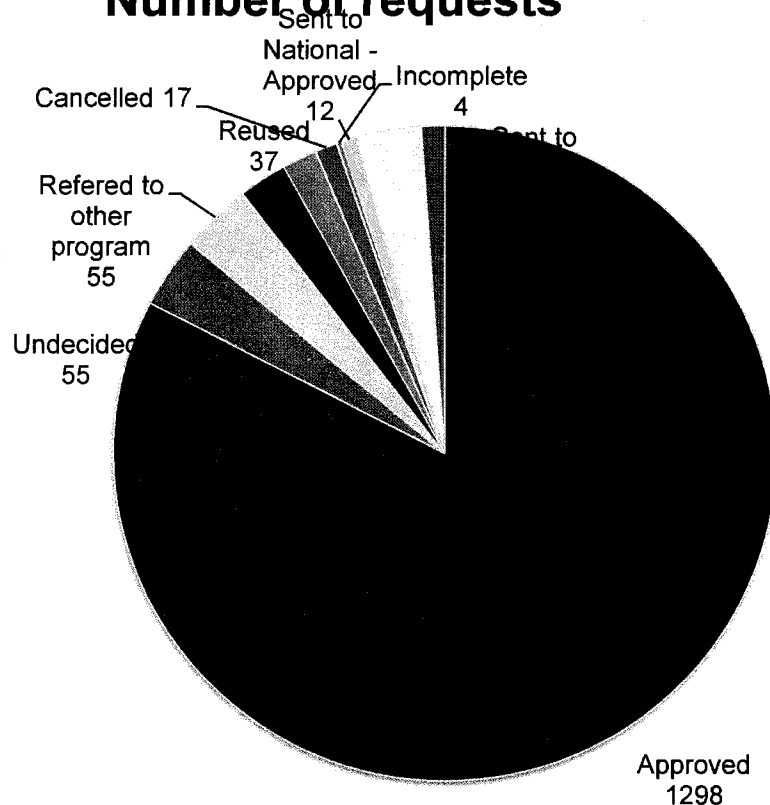




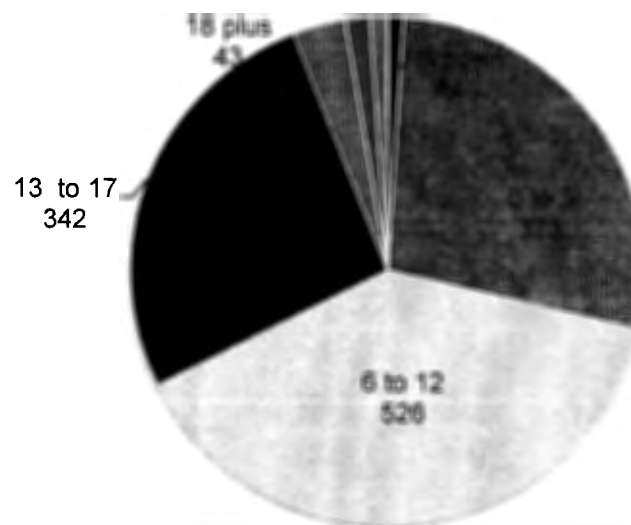


## Regional Statistics (October 23, 2018)

### Number of requests



### Approved cases by age Group



14 125 children funds under Jordan's Principle

Approved amount	14 062 603\$
Operations & Maintenance	2 105 987\$
Contributions	11 888 129\$
Mixte	68 486\$





## Statistics

Region	% Number of children	% approved amount	Approved amount
CISSS de l'Abitibi-Témiscamingue	21.40%	24.00%	2 890 009.00 \$
Audiology	0.04%	0.00%	
Day camps/ summer camps	1.07%	1.75%	50 631.87 \$
Teaching/ Homework support	17.61%	6.08%	175 590.56 \$
Occupational Therapy	6.98%	11.19%	323 324.22 \$
School materials	17.12%	3.39%	97 880.00 \$
Multispecialists	24.75%	15.79%	456 233.78 \$
Optometry	0.08%	0.02%	
Orthopédagogie	1.64%	1.75%	50 545.00 \$
Speech Therapy	19.38%	39.41%	1 139 027.02 \$
Physiotherapy/Osteopathy/Chiro/Massotherapy	0.04%	0.02%	
Podiatry	0.04%	0.00%	
Psychoeducation	5.75%	16.66%	481 570.25 \$
Psychology/Neuropsychology	1.31%	2.61%	75 504.55 \$
Services de garde	0.08%	0.23%	6 518.00 \$
Social Worker	4.11%	1.11%	31 948.00 \$





## Reflecting on Jordan's Principle – What we've heard

- **First Nations must control Jordan's Principle**

*"Need to shift away from a request-based process through which First Nations must get to Canada for funding."*

*"Funding should go directly to First Nations"*

- **Communities need support for community-based capacity**

*"Every community should have a Jordan's Principle worker"*

*"Communities need to have resources to train local people"*





## **Reflecting on Jordan's Principle – What we've heard** *(con't)*

- **Jordan's Principle is breaking down silos between programs in the community**

*"On the ground, there is increased networking among service providers"*

*"Community members should have a single window of access"*

- **More work is needed to increase awareness of Jordan's Principle**

*"People still don't know about Jordan's Principle"*





## Reflecting on Jordan's Principle – What we've heard *(con't)*

- **Provinces have a role to play in the full implementation of Jordan's Principle**

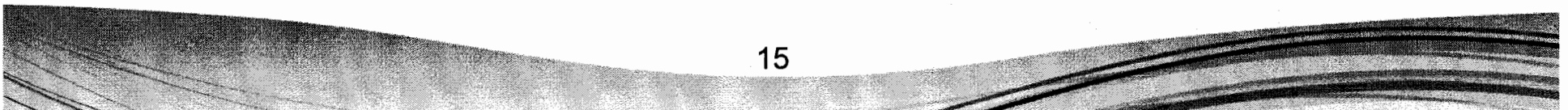
*"Provinces need to understand the unique context in which First Nations live and operate with respect to registration/Status, community programs and services available on reserves."*

*"The roles and responsibilities of the province need to be identified, and First Nations made aware."*

- **Communities need spaces to deliver services locally**

*"Where will service providers stay when they come to the community."*

*"We need space for a children's center to help promote service integration"*





This is Exhibit "N" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)





Indigenous Services  
Canada

Services aux  
Autochtones Canada

# Jordan's Principle Information Session



Saskatchewan Region  
November 2018



Canada





## Jordan's Legacy

- Jordan's Principle is named in honour of Jordan River Anderson, a First Nations child born in 1999
- In 2007, the House of Commons passed Jordan's Principle
- It was a commitment that First Nations children would get the products, services and supports they need, when they need them. Payments would be worked out later.
- Jordan's Principle is helping to ensure that every First Nations child has access to the services and supports they need.



**This is Jordan's legacy.**





## Canada's Commitment to Uphold Jordan's Principle

- On January 26, 2016, the Canadian Human Rights Tribunal (CHRT) substantiated a 2007 complaint by the First Nations Child and Family Caring Society of Canada and the Assembly of First Nations.
- The CHRT ordered the federal government to cease applying a narrow definition of Jordan's Principle and to take measures to immediately implement the full meaning and scope of the principle.
- Subsequent orders from the CHRT have followed resulting in a new application of Jordan's Principle.



## What is Jordan's Principle?

- Jordan's Principle makes sure all First Nations children can access the products, services and supports they need, when they need them. It can help with a wide range of health, social and educational needs.
- Jordan's Principle **applies to all First Nations children**, regardless of where they live in Canada.
- Jordan's Principle addresses the needs of children by **ensuring there are no gaps** in government service for First Nations children.
- Jordan's Principle recognizes that First Nations children may need government services that exceed the "**normative standard**" to ensure substantive equality in the provision of services to the child, to ensure culturally appropriate services and to safeguard the best interests of the child.
- **Substantive equality means** that decisions on the provision of services/products pursuant to Jordan's Principle must reflect the historical and contemporary disadvantage of First Nations children, such as social, geographical, historical, economic and cultural needs and circumstances.





## Current Approach

- In response to CHRT rulings, in July 2016, the Government of Canada initiated an interim approach.
- In the short-term, a fund of \$382.5 million has been set up to fund:
  - Service Coordination, and
  - Supports for health, social and education products and services
- During this 3 year initiative, policy and program gaps have been identified through data collection and discussions with families and stakeholders to support the implementation of a new approach in 2019.
- For the long-term, we are working to build better structures and funding models. These will make sure First Nations children get the products, services and supports they need, when they need them. To do this, we are working closely with provinces/territories, Indigenous partners and service organizations.



## Service Coordination

- Service Coordinators help identify First Nations children in need and act as the primary local contact for First Nations children and families. The Service Coordinators work closely with the regional Jordan's Principle Representatives.
- Service Coordinators support families to ensure children with needs have the necessary services and equipment to thrive at home and within their community.
- Typical functions of a Service Coordinator include:
  - Assisting the family to secure access to needed services and supports
  - Providing resources and information-sharing
  - Coordinating services
  - Referrals to other programs
  - Networking and building relationships with other programs
  - Managing funds provided through Jordan's Principle for approved supports





## Service Coordination in Saskatchewan

SK Region currently funds the following for Service Coordination.

- Tribal Councils, Communities and Health Authorities
  - 6 Tribal Councils have Service Coordinators to support urban families and surrounding area.
  - 2 independent First Nations communities have Service Coordinators that work closely with ECIP to offer support to their members.
  - Athabasca Health Authority to support the remote north of Black Lake and Fond du Lac.
- Early Childhood Intervention Program (ECIP)
  - In addition to the typical functions of the Service Coordinator, ECIP also offers specialized services to families of young children that exhibit developmental delay or are at risk for delay. They provide:
    - Outreach
    - Case management
    - Transition planning to school
    - Assessments and screenings
    - Advocacy
    - Referrals
    - Education and awareness





## Services and Supports - General Criteria

- Jordan's Principle meets child-specific needs for First Nations children, regardless of residence (on or off reserve).
- Supports are available to children up to the age of majority. In SK, this means that children are eligible up to their 18<sup>th</sup> birthday.
- Child-specific needs can be for an unmet need or a gap in service for health, social or education.
- Supports can be for culturally appropriate care.
- Supports can help achieve substantive equality. First Nations children may need additional supports to achieve the same outcomes as other children because they or their family have experienced disadvantages other children do not experience. Substantive equality seeks to acknowledge and overcome the barriers that have led to inequality in the first place.
- Jordan's Principle is not meant to duplicate existing programs. There are many programs currently available to meet the needs of children.





## Types of services and supports provided

- Assessments (Autism, FASD, ADD/ADHD)
- Allied Health Services (Physiotherapy, Occupational Therapy, Speech Language Therapy)
- Respite for families of children with a medical or cognitive condition
- Therapeutic or medical equipment not eligible under NIHB
- Nutritional supplements, specialized formulas not eligible under NIHB
- Medical transportation not eligible under NIHB
- Mental health supports (i.e. counsellor, equine therapy)
- Prevention-type activities (i.e. family counselling, land-based family treatment)  
Culturally appropriate care (i.e. mentorship, Elders, language)
- Minor housing modifications/retrofitting (wheelchair ramps, accessibility)
- Education Assistants (school, Aboriginal Head Start, daycare) and tech aids (i.e. provide a holistic approach by providing the same tech aids at home as are used in the school)



## How to Request Services – Individual Requests

- Request can be submitted by family member, caregiver, service provider or service coordinator.
- Must have parental/guardian consent
- Product or service requested must be child specific
- Product/service must be recommended by a health, social or education professional (nurse, doctor, occupational therapist, speech and language pathologist, physical therapist, social worker, psychologist, teacher, etc.) identifying the product/service required and how it supports the child's condition. This ensures that the product/service is safe and appropriate for the child.
- Quote and timeframe for the product/service
  - This can be an actual quote or estimated cost
  - One time funding, on going basis, start date-end date, etc.
- A summary of the child's history and unique needs that should be considered to support the request (substantive equality)





## How to Request Services – Group Requests

- Requests can be reviewed under Jordan's Principle via a group application in situations where many children have been identified that could benefit from a product or service.
- The request can come from a variety of sources, such as the community or the school.
- Some of the information that needs to be identified in the request is:
  - the type of service requested
  - number of children that will benefit from the request
  - breakdown of cost to support the service requested
- If you are considering submitting a group request, please contact one of the Representatives to discuss the request and we can provide you with our group request template.





## Service Standards and Funding

- As per the CHRT order:
  - Individual requests for non-urgent cases are processed within 48 hours of receiving all information, and 12 hours for urgent cases.
  - Group requests for non-urgent cases are processed within 7 days of receiving all information, and 48 hours for urgent cases.
- Funding of the service/supply:
  - Current agreement holder: Community agreement, ECIP, Service Coordinator
  - Vendor can direct bill
  - Family member





## Contact Information

**Regional Representatives:** Contact information available on application form

**Jordan's Principle 24/7 Call Centre:** 1-855-572-4453 (1-855-JPCHILD)

**Public Inquiries (INAC):** 1-800-567-9604 Monday to Friday 9am to 5pm  
(provides information on departmental programs and services such as Indian Registration, socio-economic & demographic statistics or publications)

**Website:** [www.canada.ca/jordans-principle](http://www.canada.ca/jordans-principle)



This is Exhibit "O" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



**ISC** INDIGENOUS  
SERVICES  
CANADA

# Jordan's Principle Child First Initiative

Chiefs of Ontario  
Health Forum  
February 27, 2019



 Indigenous Services  
Canada

Services aux  
Autochtones Canada

Canada





# Jordan's Legacy

- Jordan's Principle is named in honour of Jordan River Anderson, a First Nations child born in 1999 from Norway House Cree Nation, Manitoba
- At the age of 5 he passed in the hospital while the provincial and federal governments could not agree on who was financially responsible for his home care in a medical foster home.
- On January 26, 2016, the Canadian Human Rights Tribunal ordered Canada to fully implement Jordan's Principle
- A commitment was in place that First Nations children would get the products, services and supports they need, when they need them. Payments would be worked out later



**This is Jordan's legacy.**





# Ontario Regional Journey

- Immediately after the CHRT ruling and the July 2016 announcement, discussion began with Ontario governance partners.
- SHEJ - Social, Health , Education and Justice and the HCU- Health Coordination Unit of Chiefs of Ontario put forth a recommendation to Ontario Chiefs Committee on Health ; resulted in Consensus: no opposition for the following;

*OCCOH approve that funding be allocated to each of the PTOs/IFN and Six Nations of the Grand River to engage JP Focal Point Positions who would assist in resolution of individual cases in collaboration with NIHB navigators, government and other focal points; as well as undertaking the required engagement and data collection for development of options for Service Coordination Delivery models for future years*





## Ontario Regional Journey

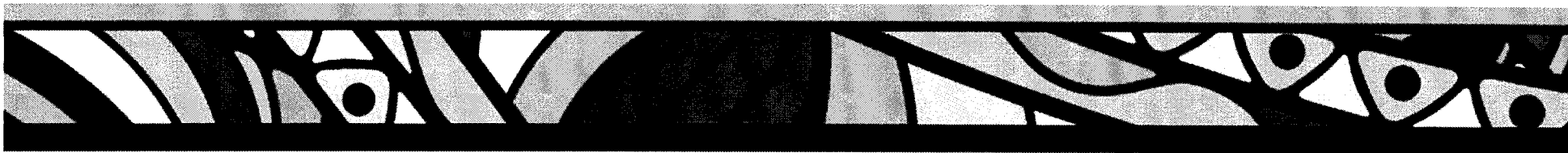
### Individual application

- ☐ list of services that you are requesting
  - \*responding to the unmet need\*
- ☐ Quote/estimated cost for these services
  - \*vendor of choice\*
- ☐ Third party supporting documentation

### Group application

- ☐ Service Access Resolution Fund
- ☐ Service Coordination





## **For individual applications :**

- Number of unique children served:
  - 17-18 745 children
  - 18-19 1,835 children
- Number of products or services APPROVED:
  - 17-18 1,331
  - 18-19 2,411
- Dollar value approved
  - 17-18 \$2,393,113.15
  - 18-19 \$9,848,857.91

( Jan 2019)





## **For group applications:**

Number of approved group applications

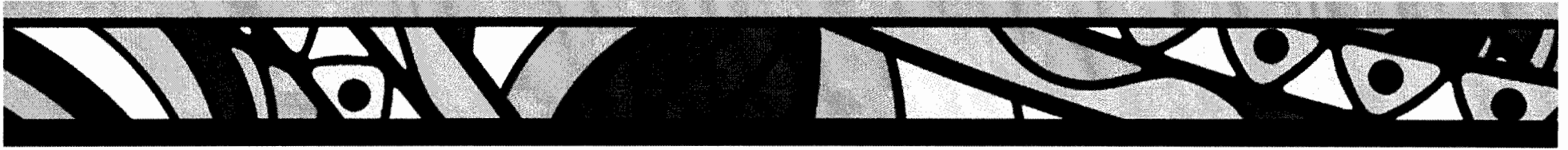
- 17-18 - 74
- 18-19 - 118

Dollar value approved

- 17-18 - \$25,151,191.00
- 18-19 - approx. 55 million

(Jan 2019)





# Products and Services

Respite hours

Medical supplies and equipment

Technological aids

Allied health therapy, such as occupational health, physiotherapy, speech and mental health ( traditional and western)

Assessments, psychological and psycho-educational

In patient residential care

Transportation costs associated with accessing education and/ or health services

Educational Assistants

Recreation

Needs associated with lower income levels

And more.....





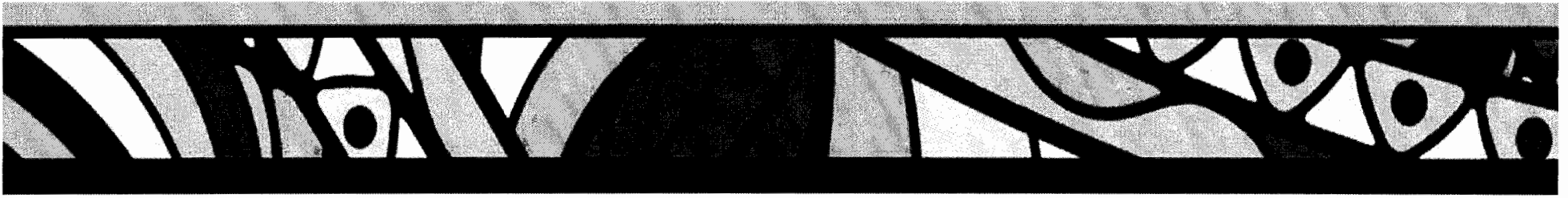
February 1, 2018 CHRT decision on Children and Family Service Agencies  
Copy of decision: <http://www.chrt-tcdp.gc.ca/index-en.html>

**Order 426:**

Canada to fund actual costs of mental health services to First Nations children and youth from Ontario, including as provided by First Nations, Tribal Councils, First Nations Child and Family Service Agencies, parents/guardians or other representative entities retroactively to January 26, 2016 by February 15, 2018, or within 15 business days after receipt of the documentation of expenses

**Contact the Ontario region for more information or to submit a request for reimbursement**





## Ontario Region Journey

- Responses and changes with new rulings and amendments
  - Narrow scope of definition
  - Age / eligibility
  - Approach to case conferencing
- **Access** to the approved product or service
  - human health resources,
  - service providers

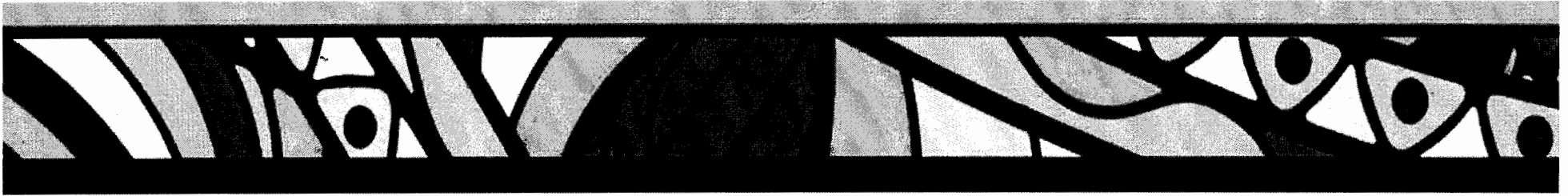




## Ontario Region Journey

- Substantive equality and Best Interest of the Child
  - Legal constructs
  - First Nations children have experienced historical disadvantage due to Canada's repeated failure to take into account their best interest as well as their historical, geographical and cultural needs and circumstances.
- Role uncertainty: funder vs service provider





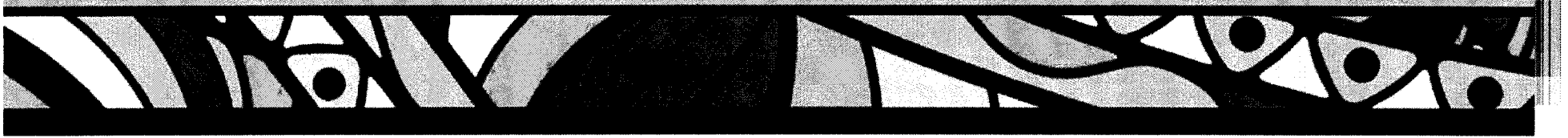
## Ontario Region Journey

- Payment challenges
  - Direct deposit & test payments
  - Processing time
  - Flexible model of direct pay
- ❖ Action Plans, payment blitz, new approaches



Fiscal Year and Period	Number of Transactions by Processing Time (business days)					Total Number of transactions	Average processing time (business days)
	0-15 days	16-30 days	31-50 days	> 50 days			
FY2017-2018 P2		1				1	15.0
FY2017-2018 P5		1				1	15.0
FY2017-2018 P7		55				55	3.7
FY2017-2018 P8	1	41	5	1		48	9.2
FY2017-2018 P9	5	82	1	1		89	13.2
FY2017-2018 P10		54	4	1		59	10.1
FY2017-2018 P11		19	1			20	9.8
FY2017-2018 P12	1	205	22	2		230	10.4
<b>Total FY2017-2018</b>	<b>7</b>	<b>458</b>	<b>33</b>	<b>5</b>		<b>503</b>	<b>10.0</b>
<b>% of Total Transactions</b>	<b>1%</b>	<b>91%</b>	<b>7%</b>	<b>1%</b>		<b>100%</b>	
FY2018-2019 P1		1		1		2	26.0
FY2018-2019 P2	5	33	32	19		89	22.8
FY2018-2019 P3		80	17	4		101	10.4
FY2018-2019 P4	7	95	28	10		140	15.0
FY2018-2019 P5	25	101	62	31		219	24.9
FY2018-2019 P6	52	40	36	35		163	39.2
FY2018-2019 P7	40	130	64	43		277	24.7
FY2018-2019 P8	9	178	27	11		225	12.9
FY2018-2019 P9	16	131	10	9		166	15.9
FY2018-2019 P10	22	163	41	50		276	20.9
<b>YTD FY2018-2019</b>	<b>176</b>	<b>952</b>	<b>317</b>	<b>213</b>		<b>1658</b>	<b>21.2</b>
<b>% of YTD Transactions</b>	<b>11%</b>	<b>57%</b>	<b>19%</b>	<b>13%</b>		<b>100%</b>	
<b>Grand Total</b>	<b>183</b>	<b>1410</b>	<b>350</b>	<b>218</b>		<b>2161</b>	<b>18.6</b>
<b>Percentage of Total Transactions</b>	<b>8%</b>	<b>65%</b>	<b>16%</b>	<b>10%</b>		<b>100%</b>	





## Key Message-Today & Beyond

- The focus of Jordan's Principle is to help the families and caregivers of First Nations children navigate a complex health, social and educational system with often highly complex divisions of jurisdictional roles and responsibilities.

### Jordan's Principle:

- Applies to all First Nations children, whether resident on or off reserve \* *new ruling last week*\*
- Applies to all publically funded services to ensure substantive equality, culturally appropriate services and that the best interest of First Nations children are considered with each request

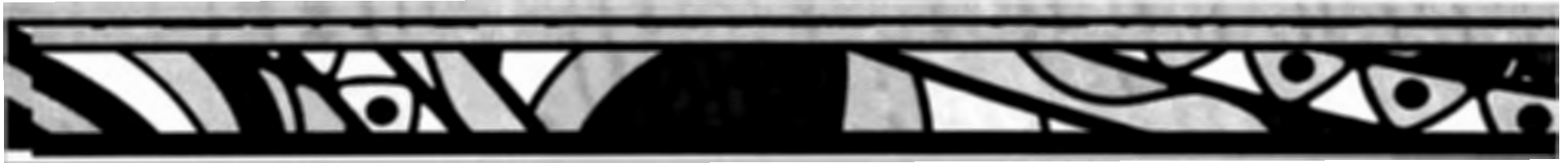




## Post March 2019

- Jordan's Principle is an ongoing legal obligation to support First Nations children, which Canada will continue to uphold.
- Indigenous Services Canada has been working to co-develop options for the long-term implementation of Jordan's Principle with First Nations, through the Jordan's Principle Action Table.
- The Government of Canada is committed to the implementation of Jordan's Principle.





## Impacts on Key Group

- Children currently receiving support through individual requests
  - Work currently underway and applications receiving approval into 2019-20
- Communities or organizations managing group requests
  - Policy extension in place. Current engagement with recipients for extension in progress.
- Service Coordinators and front line community based staff.





## A Phased Approach - the proposal for 2019 and beyond

- Allow time for First Nations to build knowledge, to allow other transformation initiatives to mature.
- Identify opportunities to enhance existing or develop new programs to address service gaps





## Proposal for 2019 and beyond( cont.)

- Ensure First Nations have time to determine the path they want to take in the future the Jordan's Principle Action Table is proposing a phased approach.
- Ontario Region is committed to working with First Nations governance and organizations on the creation and implementation of a longer term sustainable solution





## Ontario Spotlight models

### **Independent First Nations Enhanced Coordination Pilot**

- wrap around case management/payment support-vendor and service provider relations

### **Garden River First Nation**

- Supporting community members with access and comprehensive case management

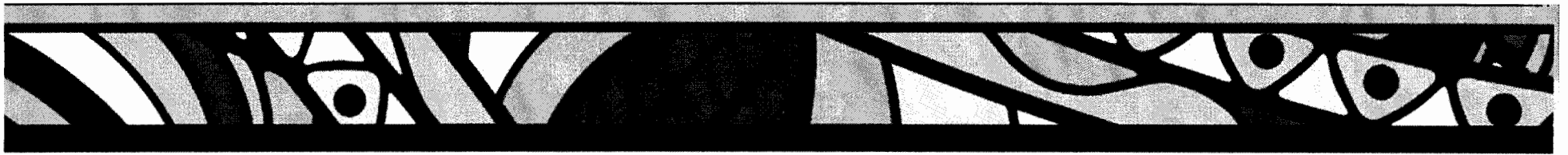
### **Nishnawbe Aski Nation- Westway Respite**

- Immediate relief for families in need/ local capacity development

### **Sandy Lake First Nation**

- Comprehensive case management and allied health/ strong integration of health, education and social teams





# Success today and beyond

First Nation children are getting needs met in the areas of health, education and social.

This is the opportunity to ensure that Jordan's legacy leads to strong, sustainable, systemic changes, where by all First Nation children can be supported to realize their full and optimal potential.

*While the Tribunal started the work of implementing  
Jordan's Principle, the future of  
Jordan's Principle belongs to First Nations*





If you are aware of a First nation child with an unmet need, reach us via

24 hour Jordan's Principle Call Centre  
1 855 JP- CHILD ( 1 855 572 4453)

ontariojordansprinciple-  
principledejordanlontario@hc-sc.gc.ca

Ontario Phone 613 618 1833



This is Exhibit "P" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019

A handwritten signature in black ink, appearing to read "B. Hanssens", is written over a horizontal line.

A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



## Families share how Jordan's Principle has helped their children at Winnipeg summit

Summit brings together families and advocates to share best practices on accessing needed health service



Lenard Monkman · CBC News · Posted: Sep 12, 2018 7:43 PM ET | Last Updated: September 12, 2018



Bernadette Sumner joined a panel today to share her experiences with Jordan's Principle. Her son Keanu, 17, has had lifelong health issues, but only started accessing Jordan's Principle services last year. (CBC)

Indigenous families and service providers from across the country are in Winnipeg for the Assembly of First Nations' first-ever national summit on Jordan's Principle.

Nearly 1,000 people gathered at the RBC Convention Centre Wednesday to listen and share best practices on the long-fought for principle, which pledges timely access to health services for First Nations children without delays due to jurisdictional squabbles over which level of government will pay for it.



In the morning, four families who have children with disabilities shared their experiences of Jordan's Principle.

One mother from Waywayseecappo First Nation in Manitoba, Bernadette Sumner, shared her story.

Her son Keanu was born in 2000 with a bone growth disorder known as achondroplasia, which causes dwarfism. He has cervical and lumbar stenosis which has left him permanently paraplegic and using a wheelchair full time.

## **Access to medical needs**

"I've had to advocate very hard for my son to get any of the needs that he requires on a daily basis," she said.

Getting access to needs like wheelchair lifts, wipes, briefs and gloves has been a challenge.

"Things as simple as getting a bed. He needs a special kind of bed. That was difficult to get," said Sumner.

Now Jordan's Principle has made life much easier for the family, she said.

For families that are raising First Nations children on- or off-reserve, Sumner recommends looking for available services on the Canadian government website.

"There is a line on the web for Jordan's Principle. Anybody can access it," she said.

"You can ask questions, there are no needs that are too small that Jordan's Principle wouldn't be able to help."

## **Human Rights Tribunal order**

Although a motion supporting Jordan's Principle passed unanimously in the House of Commons in 2007, it was inadequately implemented.

Seven years later, the First Nation Caring Society and Amnesty International argued before the Canadian Human Rights Tribunal saying the federal government was being discriminatory. The tribunal agreed in 2016, expanding the definition of the principle and ordering Ottawa to act on it immediately.

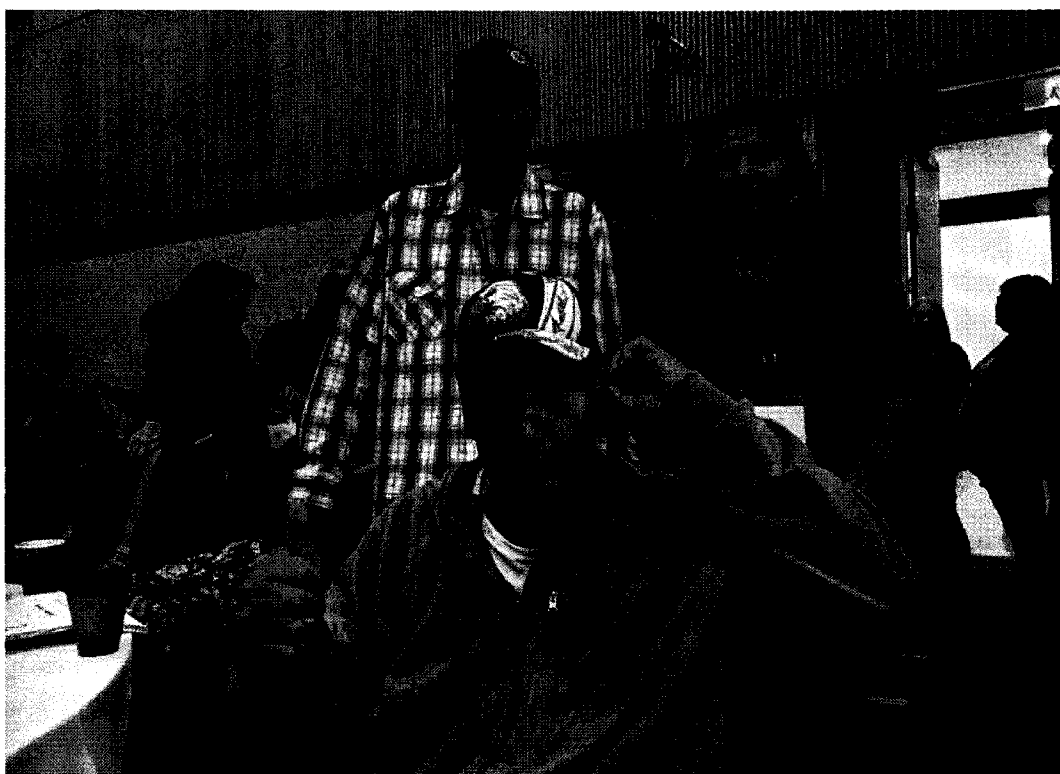


"We're grateful when the government just gave us a little drop in the bucket more, but I think we can all agree in this room, that our kids are worth the money," said keynote speaker Cindy Blackstock, executive director of the First Nations Child and Family Caring Society.

"And if they can come up with \$4.5 billion for a pipeline, they could afford culturally based equity for our kids."

## Applauding Jordan

During her keynote, she asked the packed room to stand up and applaud the family of Jordan Anderson, for whom the principle is named.



Ernest Anderson and the family of Jordan Anderson received a standing ovation from attendees at the AFN's Jordan's Principle summit Wednesday. (Lenard Monkman/CBC)

The five-year-old boy from Norway House Cree Nation in Manitoba died in a Winnipeg hospital in 2005 without ever being able to return home because of a dispute over who would pay for his home care.

Blackstock asked the assembled to never refer to the principle as the abbreviation "JP."

"When we use the full name, we are calling Jordan's spirit and giving him recognition for what he has done for all of us."



This is Exhibit "Q" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



# **STANDARD OPERATING PROCEDURES**

## **JORDAN'S PRINCIPLE**

*INDIGENOUS SERVICES CANADA*

*NOVEMBER 09, 2019*



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<b>Implementation Date:</b>			
<b>Last Reviewed/Revised Date:</b>	November 9, 2018		
<b>Total Page Numbers:</b>	71		



## CHAPTER 1 : PURPOSE

This document summarizes Indigenous Services Canada (ISC) standard operating procedures (SOPs) and associated steps to process requests for products and services for First Nations<sup>1</sup> children<sup>2</sup> with unmet needs submitted for consideration under Jordan's Principle.

All ISC employees responsible for Jordan's Principle are subject to adhering to the SOP and must report deviations from this SOP in a timely manner to the Senior Director, Jordan's Principle, First Nations and Inuit Health Branch (FNIHB).

**Please Note:** The SOP is an evergreen document and will be updated as necessary. Please direct any questions related to the implementation of Jordan's Principle to the Jordan's Principle National Coordinating Team. For assistance after business hours, please contact the identified designated on-call personnel for assistance. An update identifying the on-call team member is sent out on a weekly basis via email.

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<sup>1</sup> Eligibility for Jordan's Principle is described in Section 3.1 Eligibility

<sup>2</sup> Definition of a child for Jordan's Principle is described in Section 3.1.1 Child



**2.1 AUTHORITIES**

**What is critical to understand is that Jordan's Principle is a legal requirement resulting from the Orders of the Canadian Human Rights Tribunal (CHRT) and is not a policy or program. The Child First Initiative is Canada's interim policy approach to implement Jordan's Principle subject to complying with the Orders and will continue to have effect in the event the current approach evolves pursuant to the co-development of a longer term approach in partnership with First Nations and additional stakeholders.**

The CHRT decisions in the matter of the First Nations Child and Family Caring Society of Canada and Assembly of First Nations (T-1340/7708) provide that Jordan's Principle is a child-first principle to ensure that First Nations children receive government-funded services they need when they need them on a substantively equal basis with non-First Nations children. The CHRT has ordered:

- Jordan's Principle applies to ALL First Nations children living on or off reserve and ALL government-funded services (See Section 3.1 Eligibility for eligibility criteria);
- That when a government-funded service is not necessarily available to all other children or is beyond the normative standard of care, the government department of first contact will still evaluate the individual needs of the child to determine if the requested service should be provided:
  - to ensure substantive equality in the provision of services to the child;
  - to ensure the **culturally appropriate services** to the child; and/or
  - to safeguard the **best interests of the child**;
- That to ensure substantive equality and the provision of culturally appropriate services, and to safeguard the best interest of the child, the needs of each individual child must be considered and evaluated, including taking into account any needs that stem from historical disadvantage and the lack of on-reserve and/or surrounding services; and
- Initial evaluation and determination timelines:
  - In a situation where irremediable harm is reasonably foreseeable, Canada will make all reasonable efforts to provide immediate crisis intervention supports until an extended response can be developed and implemented;
  - In all other urgent cases, the evaluation and determination of the request shall be made within 12 hours of the initial contact for individual requests and within 48 hours of the initial contact for group requests;
  - For non-urgent requests, ISC must determine a case within 48 hours for individual requests, and up to 7 calendar days for community/group requests.

The CHRT retained jurisdiction to monitor Canada's implementation of the Orders on Jordan's Principle and on February 1, 2018, the CHRT ordered Canada to enter into a consultation protocol with the Parties (First Nations Child and Family Caring Society and the Assembly of First Nations), the Canadian Human Rights Commission, and the Interested Parties (Amnesty International, Chiefs of Ontario and the Nishnawbe Aski Nation).

**ISC employees working on Jordan's Principle are required to read all of the CHRT Orders under T-1340/7008 and the protocol agreement.** The protocol agreement has been filed with the CHRT and is now in effect. Regions must include these crucial readings in Focal Point and team member training packages. To review the protocol agreement, please email a request to the National Coordinating Team.



Canada implemented Jordan's Principle through the Child-First Initiative in July 2016 in order to provide interim funding of up to \$382.5M to FNIHB, Health Canada and INAC (now ISC) to meet the service and support needs of First Nations children on a substantively equal basis with non-First Nations children. The funding provided enables:

- an enhanced service coordination model of care to proactively assist in identifying and addressing needs;
- a Service Access Resolution Fund (SARF) to address identified unmet need(s);
- data collection, analysis and reporting activities to enhance information and accountability on the implementation of Jordan's Principle and longer-term policy and program reforms;
- capacity building to ensure adequate human resources to implement components of the interim approach; and
- engagement and consultation processes to support policy development for post 2019.

In July 2016, Canada's definition of who could access Jordan's Principle was limited to health and social services for children with disabilities and short term critical illnesses. Further, its operationalization was only applicable to children living on reserve. In May 2017, the Canadian Human Rights Tribunal found Canada's definition and approach to be discriminatory. The approach has since been expanded to reflect the CHRT Decisions in 2016 and of May 26, 2017, as amended on November 2, 2017 and the latest Decision of February 1, 2018. Jordan's Principle now applies equally to all First Nations children, whether resident on or off reserve. Jordan's Principle is **not** limited to children with disabilities, or children with discrete short-term issues creating critical needs for health and social supports, or affecting their activities of daily living.

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#### 2.1.1 REFERENCE

##### **Canadian Human Rights Tribunal Orders:**

February 1, 2018 (2018 CHRT 4)

May 26, 2017 (2017 CHRT 14), as amended November 2, 2017;

September 14, 2016 (2016 CHRT 16);

April 26, 2016 (2016 CHRT 10);

January 26, 2016 (2016 CHRT 2)



## 2.2 RESPONSIBILITIES

ISC has established a singular set of Standard Operational Procedures and a consistent delegation instrument that is applicable to both Regional Operations (RO) as well as First Nations and Inuit Health Branch (FNIHB) Regional offices to ensure uniform application of Jordan's Principle. ISC Jordan's Principle headquarters is responsible for the evaluation and review of service request cases escalated to the national level and provides secretariat support for the Jordan's Principle Operations Committee.

The Jordan's Principle Operations Committee has representatives of all parties of the CHRT complaint and is chaired by the Senior Assistant Deputy Minister of ISC FNIHB. This committee reports to the Consultation Committee on Child Welfare established through the Consultation Protocol ordered by the CHRT on February 1, 2018, and co-chaired by the First Nations Child and Family Caring Society and the Assembly of First Nations.

## 2.3 CHRT ORDERS & TIMELINES

### ***CHRT Orders***

All ISC employees, whose work involves Jordan's Principle, are required to read all of the full CHRT decisions rendered under Tribunal File T-1340/7008 that have shaped Jordan's Principle, which include the definition of Jordan's Principle.

Regional Focal Points and their team members (henceforth Focal Points) and the National Coordinating team are expected to make decisions on the basis of the CHRT's definition of Jordan's Principle including the aspects of substantive equality, ensuring the provision of cultural appropriate services and safeguarding the best interests of the child, which are cited in the CHRT Orders and are important starting points when determining Jordan's Principle requests. While it is understandable that approving funding commitments in a short timeframe can cause administrative challenges, risks to the child/children are most critical and need to be the priority in determining requests.

### ***CHRT Timelines***

All requests must be date and time-stamped if received by fax or by phone. Jordan's Principle operates 24 hours per day, 7 days per week and both the National and Regional teams must provide for backfills and/or stand-by arrangements after-hours. The CHRT timeframes apply and are calculated on the basis of the 24 hour clock and not limited by "business hours." If a request is received after hours by the National Call Centre or by an ISC Focal Point and immediate additional assistance is required, please contact the National Coordinating Team or the identified designated on-call personnel.



Upon receipt of the necessary information<sup>3</sup>, Focal Points and National Office are to evaluate and determine requests within the following timeframes, as outlined in the CHRT Orders (See Reference Document of Amended Orders for more information):

- **12 hours for:**
  - urgent individual requests (child requires urgent assistance)
- **48 hours for:**
  - non-urgent individual requests
  - urgent Community/Group requests (children require urgent assistance)
- **7 calendar days for:**
  - non-urgent Community/Group requests

**Immediate referral to emergency authorities for:**

- cases where the denial/delay of a service could reasonably result in significant and/or irreparable harm to the child(ren) who is (are) the subject of the request. This applies to individual and group service requests.

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<sup>3</sup> Necessary information is that which is reasonably required to make a determination of a request (refer to Figure 1. Jordan's Principle Request Intake & Escalation Checklist).



### REQUEST FUNDING, APPROVALS, AND DATA TRACKING

To address incoming requests for a First Nations child or a group of children as ordered by the CHRT on May 26, 2017, as amended on November 2, 2017, the following delegation of authorities have been put into effect.

This delegation allows ISC Regional Executives and Director Generals and other Regional officials working on Jordan's Principle direct approval, funding, and data tracking responsibilities. The roles and responsibilities of headquarters employees (referred to as National Coordinating Team) are to provide support and training to Regions, review escalated requests, operate the national 24 hour toll free call centre, provide secretariat support for the Jordan's Principle Operations Committee, respond to Parties' requests for information and media or public inquiries, respond to CHRT compliance reporting with the Department of Justice, and support national data management and reporting.

In addition, delegation allows for provision of products, services and supports under Jordan's Principle to reflect the on-the-ground realities of communities and circumstances. It enables requests to be considered within the context of existing disparities in service availability and provision within the province or territory.



## DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS

Respecting the CHRT timelines, individual and group Jordan's Principle requests must be evaluated and determined against provincial/territorial normative standards of care. Should the request for a service, support, or product be beyond the normative standard of care, the Focal Point must consider whether the request should be provided to ensure substantive equality, cultural appropriate service provision and/or to safeguard the best interests of the child.

An assessment/prescription/referral/letter from a health/social/educational professional directly involved in the child's life that indicates diagnosis/es and or identified need and directly recommends the requested product/support/service is required for ALL requests. The provider must not be someone who will benefit from the approval of the request.

Please note that community health, social and education providers should be considered as qualified in most cases to provide an initial assessment of unmet need of the child (or children). This is especially important to consider in cases where communities/families do not have timely access to higher degrees of professional expertise (e.g. NNADAP worker can provide a recommendation in the absence of a physician or psychologist).

### ***Normative Standards of Care***

For the purpose of Jordan's Principle, the normative standard of care is the provincial/territorial funded maximum for the product/service/support that is accessible to children in that province/territory.

### ***Substantive equality***

Substantive equality is a legal principle that aims to achieve true equality in outcomes. It is achieved through equal access, equal opportunity, and, most importantly, the provision of services and benefits are particular to the distinct needs of the First Nations child, as compared to any non-First Nation child who is not otherwise receiving the same publically funded service. It considers a child's unique needs and circumstances, such as cultural, social, economic and historical disadvantage.

Please see Chapter 7 for a complete description of substantive equality, including questions to consider when making a determination.

Not all Jordan's Principle requests require the Focal Point to gather extra evidence to support substantive equality. For example, when:

- i. it is clear and obvious on the facts that substantive equality applies (i.e.: a child formerly in care struggling with mental health issues); or
- ii. there is a clear service need and/or medical basis for the request (i.e.: child requiring needing medical equipment for activities of daily living).

### ***Ensuring Culturally Appropriate Services to the Child***

Each Jordan's Principle request must be evaluated to determine if provision of the request would ensure the provision of culturally appropriate services to the Child that recognizes the unique history, culture and traditions of First Nations Peoples, as well as the cultural diversity inherent to the child's specific community. Some important concepts on ensuring culturally appropriate services are outlined in the First Nations Caring Society's Touchstones of Hope Principles to Guide Reconciliation in Child Welfare.

### ***Safeguarding the Best Interest of the Child***

Safeguarding the best interest of the child is a three-fold concept that includes:



- A substantive right - a primary consideration in actions concerning the child due to the child's dependency, maturity, legal status and often "voicelessness";
- An interpretive principle- if a legal provision is open to more than one interpretation, the interpretation which most effectively serves the child's best interests should be chosen;
- A rule of procedure - legal representation, timely decisions, reasons for how a decision was reached, how factors were weighed, and how the child's views were considered.

See Section 7.3 for more information on safeguarding the best interest of the child.

### ***Requests for Services/Products/Supports available under NIHB***

Focal Points must ensure that requests for items under the purview of the Non-Insured Health Benefits Program Directorate at ISC (NIHB) (orthodontics/dental services; pharmaceuticals; nutritional supplements; medical supplies and equipment; medical travel) have been first denied by NIHB before processing as a Jordan's Principle request.

Where an NIHB denial letter has not been provided, the Focal Point will send the request to the Regional or National NIHB Directorate for review. This review must be completed within the required time frames per the CHRT Orders. Should the item be approved under NIHB, NIHB will communicate approvals directly to the requester with a copy to the Focal Point. An approval from NIHB indicates a closed case to the Focal Point.

If the request is not approved by NIHB, the Focal Point will evaluate and determine the request under Jordan's Principle.

### ***Escalating requests – complete case file***

Requests escalated to the Assistant Deputy Minister must be **complete case files, except in urgent cases**. For non-urgent cases, a complete case file includes: an individual or group intake form, supporting documentation linking the request to the child's/children's particular need (see Gathering Supporting Documentation Section 3.2.3) and if beyond the normative standard of care, information that demonstrates how providing the request would ensure **substantive equality**, **cultural appropriate services** and/or safeguards the **best interest of the child**. More information on complete files for individual requests and complete files for group requests can be found in Section 3.2.2 and Section 3.3.2, respectively.

Only when a Focal Point has made three documented attempts to obtain all required information from the requester, at regular intervals, over a three week period, then the focal point will advise the service requestor that the case file is incomplete and will be considered withdrawn until such time as a complete case file is submitted. Cases should be escalated where the service requestor explicitly requests to have their case proceed without a complete case file. Focal Point will communicate to HQ the details of the attempts for the requested information, should an incomplete case file be escalated to the National Coordinating Team. The case file will then be evaluated on the available information respecting the time lines of the CHRT Orders.

This does not apply to urgent requests which must be determined pending receipt of documentation.

### ***Denials***

**Only the Assistant Deputy Minister (ADM) of FNIHB Regional Operations (RO), ISC, or an official acting in his or her position has the authority to deny a request in whole or in part (this includes a denial related to the child's First Nations registration status or Indigenous identity).**

If any request is recommended for denial by a Region, the completed case file must be sent to the National Coordinating Team for review by the ADM. The Focal Point or team member will attend the ADM Review



meeting for all cases recommended for denial. More information on complete files for individual requests and complete files for group requests can be found in [Section 3.2.2](#) and [Section 3.3.2](#), respectively.

For urgent cases, a Focal Point recommending denial will contact the ADM or official designate directly to present the case and rationale for proposed denial within 12 hours of the request. This applies to individual and group service requests.

The Region will be informed of the ADM decision in writing and the Focal Point will notify the requestor of the decision via email (or alternatively by telephone with a follow up hard copy mail out) within the [CHRT timeframes](#). A written decision will be provided by the National Coordinating office for denied requests. For more information, see [Delegation for Communicating Decisions to Requestors](#).

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## DELEGATION OF REGIONAL INTERDEPARTMENTAL REQUESTS

### ***Requests received by existing programs***

All FNIHB Regions must put into place a process to expeditiously refer any requests for First Nations children received ***by existing*** ISC programs or services to the Focal Point where the request is not covered by the existing Federal/Provincial program.

Focal Points receiving these requests are to evaluate and make a determination as to eligibility for the service requested regardless of the type of product, service or support being requested. Consultation with experts may occur within existing ISC programs ONLY as needed, but must still meet the [CHRT ordered timeframes](#) for case determination. At no time should an expert within ISC override the treating and licensed professional involved in the treatment plan for children. **All Jordan's Principle requests need to be processed within the CHRT timeframes specified for the type of request.**

### ***Requests received by Jordan's Principle***

Where a request submitted under Jordan's Principle is believed by the Focal Point to be eligible under an existing ISC program such as Non-Insured Health Benefits, the Focal Point shall take steps to seek coverage for the child under [CHRT Ordered Timeframes](#). The burden should not be placed on the requester to navigate through existing programs. Where the timeframe cannot be respected, then the Focal Point will determine the case and resolve the funding source later. **A referral to an existing program by a Focal Point is not permitted if doing so will breach the time frames for determination in the CHRT Orders.**

Where a submitted request is covered by an existing ISC program, the request shall be tracked as a Jordan's Principle request funded under existing programs.

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## DELEGATION FOR PAYMENTS

All payments, including Grants and Contributions (Gs&Cs) and Operations and Management (O&M) payments, may be approved by individuals with Section 32 delegation. The appropriate Section 32 instrument must be signed as soon as a request is approved. Regions cannot wait until all documentation is received to process the payment before signing the instrument. Compliance under Section 32 applies as soon as a funding commitment is made. For more information, see [Chapter 6: Payments for Service Requests](#).

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## DELEGATION FOR CLINICAL CASE CONFERENCING



Where a clinical case conference is required in order to assess a request for services, **ONLY** officials who are designated to conduct clinical case conferencing<sup>4</sup> shall contact the professional(s) with relevant competency and training who are involved in the child's case. Should no such official be available at the Regional level, Regions shall request that an appropriate official be identified by the National Coordinating Team. This applies to cases in all areas of need, whether health, social, education or other.

More specifically, with respecting to case conferencing Canada must comply with 2017 CHRT 35 (as amended):

[135](1)(B)(iii) "... Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified.

**Urgent requests must be determined within 12 hours** and therefore an assessment can be pending and submitted later. The Focal Point will document the need for a check-in with the requestor to obtain the assessment at a future date.

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## DELEGATION FOR COMMUNICATING DECISIONS TO REQUESTERS

All requests approved by either the Region or the ADM are communicated by the Focal Point directly to the requester. Approved decisions are provided to the requestor verbally (if applicable) and in writing (email or letter) immediately upon reaching a decision.

Notification of requests denied by the ADM or designated official, will be sent via email from the JP Case Management Inbox to the Focal Point after which the Focal Point will notify the requestor of the decision verbally and/or via email. In addition, a formally written decision (denial) letter will be prepared, signed and communicated by the National Coordinating Team to the requester directly via mailed correspondence with a copy to the Focal Point.

A decision which denies a request must indicate:

- a specific explanation as to why the request was denied specific to the request and must indicate if:
  - product/service/support is available to all children ; or
  - is not within normative standard

**And how the request does not:**

- Ensure substantive equality in the provision of products/services/supports to the child; and/or
- Ensure culturally appropriate services/product/support to child; and/or

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<sup>4</sup> i. having a responsibility to a College of practice with designation of leading or participating in clinical conferencing  
ii. possess knowledge, skills and judgment needed in relation to the product/service/support



- Safeguard the best interest of the child
- the requester's right to appeal the decision, the process and criteria for appeal, and the timeline for making an appeal, which is within one year from the date the requester receives the written denial.

A request which has been denied on appeal may be submitted to the Federal Court under an application for judicial review within 30 days of receiving the written decision of the Appeals Committee.

## DELEGATION OF DATA COLLECTION, TRACKING AND REPORTING

Delegation for data collection and tracking has been provided to ISC Regional offices. This allows for the timely reporting of key indicators required by the CHRT (e.g. result of application request and timelines of service delivery).

The Jordan's Principle Intake Form (See Section 3.5 - Reference) will continue to be used and populated by the Focal Point and/or the Service Coordinator (last revised July 2017). This Intake Form collects the following limited information in accordance with the measures set out in the Treasury Board Submission (2016), and reporting requirements to the CHRT:

- Unique case number, sex and date of birth (to replace information on the child's name); for group requests, only aggregates will be collected);
- Eligibility status (registration, eligibility for registration or on-reserve residency); and
- Current request for service and estimated cost.

Completed Intake forms for every request must be saved in RDIMS/CDIMS/GCDOCS for analysis by the national office. The Regional team will track these requests as per the Regional tracking form and submit this tracking on a weekly basis for program reporting.

The collection of data, its maintenance and analysis are conducted under the following conditions:

- privacy and confidentiality are protected and maintained (See Section 3.4);
- information collected is limited to what is required to meet the CHRT Orders or as requested by the Parties at the Jordan's Principle Oversight Committee or the Consultation Committee on Child Welfare;
- respects the First Nations principles of OCAP® (Ownership, Control, Access and Possession); and,
- assesses the performance of the Initiative; and
- assesses the scope and nature of needs to inform the development of a longer-term approach to Jordan's Principle.



In order to address requests for services as stipulated under the CHRT Orders, the amount of data collected and provided will depend on the type of request:


- For a request to support a First Nations child that comes directly to the Focal Points, information about the needs, types of services and individual circumstances of the child is required for determination. Personal information about identified children can only be collected with the consent of a parent, legal guardian or child at the Age of Consent<sup>5</sup>. Unique child identifiers must be created by either the Region to aid in the ability to track requests at an individual level, while maintaining a level of anonymity.
- For service requests involving groups of children, the level of client-specific information to be reported from each host organization is less detailed because these arrangements will be managed by First Nations communities or other First Nation or third-party service providers once initial request submission and determination is complete. Service Coordinator organizations will be asked to collect and maintain detailed records for each child served but will only need to report data to ISC at an aggregate level in the data collection instrument about the group of clients, their needs, the level of services provided, and the cost of these services. These organizations may also be asked to assist in evaluating the impact of the services provided to children during the Initiative's evaluation starting in 2018/19.

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<sup>5</sup> A child at the Age of Consent can make decisions on their own about the care they need.



## 2.5 REFERENCE

<u>Delegation of Authority document</u>	
Reference Document for Amended Orders	 Reference Document for Amended Orders



Requests can be brought forward to ISC via multiple avenues, including: Service Coordinators; existing federal programs (Non-Insured Health Benefits Program, Social or Education Programs); provincial/territorial programs (Alberta Aids to Daily Living); social workers; hospital discharge planners; tribal councils; community based workers; Children and Family service agencies; or First Nations families, guardians or from children/youth directly.

Products, services and supports may be requested for:

- an individual child or individual children under the same family or guardianship; or
- a group of children from multiple families/guardians (where product/service/support access issues are common to a group of children or communities based on demonstrated needs).

This Chapter offers supplementary information to what was provided in the [Delegation Section 2.4](#).

### 3.1 ELIGIBILITY

Jordan's Principle responds to the unmet needs of First Nations children no matter where they live in Canada. First Nations children who do not permanently reside in Canada are not eligible under Jordan's Principle.

Services provided under Jordan's Principle are available to:

- Registered First Nations children living on or off reserve;
- First Nations children entitled to be registered, under the *Indian Act* including
  - those who became entitled to register under the December 22, 2017 amended provisions of the *Indian Act*, under Bill S-3;
  - Infants under 18 months; and
- Any Indigenous child, including Non-Status First Nation or Métis, who are ordinarily resident on reserve.

Jordan's Principle responds to the unmet needs of First Nations children no matter where they live in Canada. Should you receive a case regarding Inuit children, please refer to the Focal Point information sheet entitled "Inuit Child-First Initiative Case Review".

Note: some of the Parties of the CHRT complaint argue the Decision should apply to all non-status children off reserve who identify as First Nations and are recognized by their communities. However the federal government does not yet have this expanded policy authority.

Cases denied on the basis of eligibility dating back to July 2016 are open to re-review.

#### ***Ordinarily resident on reserve***

Ordinarily resident on reserve is understood to mean that an Indigenous child:

- lives on reserve;
- normally lives on reserve despite child or one of the members of their household (i.e. sibling, parent, extended family living with child) may have been required to spend some time away temporarily from the community to access services such as health care or education where there are no other comparable services available in the community;
- was ordinarily resident on reserve immediately prior to accessing these services;
- is a dependent of a family that maintains a primary residence on-reserve;
- returns to live on reserve with parents, guardians, caregivers or maintainers during the year, even if they live elsewhere while attending school or to receive medical care or other services;
- meets student eligibility requirements in the reference province or Yukon Territory.



A child taken into care of a Child and Family Services Agency or into a kinship/informal agreement is considered ordinarily resident on reserve where:

- the child's parent or guardian lived on reserve at the time the child was taken into care; or
- a child goes into the care of a guardian who lives on reserve.

In this context, reserves are deemed to include all land set aside by the federal government for the use and occupancy of an Indian band, along with all other Crown lands which are recognized by ISC as settlement lands of the Indian band of which the child student is a resident.

Documentation to confirm residency on reserve may include:

- Confirmation that the child is included in the nominal roll (the registry of all eligible elementary and secondary students funded by ISC to attend a Band-operated, federal, provincial, or private/independent school); or
- A copy of recent invoice bill or notice, showing the child's parent/guardian's name and address, such as a telephone, electricity cable bill, or tax notice; or
- Signed email or letter from a Band Council member or community health, educational, or social professional that the child is ordinarily resident on reserve (template in [Section 3.5 - Reference](#)).

### 3.1.1 CHILD

Requests under Jordan's Principle can be made for all First Nations **children**. For the purposes of Jordan's Principle, a "child" is defined as an individual who is under the Age of Majority within their province or territory. As such, eligibility for Jordan's Principle ceases when Age of Majority is attained.

The Age of Majority is defined as the age at which a person is granted the rights and responsibilities of an adult in accordance with provincial or territorial legislation (See Table 1).

**All requests for individuals at or above the age of majority must be escalated.** If there is an equivalent provincial program that considers them a child, this information is to be included with the escalation. Requests for youth above the Age of Majority will be considered on a case-by-case basis by the ADM. Urgent cases for individuals above the age of majority should be communicated directly with the ADM as per instruction in [Section 4.1](#).

TABLE 1. AGE OF MAJORITY PER PROVINCE, INDICATING CUT OFF FOR REGIONAL APPROVAL

Province	Age of Majority	Cut off for Regional approval
Alberta	18 years	Date of the child's 18 <sup>th</sup> birthday
British Columbia	19 years	Date of the child's 19 <sup>th</sup> birthday
Manitoba	18 years	Date of the child's 18 <sup>th</sup> birthday
New Brunswick	19 years	Date of the child's 19 <sup>th</sup> birthday
Newfoundland and Labrador	19 years	Date of the child's 19 <sup>th</sup> birthday
Northwest Territories	19 years	Date of the child's 19 <sup>th</sup> birthday
Nova Scotia	19 years	Date of the child's 19 <sup>th</sup> birthday
Nunavut	19 years	Date of the child's 19 <sup>th</sup> birthday
Ontario	18 years	Date of the child's 18 <sup>th</sup> birthday
Prince Edward Island	18 years	Date of the child's 18 <sup>th</sup> birthday
Quebec	18 years	Date of the child's 18 <sup>th</sup> birthday
Saskatchewan	18 years	Date of the child's 18 <sup>th</sup> birthday



Yukon Territory	19 years	Date of the child's 19 <sup>th</sup> birthday
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## 3.2 INDIVIDUAL REQUESTS

### 3.2.1 TIMELINES

The following timelines apply to individual service requests:

- **Immediate crisis intervention supports** for situations where irremediable harm is reasonably foreseeable
- Response within **12 hours** upon receipt of the necessary information (see Section 3.2.2 -Gathering Supporting Documentation) for **urgent requests** (where child requires urgent assistance)
- Response within **48 hours** upon receipt of the necessary information (see Section 3.2.2 - Gathering Supporting Documentation) for **non-urgent requests**

**These timelines are effective upon receipt of all required information for each request. See the Reference Document for CHRT Amended Orders on individual and group timelines (Section 2.5) for more information.**

### 3.2.2 A COMPLETE CASE FILE – INDIVIDUAL REQUESTS

Add section

### 3.2.3 RECEIPT OF INDIVIDUAL SERVICE REQUESTS

Once a request is submitted for an individual child, the following process is initiated:

- **Intake**
- **Evaluation**
- **Determination**
- **Payment**



## INTAKE

Intake is the process of documenting information in an Intake Form to support the evaluation of a Jordan's Principle request. This step also includes gathering any necessary supporting documentation to accompany the request.

A request may be made through the Jordan's Principle Call Centre, Focal Point, or Service Coordinator by phone or via email through an application using a Request Form (see [Section 3.5 - Reference](#)).

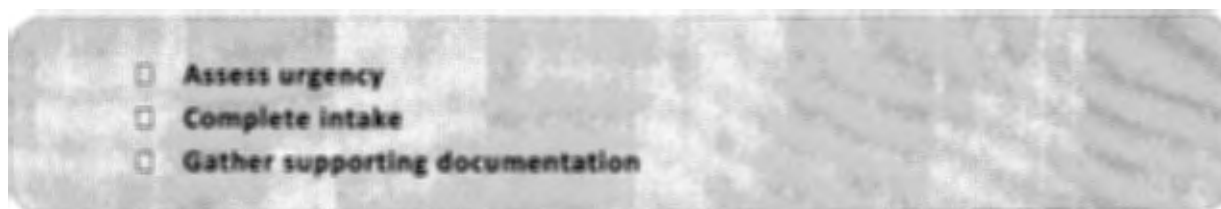
A request can be made for products, services and supports by:

- a parent/guardian of a First Nations child;
- a First Nations child at the Age of Consent<sup>6</sup> in their province or territory of residence; or
- an authorized representative<sup>7</sup> of the child/parent/guardian.

For an authorized representative to make a request on behalf of the parent/guardian the Focal Point must ensure parental/guardian consent. Parental/guardian consent may be conformed via:

- Request Form signed by parent/guardian; or
- Written authorization or verbal consent to the Focal Point; or
- Written confirmation via email that a Jordan's Principle affiliate (Service Coordinator, Tribal Council, Case Manager) has parental/guardian consent in their records and could produce it at any time.

**Intake involves three key steps:**



## ASSESSING URGENCY

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<sup>6</sup> A child at the age of consent can make decisions on their own about the care they need. Age of consent varies by province or territory.

<sup>7</sup> An authorized representative is a person (individual or business) that the requester has given written permission (authorized) to act on their behalf (represent) with respect to the Jordan's Principle request.



At the beginning of the intake process, the Focal Point, Regional Jordan's Principle team member, or Call Centre responder must perform an initial assessment to ensure that the child is not facing an immediate or foreseeable health or safety risk.

- **If the child(ren) is/are in immediate risk of harm or require/s urgent attention, the Focal Point or Call Centre responder must either direct the requester to call 911 or the nearest health facility, or in other situations, make all reasonable efforts to ensure immediate crisis intervention supports are provided until an extended response can be developed and implemented.** The Focal Point or Call Centre responder must immediately refer the issue to a competent authority, such as the police or a Child and Family Service agency. A specific procedure must be in place in all Regions and at the National office to properly guide the requester in such circumstances.
- If a request is submitted for a service, product or support that is urgently required, the Focal Point must determine the case and arrange payment within 12 hours even if not all of the documentation is available. The request can be approved and a check-in made to receive the documentation required afterwards with the requester.
- A Focal Point recommending denial for an urgent case will contact the ADM or official designate directly (with a CC to the National Coordinating Team) to present the case and rationale for proposed denial within 12 hours of the request. This applies to individual and group service requests.

***The best interests of the child must be the fundamental decision-making point for urgent requests.***

## **COMPLETING INTAKE**

Upon receipt of a request for a child, the Focal Point or Jordan's Principle Call Centre Agent will:

- complete an Intake Form for all individual requests received; and
- collect information that demonstrates the child's unique needs to inform if the provision of the request would ensure substantive equality, the provision of culturally appropriate services, or would safeguard the best interest of the child, (ONLY in cases where the request is for a service/support/product that is beyond the normative standard of care); and
- record the date and time request was received; and
- record contact information of requester.

Figure 1 describes the required information for each type of individual request. For information on what information is required for Community-managed/Group Requests, see Section 3.3.3.

**All requests must be date and time-stamped if received by fax or by phone. Jordan's Principle operates 24 hours per day, 7 days per week and both the National and Regional teams must provide for backfills and/or stand-by arrangements after-hours. The timeframes are also calculated on the basis of the 24 hour clock and not limited by "business hours". Note that unavailability of ISC team members is not an acceptable reason to delay information collection or case determination.**



# Jordan's Principle Individual Request Intake & Escalation Checklist

**How to escalate a request:**

- Please send an email to [JPCaseMgt-GestCasPJ@hc-sc.gc.ca](mailto:JPCaseMgt-GestCasPJ@hc-sc.gc.ca) with all the information in the checklist below
- Each email should contain one request and the subject should be the Case number as well as the text TIME-SENSITIVE for requests requiring immediate attention
- URGENT requests must be sent directly to the Assistant Deputy Minister for review with a cc to the JP Case Management Inbox

**Reminder:** The following requests must be escalated:

- ALL requests recommended for denial by the region
- Cases where the region requires advice/support and no resolution has come from a consultation with the National Coordinating Team
- Requests for Métis or First Nations children with no status number, who are not eligible to be registered, and are not Ordinarily Resident on Reserve
- Requests for adults

Required Information from Requester (ALL CASES)	Required Information from Requester (IF BEYOND NORMATIVE STANDARD)	Required Information from Focal Point
<input type="checkbox"/> <b>Intake form:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name and contact information (phone number, email)</li> <li><input type="checkbox"/> Date of Birth</li> <li><input type="checkbox"/> Community of Residence (if on reserve) and mailing address</li> <li><input type="checkbox"/> Status number - if non-status, indicate if the child is: <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-status and Ordinarily Resident on Reserve</li> <li><input type="checkbox"/> Non-status and eligible under current legislation. Provide parent's registration number</li> <li><input type="checkbox"/> Non-status and likely not eligible for status. Provide details</li> <li><input type="checkbox"/> Métis</li> </ul> </li> <li><input type="checkbox"/> Reason for Request</li> <li><input type="checkbox"/> Product(s)/Service(s)/Support(s) requested</li> <li><input type="checkbox"/> Frequency of Service(s) (if applicable)</li> <li><input type="checkbox"/> Estimated Cost (if readily available)</li> </ul> <input type="checkbox"/> <b>Supporting Documentation:</b> An assessment/prescription/referral/letter from a health/social/educational professional directly involved in the child's life that indicates diagnosis/es or identified need and directly recommends the requested product/support/service. The provider must not be someone who will benefit from the approval of the request (e.g. providing the service requested). <b>Exceptions:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Urgent or time-sensitive cases – supporting documentation can be provided after the case has been decided and need has been met.</li> </ul>	<input type="checkbox"/> <b>Substantive equality, cultural appropriateness, safeguarding the best interest of the child</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ONLY minimal information should be requested so as not to create a burden on the child, family or community. Gathering evidence to support substantive equality should not result in lengthy delays in responding to requests especially when available information indicates the request can be deemed as culturally appropriate or necessary to safeguard the best interests of the child.</li> <li><input type="checkbox"/> Verbal testimony, a letter of support or documentation can be provided (but is not mandatory) from a family member and/or a health/social/educational professional directly involved in the child's life that does not benefit from the approval of the request (e.g. providing the service requested). Testimony/documentation can describe details of the child's history/familial/social context that demonstrates why the request should be provided to ensure substantive equality, is culturally appropriate or safeguards the child's best interest.</li> <li><input type="checkbox"/> Any additional information not previously provided</li> <li><input type="checkbox"/> For more information, please refer to Chapter 7 of the Standard Operating Procedures.</li> </ul>	<input type="checkbox"/> <b>Intake form:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Case number (1 child per case number unless a group request)</li> <li><input type="checkbox"/> Was the request received from NIHB?</li> <li><input type="checkbox"/> Is this product/service/support covered by a current ISC program, including NIHB? Please indicate which program and if denied by that program.</li> <li><input type="checkbox"/> Was the child previously approved for a request(s) under Jordan's Principle?</li> <li><input type="checkbox"/> Does this product/service/support meet normative standards?</li> <li><input type="checkbox"/> Estimated Cost (if not provided by requester) by requester)</li> </ul> <hr/> <b>Required Information from National Coordinating Team to ADM</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary of Case Reviews</li> <li><input type="checkbox"/> ADM Summary Review Template</li> <li><input type="checkbox"/> Substantive equality questions (as found on webpage)</li> </ul>

FIGURE 1. JORDAN'S PRINCIPLE INDIVIDUAL REQUEST INTAKE & ESCALATION CHECKLIST

## GATHERING SUPPORTING DOCUMENTATION

When gathering information to support a Jordan's Principle request, wherever possible, Focal Point requests for additional information should be made at one time rather than in a staggered fashion, to avoid time delays. **Burden of documentation and total funding amount needs to be considered when communicating with families, communities, service coordinators or providers.** More specifically, Focal Points must perform information requests in compliance with [2017 CHRT 35](#).

In addition to an intake form, all individual and group requests require supporting documentation from a health/social/educational professional that clearly indicates diagnosis/es or identified need and directly recommends the requested product/support/service. Recommendation must be within the professional's area of expertise (i.e. medical equipment must be recommended by a health professional, and cannot be recommended by a Social Worker or Child Protection Worker) and the provider must not be someone who will benefit financially from the approval of the request.

Supporting documentation could include ONE of the following:

- Health/educational/social assessment
- Referral



- Prescription (requires annual evaluation & assessment from prescribing professional)
- Letter from health/social/educational professional involved in the child's/children's life that indicates diagnosis/es or identified need and directly recommends the requested product/support/service.
- **For group requests, a letter from a relevant health/social/educational professional that does not stand to benefit from the request:**
  - stating that all children in the group have assessments on record; OR
  - summarizing the demonstrated need

#### IMPORTANT NOTES:

- **ALL URGENT and Time Sensitive<sup>8</sup> individual and group requests are EXEMPT from having to produce SUPPORTING DOCUMENTATION.** Supporting documentation can be provided after the case has been decided and need has been met.
- All supporting documentation (i.e. assessments) accompanying requests by Service Coordinator organizations can remain housed in the organization if accompanied by a written attestation (email) that assessments and supporting documentation are on hand at the organization or community level if required.
- If the Region is unsure about which supporting documentation is required or needs input on a request, the Focal Point may consult with the National Coordinating Team. Requests that remain unresolved with an initial consultation must be escalated.
- If there are questions related to the type of assessment required for the request, use the phrase below in your response to requester:

A [health/social/educational] professional, who is directly involved in the child's care/life, may recommend, in their professional opinion as the child's [doctor/social worker/teacher etc.], that the child's [health/mental health/education etc.] would benefit from the recommended [product/service/support]. The recommendation must be linked to the professional's area of expertise.

#### ***Supporting documentation for substantive quality, culturally appropriate services and safeguarding the child's best interest***

Service needs will continue to be assessed first against normative standards. In addition, to support the evaluation of a product/service/support beyond the normative standard of care, supporting documentation/testimony is required that articulates the child's distinct needs as a First Nations child as compared to any non-First Nation child who is not otherwise receiving the same publically funded service; thus, providing evidence that the request:

- 1) ensures substantive equality in the provision of services to the child; and/or
- 2) ensures the provision of culturally appropriate services to the child; and/or

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<sup>8</sup> Time-sensitive request: a request for a product/service/support that has to be delivered by a particular time period, thus adding an element of added need for expediency in the processing of the request.



3) safeguards the best interest of the child.

Examples of supporting documentation may include a verbal statement/testimony from a family member/community member or a letter of support (not mandatory) provided from a family member and/or a health/social/educational professional directly involved in the child's life that does not benefit from the approval of the request. Statement/documentation may describe details of the child's history/familial/social context that demonstrate why the request should be provided to ensure substantive equality, culturally appropriate service provision or to safeguard the child's best interest.

In assessing whether a request for a service or product beyond the normative standard of care should be provided, Focal Points will take into account the specific needs of the child using the guide for assessing requests vis-a-vis substantive equality directly with the requester during the intake period, if possible.

ONLY minimal information should be directly requested so as not to create a burden on the child, family or community. As well, gathering evidence to support substantive equality should not result in lengthy delays in responding to requests especially when available information indicates the request can be deemed as ensuring culturally appropriate services or necessary to safeguard the best interests of the child.

Canada must apply the information it already has about the socio-economic conditions in First Nations communities, the multi-generational impacts of residential schools, the 60's scoop and the discrimination outlined in the CHRT Orders to its substantive equality assessments in its evaluations. For descriptions of the socio-economic conditions of each First Nation see the Synergy in Action platform ([hyperlink to be added](#)).

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## EVALUATION

Evaluation includes two key steps:



### ACKNOWLEDGE RECEIPT

Upon completion/receipt of the Intake Form and gathering supporting documentation, the Focal Point will "start the clock" by:

- advising the requester that a determination is underway; and
- documenting the request initiation date and time in the Intake Form.

If the request has come through the National Call Centre, contact the requester (by phone and/or by email) within one calendar day to acknowledge receipt of the request, gather supporting documentation. Upon receipt of supporting documentation, indicate that determination is underway.

Important Note: The CHRT timelines are effective upon receipt of all required information for each request (see [Section 3.2.2 -Gathering Supporting Documentation](#) for a list of required information). Urgent requests may be approved pending additional documentation. The Focal Point's judgement on this will be case-specific.

### EVALUATE REQUEST

Upon acknowledgement of receipt of a request, Focal Points will conduct a review and evaluate the request to determine if the request is within the normative standard of care. If the request is beyond the normative



standard, the Focal Point will consider if the request should be provided to ensure substantive equality, the provision of culturally appropriate services, and to safeguard the best interest of the child.

During the evaluation process, Focal Points must not override treatment plans, products or services recommended by a professional in a relevant field. If a Focal Point has concerns with the recommended treatment plan, product or service, they will engage in clinical case conferencing (refer to [Section 2.4](#)). Before making the decision to engage in clinical case conferencing, consideration must be given to if the request would ensure substantive equality, cultural appropriate services and/or safeguard the best interest of the child. Requests that are recommended for denial must be escalated. If a request is recommended for denial on the basis of a concern with the recommended treatment plan, product or service, Focal Points must provide rationale in the escalation package for their concern. If denial is upheld, an alternative service/product/support should be proposed in the letter to the requester.

An evaluation of a request is based on the following factors:

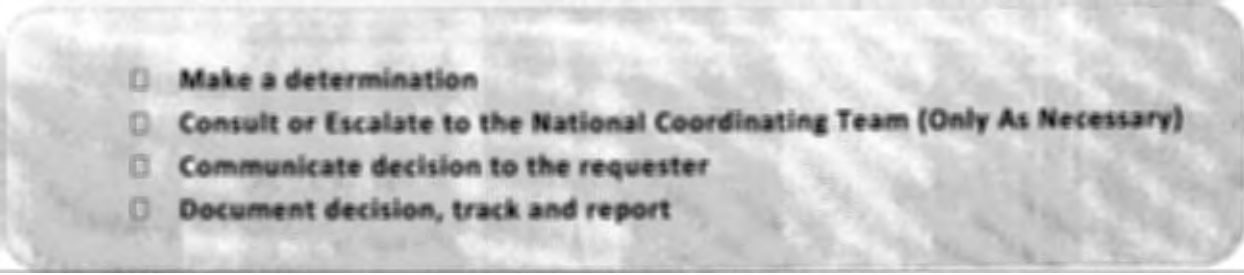
1. Has this case been assessed for urgency? – See Assessing Urgency under Intake in [Section 3.2.3](#)
2. Is the requested product/service/support **within normative standard** of what is provided or funded by the government to other children residing in that province or territory?
3. Does the supporting documentation substantiate the request?
  - a. Has an assessment, prescription, referral, or letter of support by a health/social/educational professional from a relevant field been provided identifying the need to provide requested service/support/product?
    - i. Is a clinical case conference required?
    - ii. Please note that community health, social and education providers should be considered as qualified in most cases to recommend a service through a letter of support or provide a referral that speaks to the diagnosis(es) or unmet need of the child(ren) (e.g. NNADAP worker can provide a substance abuse recommendation in the absence of a physician or psychologist). This is especially important to consider in cases where communities/families do not have timely access to higher degrees of professional expertise.
    - iii. If a professional assessment is not available, Focal Points are to offer funding to cover an appropriate assessment to identify the child's needs.
  - b. Is obtaining an assessment/prescription/referral/letter potentially going to delay determination of a request that could result in health or safety risks to the child or counter to a child's best interests?
    - i. If yes, can the request be determined pending receipt of the assessment/prescription/referral/letter?
4. What is the level of product/service/support required as per the assessment/prescription/referral/letter?
  - i. e.g. frequency, duration, cost
5. If the request is not within the normative standard of care, should the request be provided to **ensure substantive equality, cultural appropriate service and/or to safeguard the best interest of the child**?
  - a. Focal Points are to evaluate the unique needs of the child to determine if the requested service should be provided to ensure substantive equality in the provision of services of the child, to ensure culturally appropriate services to the child and/or to safeguard the best interests of the child.

---

## DETERMINATION



Determination involves four key steps:

- 
- ❑ Make a determination
  - ❑ Consult or Escalate to the National Coordinating Team (Only As Necessary)
  - ❑ Communicate decision to the requester
  - ❑ Document decision, track and report

## MAKE A DETERMINATION

Using all the information gathered in the Intake process and upon evaluation of the request, Focal Points will make a determination of the request. Focal Points may either:

- Approve request; or
- Consult with the National Coordinating Team; or
- Escalate the request to the National Coordinating Team.

Where a request is submitted for multiple items and sufficient information is available to render a decision on some items, a Focal Point will not delay in rendering a partial decision. When the necessary information is provided for the remaining items, the remainder of the request will be determined.

Similarly, where a Focal Point determines a request for multiple items such that some items are recommended for approval within Region and some items are recommended for denial, the Region will approve the relevant items in the Region and escalate the items recommended for denial to the National Coordinating Team. It is imperative that the escalation email lists ALL requested items, indicating which ones were already approved in the Region, and which ones are recommended for denial.

**All evaluations and determinations must respect CHRT timelines.**

## CONSULT OR ESCALATE TO THE NATIONAL COORDINATOR TEAM (ONLY AS NECESSARY)

### Consultation

Focal Points requiring advice or support for a request may contact the National Coordinating Team. Both the National and Regional teams must work within the CHRT timelines to avoid unnecessary delays.

### Escalation

All requests are to be first reviewed at the Regional level. Escalated requests with complete case files are prepared by the National Coordinating Team for decision by the ADM-RO FNIHB, ISC. Escalation criteria and procedure can be found in Section 4.1.

For all escalated requests, Focal Points may inform the requester that their request has been escalated to the ADM for decision.

## COMMUNICATE DECISION



All decisions must be provided immediately to the requester upon reaching a decision:

- All requests **approved within region or by the ADM** are communicated by the Focal Point directly to the requester verbally or through email, with follow up mailed correspondence communicating the decision, sent to the mailing address provided in the Intake Form.
- All requests **denied by the ADM** are communicated verbally or through email by the Focal Point directly to the requester. A formal written decision letter will be prepared, signed and communicated by the National Coordinating Team via mailed correspondence to the requester directly with a copy to the Focal Point. See Section 2.4 for more information.

Please note that these steps must be taken in a timely manner to ensure the timeframes outlined in the CHRT Orders are met.

## **DOCUMENTING DECISION, TRACKING AND REPORTING**

See Delegation of Data Collection And Tracking for more detail.

The Regional team will complete Intake forms for every individual request and save these in RDIMS/CDIMS/GCDOCS as appropriate for analysis by the national office. The Regional team will track these requests as per the Regional tracking form and submit this tracking on a weekly basis for program reporting. For information sharing purposes, aggregate data will be shared with Jordan's Principle Parties, ISC Regions, and other relevant bodies.

---

## **PAYMENT**

**Add Section and hyperlink to chapter 6**



### 3.3 COMMUNITY-MANAGED GROUP REQUESTS

Only information that is different from how to manage individual requests is included below.

---

#### 3.3.1 TIMELINES

The following timelines apply to Community or Group service requests:

- **Immediate crisis intervention supports** for situations where irremediable harm is reasonably foreseeable;
- Response within **48 hours** upon receipt of the necessary information for **urgent requests** (where children require urgent assistance); and
- Response within **one week** (7 calendar days) upon receipt of the necessary information for **non-urgent requests**.

These timelines are effective upon receipt of all required information for each request. Urgent requests may be approved pending the receipt of supporting documentation. See the Reference Document for CHRT Amended Orders on individual and group timelines for more information.

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#### 3.3.2 A COMPLETE CASE FILE – GROUP REQUESTS

Group requests are appropriate when the needs of children/youth seeking services are more effectively met in the context of the collective needs of a defined group.

Group intake form must be submitted which will include: a summary of the group request that provides a general overview in terms what are the needs of the group, the context of the request, and details of the items being requested; the exact number of children who will benefit from the request; and complete costing information and documents (invoice, receipts, attestation).

Supporting documentation (including assessments and recommendations) that link the requested item/s to the identified needs of each of the children OR a summary letter by a health/social/education professional including an attestation that assessments/referrals are available for provision if necessary are included in the group request.

---

#### 3.3.3 RECEIPT OF GROUP SERVICE REQUESTS

Once a request is submitted for a group of children, the following process is initiated:

- **Intake**
- **Evaluation**
- **Determination**
- **Payment**

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#### INTAKE

Follow the intake protocol as per an individual request, with the following additions:

A group request can be made for products/services on behalf of First Nations children by a:

- parent/guardian of First Nations children; or
- Community; or
- Community organization; or



- Service Coordinator/Navigator/Case Manager.

Upon receipt of a request for a group of children, the Focal Point will:

- complete an Intake Form (to come) for all Group requests received; and
- collect information that demonstrates the children's unique needs to inform if the provision of the request would ensure substantive equality, culturally appropriate services, or would safeguard the best interest of the children, (ONLY in cases where the request is for a service/support/product that is beyond the normative standard of care); and
- record the date and time request was received; and
- record contact information of requester.

#### Supporting Documentation for Group Requests

- Gather Supporting documentation as per individual request protocol (see Gathering Supporting Documentation in Section 3.2.3 under Intake). Specifically:
  - For group requests, a letter from a health/social/educational professional in a relevant field that does not stand to benefit from the request:
    - stating that all children in the group have assessments relevant to the request on record; OR
    - summarizing the demonstrated need.
- Business cases are NOT required to support a group request. Focal Points need to carefully read all material submitted to them and only ask for additional information if it is **required** to determine the case.
- For the purpose of documentation, any approval of a group request above \$100,000 must be provided through a briefing note to the Regional Director General or Regional Executive. CHRT timelines apply and must be met. Any recommended denials must be escalated to the ADM-RO FNIHB, ISC through the National Coordinating Team.

---

#### EVALUATION

Evaluate the request as per individual request protocol, with the following additions:

- consider the context of the community's social/demographic profile; and
- to consider the suite of existing government programs and services.

Group requests should be determined on the basis of diagnoses/unmet need as presented on behalf of a group of children with consideration given up-front to substantive equality, ensuring the provision of culturally appropriate services and safeguarding the best interest of the child. Unmet need can be assessed by a health/social/education professional or community service provider in cases where professional expertise is not available in a timely manner. ISC should offer the requester funding to support professional assessment of the children but this should not affect timeliness or determination of requests. Group requests must have community support in the form of a letter of support or email from an official representing the Band Council.

Focal Points should not be contacting other government departments before determining a request as this is considered non-clinical case conferencing.

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#### DETERMINATION

Determine the request as per individual request protocol.



### 3.4 PRIVACY

#### Collection

The personal information collected by Canada provided in making a Jordan's Principle request is protected in accordance with the *Privacy Act* and collected under the authority of the Privy Council Order-in-Council PC Number 2017-1464. Intake Forms, Request Forms, and most supporting documentation used in completing Jordan's Principle requests contain sensitive, personal information. It is the responsibility of all every federal government employees and Jordan's Principle team member to diligently protect this information and safe guard the process in which it is handled.

#### Use

ISC requires certain personal this information to determine eligibility and process requests for health, social and educational assistance under the Jordan's Principle Initiative. Personal information is used within ISC for the alignment of health, social and educational benefits and for audit purposes.

#### Disclosure

With consent, personal information may be disclosed to health, social and educational services professionals, and service coordinators for processing requests. Reflecting the circle of care

Personal information may be disclosed without consent, subject to meeting the requirements under the exceptions but only in accordance with Subsection 8(2) of the *Privacy Act*. This information collection is described in Info Source, available online at [infosource.gc.ca](http://infosource.gc.ca).






#### Access

Jordan's Principle requesters have certain rights under the *Access to Information Act* and the *Privacy Act*: the right of access to, correction and protection of their personal information. They also have the right to file a complaint with the Privacy Commissioner of Canada if they think their personal information has been handled improperly.

Government officials Employees are required to follow the applicable various information management policies, standards and guidelines regarding personal information in place by the department. These include responsibilities regarding the legal and policy requirement for the protection of personal information. Please refer to the privacy information in Reference Section 3.5.



### 3.5 REFERENCE

Request Form	 Jordan's Principle Request Form
Intake Form	 JP Intake Form.pdf
Regional Tracking Sheet	 Regional_tracking_template_Sept_26_201
Confirmation of Residency template (Ordinarily Resident on Reserve)	 ConfirmationOROR.docx
RDG/RE Briefing template for Group Requests over \$100K	 Sample group \$100K BN template.docx
<u>Processing of Individual and Group Requests Review</u>  <u>Approval Letter Template</u> (Please note that the template has been provided as a guide to assist in response preparation. <b><u>Please modify based on the specifics of the request and context.</u></b> )	
Privacy	
Legislation	<u>Privacy Act</u>
TBS policies and publications	<ul style="list-style-type: none"> <li>• <u>Policy on Privacy Protection</u></li> <li>• <u>Directive on Privacy Practices</u></li> <li>• <u>Directive on Privacy Impact Assessment</u></li> <li>• <u>Directive on Social Insurance Number</u></li> <li>• <u>Guidelines for Privacy Breaches</u></li> <li>• <u>Privacy Breach Management Toolkit</u></li> <li>• <u>Guidance Document: Taking Privacy into Account Before Making Contracting Decisions</u></li> <li>• <u>Guidance on Preparing Information Sharing Agreements Involving Personal Information</u></li> </ul>
HC/PHAC guidelines	<ul style="list-style-type: none"> <li>• Privacy Impact Assessment Toolkit</li> <li>• Privacy Notice Guidelines</li> <li>• Personal Information Disclosure Guide</li> </ul>



### 3.5.1 PROCESSING INDIVIDUAL & GROUP REQUESTS

Responsible Party	Action Step
Requester	1. Sends in a request via email, phone or Request Form to the Call Centre, Service Coordinator or Focal Point.
Service Coordinator	1. Provides information on Jordan's Principle and discusses service delivery arrangements/models/payments as appropriate to support the family, community or Region. 2. Receives a request for Jordan's Principle via email, phone or Request Form and sends it to the Focal Point.
Jordan's Principle Call Centre	1. Provides information on Jordan's Principle. 2. Receives a request via phone. 3. Assesses immediate or foreseeable health and safety risks to the child(ren) and urgency or time-sensitivity of request. 4. Completes an Intake Form and sends it to the Focal Point. For urgent cases where the Focal Point cannot be reached, the Call Centre agent will send the request directly to the National Official on call for decision or escalation to the ADM.
Regional Jordan's Principle Focal Point or team member	1. Provides information on Jordan's Principle. 2. Receives a request for an individual child via phone, email, fax, Request Form, Jordan's Principle Call Centre or Service Coordinator OR receives a request for a group of children via phone, email or fax. 3. Assesses urgency: Assesses immediate or foreseeable health and safety risks to the child(ren), urgency or time-sensitivity of request. 4. Completes intake and gathers supporting documentation. 5. Acknowledges receipt of request. 6. Evaluates Request, engages in clinical case conferencing if appropriate. 7. Makes a determination. 8. Consults with or Escalates request to the National Coordinating Team, as necessary. 9. If recommended to deny, escalates to <u>National Coordinating Team</u> and include all relevant information ( <u>See Figure 1</u> ) about the request. 10. Communicates decision to the requester. 11. Documents decision, tracks and reports. 12. Initiates financial claim process or funding agreement process. Sign Section 34.



### 3.5.2 APPROVAL LETTER TEMPLATE

[CHILD/PARENT/GUARDIAN]

[TITLE (if applicable)]

[ADDRESS]

[CITY. P/T POSTAL CODE]

[DATE]

Dear [PARENT/GUARDIAN/ADVOCATE]

**Re: [FILE #]**

On [DATE], your request for [CHILD'S NAME] [REQUEST DESCRIPTION] under Jordan's Principle was received. Thank you for bringing [CHILD NAME]'s request to our attention.

I am pleased to inform you that your request for [REQUEST DESCRIPTION] has been approved under Jordan's Principle.

If you have not already been contacted to discuss service arrangement and delivery by the time you receive this letter, please contact me immediately.

Jordan's Principle is about helping to ensure all First Nations children have access to government-funded services, supports and products, no matter where they live in Canada. For more information, please visit [www.canada.ca/jordans-principle](http://www.canada.ca/jordans-principle), or please feel free to contact me should you have any further question.

Sincerely,

[Name]

Regional Jordan's Principle Focal Point  
First Nations and Inuit Health Branch  
Indigenous Services Canada

[Insert phone and email address]

Cc: [Insert name and phone/email of responsible Service Coordinator; name of Service Coordination Organization]



## CHAPTER 4 ADM REVIEW – ESCALATED REQUESTS

### 4.1 ADM REVIEW PROCESS

An ADM Review is required:

- where a request is recommended for denial by the Region; or
- where a Focal Point requires extra advice/support on a request and no resolution has come from a consultation with the National Coordinating Team; or
- for Métis or First Nations children with no status number, who are not eligible to be registered, and are not ordinarily resident on reserve; or
- for adults.

Authority for issuing a denial resides with:

- the Assistant Deputy Minister of Regional Operations, FNIHB, ISC
- an alternate official designated by the ADM-RO FNIHB, ISC.

Focal Point role:

- The Focal Point or team member will be invited to attend the ADM Review meeting for all cases recommended for denial.
- **For urgent cases**, a Focal Point recommending denial will contact the ADM or official designate directly to present the case and rationale for proposed denial within 12 hours of the request. This applies to individual and group service requests.

**Under no circumstance may the official who made the initial decision at the ADM Review render a determination on the same request at the Appeals level.**

### 4.2 ADM DETERMINATION PROCESS

In making their determination, the ADM-RO FNIHB, ISC will:

- Review the evaluation conducted at the Regional level to determine whether all components of the Jordan's Principle definition and CHRT Orders have been considered;
- Consider the review conducted by other existing ISC programs that have reviewed the request, if applicable;
- Consider if other government of Canada, provincial or territorial programs/services could assist the family or the child; and
- Complete review respecting the CHRT timelines.

The ADM-RO FNIHB, ISC will confirm his/her final decision to the Jordan's Principle National Coordinating Team and attending Focal Point. The decision will also be communicated to the Focal Point via email.

As per Section 2.4, if the request is denied by the ADM-RO FNIHB, ISC:

- Focal Point will communicate the ADM Review decision to the requester verbally and or by email upon receipt from the National Coordinating Team, and within CHRT timelines.



- Decision letters will be prepared, signed and communicated by the National Coordinating Team via mailed correspondence to the requester directly with a copy to the Focal Point and must include the criteria outlined in Section 2.4.
- The client satisfaction survey must be attached to every decision letter sent by the National Coordinating Team and to every email (approvals and denials) sent by Focal Points to communicate a decision.



### 4.3 REFERENCE

ADM Review Process

ADM Review Process Checklist

ADM Review Template

ADM Review- Denial Letter Template



## ADM REVIEW PROCESS

Responsible Party	Action Step
Regional Jordan's Principle Focal Point or team member	<ol style="list-style-type: none"> <li>1. Sends requests recommended for denial for escalation to the <u>National Coordinating Team</u> and includes all <u>relevant information</u> and/or correspondence in a complete submission as applicable to the request.</li> <li>2. Escalates <u>urgent requests</u> directly to the ADM's office and include all <u>relevant information</u> and/or correspondence in a complete submission as applicable to the request.</li> <li>3. Attends ADM Escalation Review meetings, as necessary.</li> </ol>
Jordan's Principle National Coordinating Team, FNIHB/ Senior Director's Office	<ol style="list-style-type: none"> <li>4. Reviews the escalated requests.</li> <li>5. Approves requests and communicates decision to the Focal point; or</li> <li>6. If recommended for denial, arranges an ADM Escalation Review meeting to discuss submitted requests.</li> <li>7. Supports ADM Review by preparing <u>ADM Review Template</u>, which outlines all salient details of the request and rationale for the initial denial recommendation.</li> </ol>
ADM-RO FNIHB, ISC Review	<ol style="list-style-type: none"> <li>8. Following a discussion of the case, renders a decision. The decision and a rationale for the decision is recorded on the ADM Review Template which is then signed by the ADM-RO FNIHB, ISC (see <u>ADM Summary Review Template</u>).</li> <li>9. Communicates decision to the Jordan's Principle National Coordinating Team for tracking and communicating to the Focal Point.</li> </ol>
Jordan's Principle National Coordinating Team	<ol style="list-style-type: none"> <li>10. Tracks, collates and communicates the ADM-RO FNIHB, ISC Review decision to the Focal Point and sends out denial letter, if applicable, to requester.</li> </ol>
Regional Jordan's Principle Focal Point or team member	<ol style="list-style-type: none"> <li>11. Communicates the decision to the requester upon receipt of decision email from the National Coordinating Team.</li> </ol>



# ADM REVIEW PROCESS CHECKLIST

## Jordan's Principle Individual Request Intake & Escalation Checklist

### How to escalate a request:

- Please send an email to [JPCaseMgt-GestCasPJ@hc-sc.gc.ca](mailto:JPCaseMgt-GestCasPJ@hc-sc.gc.ca) with all the information in the checklist below
- Each email should contain one request and the subject should be the Case number as well as the text TIME-SENSITIVE for requests requiring immediate attention
- URGENT requests must be sent directly to the Assistant Deputy Minister for review with a cc to the JP Case Management Inbox

### Reminder: The following requests must be escalated:

- ALL requests recommended for denial by the region
- Cases where the region requires advice/support and no resolution has come from a consultation with the National Coordinating Team
- Requests for Métis or First Nations children with no status number, who are not eligible to be registered, and are not Ordinarily Resident on Reserve
- Requests for adults

Required information from Requester (ALL CASES)	Required Information from Requester (IF BEYOND NORMATIVE STANDARD)	Required information from Focal Point
<input type="checkbox"/> <b>Intake form:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name and contact information (phone number, email)</li> <li><input type="checkbox"/> Date of Birth</li> <li><input type="checkbox"/> Community of Residence (if on reserve) and mailing address</li> <li><input type="checkbox"/> Status number - if non-status, indicate if the child is: <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-status and Ordinarily Resident on Reserve</li> <li><input type="checkbox"/> Non-status and eligible under current legislation. Provide parent's registration number</li> <li><input type="checkbox"/> Non-status and likely not eligible for status. Provide details</li> <li><input type="checkbox"/> Métis</li> </ul> </li> <li><input type="checkbox"/> Reason for Request</li> <li><input type="checkbox"/> Product(s)/Service(s)/Support(s) requested</li> <li><input type="checkbox"/> Frequency of Service(s) (if applicable)</li> <li><input type="checkbox"/> Estimated Cost (if readily available)</li> </ul> <input type="checkbox"/> <b>Supporting Documentation:</b> An assessment/prescription/referral/letter from a health/social/educational professional directly involved in the child's life that indicates diagnosis/egs or identified need and directly recommends the requested product/support/service. The provider must not be someone who will benefit from the approval of the request (e.g. providing the service requested). <b>Exceptions:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Urgent or time-sensitive cases – supporting documentation can be provided after the case has been decided and need has been met.</li> </ul>	<input type="checkbox"/> <b>Substantive equality, cultural appropriateness, safeguarding the best interest of the child</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> ONLY minimal information should be requested so as not to create a burden on the child, family or community. Gathering evidence to support substantive equality should not result in lengthy delays in responding to requests especially when available information indicates the request can be deemed as culturally appropriate or necessary to safeguard the best interests of the child.</li> <li><input type="checkbox"/> Verbal testimony, a letter of support or documentation can be provided (but is not mandatory) from a family member and/or a health/social/educational professional directly involved in the child's life that does not benefit from the approval of the request (e.g. providing the service requested). Testimony/documentation can describe details of the child's history/familial/social context that demonstrates why the request should be provided to ensure substantive equality, is culturally appropriate or safeguards the child's best interest.</li> <li><input type="checkbox"/> Any additional information not previously provided</li> <li><input type="checkbox"/> For more information, please refer to Chapter 7 of the Standard Operating Procedures.</li> </ul>	<input type="checkbox"/> <b>Intake form:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Case number (1 child per case number unless a group request)</li> <li><input type="checkbox"/> Was the request received from NIHB?</li> <li><input type="checkbox"/> Is this product/service/support covered by a current ISC program, including NIHB? Please indicate which program and if denied by that program.</li> <li><input type="checkbox"/> Was the child previously approved for a request(s) under Jordan's Principle?</li> <li><input type="checkbox"/> Does this product/service/support meet normative standards?</li> <li><input type="checkbox"/> Estimated Cost (if not provided by requester) by requester)</li> </ul> <div style="border: 1px dashed black; padding: 5px;"> <b>Required information from National Coordinating Team to ADM</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary of Case Reviews</li> <li><input type="checkbox"/> ADM Summary Review Template</li> <li><input type="checkbox"/> Substantive equality questions (as found on webpage)</li> </ul> </div>



# ADM SUMMARY REVIEW TEMPLATE

[Insert Case number]

## ADM Summary Review

PROTECTED B

<b>Background Information on File (Note: all dates are YYYY/MM/DD)</b>	
Date/Time Escalated:	
Group Request (Y/N):	
Child's Name:	
Child's Date of Birth:	
Address/Community:	
Parent/Requester Name:	
<b>Presentation to ADM (filled in electronically)</b>	
Case Number:	
Age:	
Child's Status:	
Professional diagnosis:	
Challenges/Needs identified:	
Product or service requested:	1)
Costs associated with each item:	1)
Within Normative Standards?	1)
Other relevant information:	•
Request History:	
Supporting documents:	•
Date of ADM Review:	
Decision:	
Rationale:	
Follow-up Action:	



**Guidance Questions to Help Assess Substantive Equality**

Service needs will continue to be assessed first against normative standards. However, in assessing whether a service should be provided, the following questions serve as guidance to help achieve substantive equality. When considering requests, please take into account the specific needs of the child such as:

1. Does the child have heightened needs for the service in question as a result of an historical disadvantage?
2. Would the failure to provide the service perpetuate the disadvantage experienced by the child as a result of his or her race, nationality or ethnicity?
3. Would the failure to provide the service result in the child needing to leave the home or community for an extended period?
4. Would the failure to provide the service result in the child being placed at a significant disadvantage in terms of ability to participate in educational activities?
5. Is the provision of support necessary to ensure access to culturally appropriate services?
6. Is the provision of support necessary to avoid a significant interruption in the child's care?
7. Is the provision of support necessary in maintaining family stability, as indicated by:
  - the risk of children being placed in care; and/or
  - caregivers being unable to assume caregiving responsibilities?
8. Does the individual circumstance of the child's health condition, family, or community context (geographic, historical or cultural) lead to a different or greater need for services as compared to the circumstances of other children (e.g., extraordinary costs associated with daily living due to a remote location)?
9. Would the requested service support the community/family's ability to serve, protect and nurture its children in a manner that strengthens the community/family's resilience, healing and self-determination?

**ADM Decision and Signature (Completed on hard copy of document)**

<b>Approved</b>		<input type="checkbox"/> Product/service/support available to all children ; or <input type="checkbox"/> Product/service/support within normative standard If not - the request
		<input type="checkbox"/> Ensures substantive equality in the provision of products/services/supports to the child <input type="checkbox"/> Ensures culturally appropriate services/product/support to child <input type="checkbox"/> Safeguards the best interest of the child
<b>Rationale</b>		
<b>Denied</b>	<b>Eligibility</b>	<input type="checkbox"/> Above Age of Majority for the province of residence; or <input type="checkbox"/> Non-Status, not-ordinarily resident on reserve.
	<b>CHRT assessment</b>	<input type="checkbox"/> Product/service/support not available to all children ; or <input type="checkbox"/> Product/service/support beyond the normative standard <b>And the request does not:</b> <input type="checkbox"/> Ensures substantive equality in the provision of products/services/supports to the child <input type="checkbox"/> Ensures culturally appropriate services/product/support to child <input type="checkbox"/> Safeguards the best interest of the child
<b>Rationale</b>		
<b>ADM Signature:</b>		



## ADM REVIEW - DECISION LETTER TEMPLATE

[CHILD/PARENT/ AUTH REP]

[TITLE (if applicable)]

[ADDRESS]

[CITY. P/T POSTAL CODE]

Dear [CHILD/PARENT/ AUTH REP]

**Re: [Case Number]**

On [DATE], your request for [CHILD'S NAME]'s [REQUEST DESCRIPTION] under Jordan's Principle was reviewed by the Assistant Deputy Minister, Regional Operations, First Nations and Inuit Health Branch, Indigenous Services Canada. As communicated to you by your regional Focal Point on [DATE], we are writing to formally notify you that [your request/ the following items (list items if partial)] was denied

In evaluating your request the Assistant Deputy Minister considered whether [THIS/THESE] (ITEMS/SERVICES) [IS/ARE] available to all other children and/or is beyond the normative standard of care. Consideration was also given to the unique needs of [CHILD'S NAME] and whether the request should be provided to ensure substantive equality in the provision of services, to ensure culturally appropriate services and/or to safeguard the best interest of the child.

Further to this evaluation, your request was denied, on the basis ADD DETAILS/RATIONALE.

Should you wish to appeal this decision, please submit a request in writing to your regional Jordan's Principle Focal Point contact within one (1) year of this decision, who will work with you throughout the appeal process. **Please include any new or additional information in your submission; however please note that new information is not required to request an appeal.** Your regional Focal Point contact for the Department of Indigenous Services Canada, [XXXXX] Region is:

[NAME]

[POSITION]

Department of Indigenous Services Canada, [XXXX] Region

[(xxx) xxx-xxxx]

[Email]@canada.ca

For more information on substantive equality, please see the attached document, which can also be found on our website. Jordan's Principle is about helping to ensure all First Nations children have access to the same government-funded supports and services as other children, no matter where they live. For more information, please visit [www.canada.ca/jordans-principle](http://www.canada.ca/jordans-principle), contact your regional Focal Point, or call 1-855-JPCHILD (1-855-572-4453).

Sincerely,



## ADM REVIEW - DENIAL DECISION LETTER TEMPLATE - ELIGIBILITY

CHILD/PARENT/ AUTH REP]

[TITLE (if applicable)]

[ADDRESS]

[CITY. P/T POSTAL CODE]

[DATE]

Dear [CHILD/PARENT/ AUTH REP]

**Re: [Case Number]**

On [DATE], your request for [CHILD'S NAME]'s [REQUEST DESCRIPTION] under Jordan's Principle was reviewed by the Assistant Deputy Minister, Regional Operations, First Nations Inuit Health Branch, Indigenous Services Canada. We apologize for the delay in formally communicating the decision rendered on your request.

### Scenario regarding eligibility (status)

(OPTIONAL -Further to this decision communicated to you by your Regional Focal Point on [DATE],) (w/W)e are writing to formally inform you that the review has concluded Jordan's Principle funding is not available for [CHILD'S NAME] request(s). Jordan's Principle funding is available to First Nations children who are registered Indians under the *Indian Act*, those entitled to be registered, living on and off reserve as well as those Indigenous children ordinarily resident on reserve. As such, it is our understanding from information provided to the Department that [CHILD'S NAME] is non-status, is not eligible for status with the Department of Indigenous Services nor does (name) ordinarily reside on a reserve.

### Scenario regarding eligibility – (age)

OPTIONAL -Further to this decision communicated to you by your Regional Focal Point on [DATE],) (w/W)e are writing to formally inform you that the review has concluded Jordan's Principle funding is not available for [CHILD'S NAME] requests. Jordan's Principle funding is available to First Nations children. For the purposes of Jordan's Principle, a "child" is defined as a person who is under the Age of Majority as established by their province or territory of residence. The Age of Majority for [province] is [x]. It is our understanding from information provided to the Department that [CHILD'S NAME] resides in [province] and is of [x] years of age.

**\*\*\*continue below for all scenarios\*\*\***

However, as part of our commitment to all Indigenous people, your Regional Focal Point can work with you to help to facilitate access to available services for [you/ your child] through your local health organization or provincial/territorial authority. Your regional Focal Point contact for the Department of Indigenous Services Canada, [XXXXX] Region is:

[NAME]

[POSITION]

Department of Indigenous Services Canada, [XXXX] Region

[(xxx) xxx-xxxx]

[Email]@canada.ca



Should you wish to appeal this decision, please submit a request in writing to your regional Jordan's Principle Focal Point contact within one (1) year of this decision, who will work with you throughout the appeal process. Please include any new or additional information in your submission. Please note new information is not required to request an appeal.

Jordan's Principle is about helping to ensure all First Nations children have access to the same government-funded supports and services as other children, no matter where they live in Canada. For more information, please visit [www.canada.ca/jordans-principle](http://www.canada.ca/jordans-principle), contact your regional Focal Point, or call 1-855-JPCHILD (1-855-572-4453).

Sincerely,

Bonnie Beach, MBA

Director, Jordan's Principle

Department of Indigenous Services Canada/Government of Canada



An appeal process may be initiated when a request has been denied for either individual or group requests.

### 5.1 APPEALS PROCESS

If a request is denied, the requester may appeal the decision by sending in a written request to the Focal Point in their Region within one year of the date of denial. The Focal Point then informs the National Coordinating Team of the Appeal, for processing.

- At a minimum, the request for appeal should contain:
  - child's name and date of birth;
  - the product/service/support requested;
  - the date of denial and a copy of the Jordan's Principle denial letter; and
  - optional: additional information not reviewed previously. This optional information may include assessments or information to demonstrate evidence that the request should be provided to ensure substantive equality, culturally appropriate service provision or to safeguard the best interest of the child. *Note: new or additional information is not needed in order to initiate an appeal.*

When a decision is appealed, the request to appeal is reviewed by a committee which will not include the official who reviewed and rendered the original decision to deny the request. The appeal decision will be provided to the requester in writing within 30 days of receipt of the written request and case submission for appeal.

Where a request is denied on appeal, the requester has the right to seek a judicial review of the decision by the Federal Court within 30 days of receiving the decision of the Appeals Committee.

### 5.2 WHO CAN SUBMIT AN APPEAL

An individual can appeal a decision on behalf on First Nations child, if they are:

- a parent/guardian of a First Nations child;
- a First Nations child at the Age of Consent<sup>9</sup> in their province or territory of residence; or
- an authorized representative<sup>10</sup> of the child /parent/or guardian.

The National Coordinating Team arranges a meeting of the Appeals Committee within 30 days of receipt of the appeal.

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<sup>9</sup> A child at the Age of Consent can make decisions on their own about the care necessary for their health.

<sup>10</sup> An authorized representative is a person (individual or business) that the requester has given written permission (authorized) to act on their behalf (represent) with respect to the Jordan's Principle request.



### 5.3 APPEALS COMMITTEE

Appeals are considered by the Appeals Committee, which is comprised of:

- the Senior Assistant Deputy Minister of the FNIHB Sector, ISC; and
- the Assistant Deputy Minister of the ESDPP Sector, ISC.

In their absence, an alternate may be designated by the Committee member.

Under no circumstance may the individual who made the initial decision render a determination on the same request at the ADM Review and Appeals level.

### 5.4 AUTHORITY

Decisions of the Appeals Committee will nullify the decision rendered at the ADM Review.

### 5.5 DECISIONS

Decisions of the Appeals Committee are rendered by consensus. Decisions must be communicated to the requester in writing within 30 days of receipt of the requested appeal.

### 5.6 CONSIDERATIONS

In rendering its determination on appeal, the following factors will be considered by the Appeals Committee:

- whether the product/service/support is provided or funded by the government for any child in the relevant province/territory;
- whether there is a gap in services between levels of government; and
- whether there is any information to support substantive equality, culturally appropriate service provision or to safeguard the best interest of the child.

### 5.7 RECORDING AND COMMUNICATING DECISIONS OF THE COMMITTEE

The Appeals Committee signs a record of its decision on the Review Template, outlining the rationale for its decision.

The Senior Assistant Deputy Minister signs the decision letter which is sent by the National Coordinating Team to the requester within 30 days of the request for appeal.



## 5.8 REFERENCE

Appeals Process

Appeals Checklist

Appeals Committee Template

Appeals Decision Letter Template



## APPEALS PROCESS

Responsible Party	Action Step
Regional Jordan's Principle Focal Point or team member	<ol style="list-style-type: none"> <li>1. Assesses the Appeal to ensure that it is received within one year of the date of the denial letter.</li> <li>2. Notice of appeal is submitted to the National Coordinating Team by the Focal Point, either in writing or phone.</li> <li>3. Sends any additional information to be considered by the Appeals Committee to the Jordan's Principle National Coordinating Team.</li> </ol> <p>Note: New or additional information is not required in order to initiate an appeal.</p>
Jordan's Principle National Coordinating Team	<ol style="list-style-type: none"> <li>4. Arranges an Appeal Committee meeting within <b>30 days</b> upon receipt of the notice to appeal.</li> <li>5. Completes an <u>Appeals Committee Template</u> to support the Committee's deliberations, which outlines all salient details of the request and rationale for the initial denial, with denial letter attached.</li> </ol>
Appeals Committee	<ol style="list-style-type: none"> <li>6. Following a discussion of the case, a decision is rendered; the decision and a rationale for the decision are recorded on the <u>Appeals Committee Template</u> which is then signed by all members.</li> </ol>
Jordan's Principle National Coordinating Team	<ol style="list-style-type: none"> <li>7. The decision is communicated to the Focal Point within 12 hours.</li> <li>8. The appeal decision is communicated in writing to the requester within 30 days of the decision rendered on the request for appeal.</li> </ol>



# APPEALS CHECKLIST

## Jordan's Principle Appeals Checklist

### Required Information from Requesters, Focal Points and National Coordinator

#### How to send an appeal to the Appeals Committee:

- Please send an email to [JPCaseMgt-GestCasPJ@hc-sc.gc.ca](mailto:JPCaseMgt-GestCasPJ@hc-sc.gc.ca) with all the information in the checklist below
- Each email should contain one request (individual or group) and the subject should be the Case number as well as the text APPEAL (e.g. HC-AB-0500 APPEAL)

Information required from Requester	Information required from Focal Point	Information required from National Coordinating Team
<input type="checkbox"/> <b>Intake form:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of child</li> <li><input type="checkbox"/> Product(s)/Service(s)/Support(s) requested</li> <li><input type="checkbox"/> Date of denial</li> <li><input type="checkbox"/> Denial letter</li> </ul>	<input type="checkbox"/> <b>Case number OR past Intake Form and attached documents</b>	<input type="checkbox"/> <b>Appeals Committee Template</b>
<input type="checkbox"/> <b>Additional information included (note: this is optional)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Information to support Substantive Equality, ensure the provision of culturally appropriate services, or to demonstrate the approved request would safeguard the best interest of the child, as provided by the requester</li> <li><input type="checkbox"/> Supporting documentation</li> <li><input type="checkbox"/> Any additional information not previously provided</li> </ul>		<input type="checkbox"/> <b>Substantive equality questions (as found on webpage)</b>



## APPEALS COMMITTEE TEMPLATE

### Background Information on File (Note: all dates are YYYY/MM/DD)

Date of Denial:	
Date of Appeal Request:	
Group Request (Y/N):	
Child's Name:	
Child's Date of Birth:	
Address/Community:	
Parent/Requester Name:	

### Presentation to Appeal Committee (filled in electronically)

Case Number:	HC-XX-0000-APPEAL
Age:	
Child's Status:	
Medical diagnosis:	
Challenges/Needs identified:	
Product or service requested:	<ul style="list-style-type: none"> <li>• 1)</li> <li>• 2)</li> </ul>
Costs associated with each item:	<ul style="list-style-type: none"> <li>• 1)</li> <li>• 2)</li> </ul>
	Total: \$
Within Normative Standards?	<ul style="list-style-type: none"> <li>• 1)</li> <li>• 2)</li> </ul>
Other relevant information:	
Request History:	
Supporting documents:	
Date of Appeal:	2018-
Decision:	
Rationale:	
Follow-up Action:	

### Substantive Equality Consideration (Completed on hard copy of document)

Service needs will continue to be assessed first against normative standards. However, in assessing whether a service should be provided, the following questions serve as guidance to help achieve substantive equality. When considering requests, please take into account the specific needs of the child such as:

1. Does the child have heightened needs for the service in question as a result of an historical disadvantage?
2. Would the failure to provide the service perpetuate the disadvantage experienced by the child as a result of his or her race, nationality or ethnicity?
3. Would the failure to provide the service result in the child needing to leave the home or community for an extended period?
4. Would the failure to provide the service result in the child being placed at a significant disadvantage in terms of ability to participate in educational activities?
5. Is the provision of support necessary to ensure access to culturally appropriate services?
6. Is the provision of support necessary to avoid a significant interruption in the child's care?
7. Is the provision of support necessary in maintaining family stability, as indicated by:
  - the risk of children being placed in care; and/or
  - caregivers being unable to assume caregiving responsibilities?
8. Does the individual circumstance of the child's health condition, family, or community context (geographic, historical or cultural) lead to a different or greater need for services as compared to the circumstances of other children (e.g., extraordinary costs associated with daily living due to a remote location)?
9. Would the requested service support the community/family's ability to serve, protect and nurture its children in a manner that strengthens the community/family's resilience, healing and self-determination?

### ADM Decision and Signature (Completed on hard copy of document)

Approved	<input type="checkbox"/> Product/service/support available to all children ; or <input type="checkbox"/> Product/service/support within normative standard
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Rationale	<p>If not - the request</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensures substantive equality in the provision of products/services/supports to the child</li> <li><input type="checkbox"/> Ensures culturally appropriate services/product/support to child</li> <li><input type="checkbox"/> Safeguards the best interest of the child</li> </ul>
<b>Denied</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Product/service/support not available to all children ; or</li> <li><input type="checkbox"/> Product/service/support not within normative standard</li> </ul> <p><b>And</b> the request does not:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensures substantive equality in the provision of products/services/supports to the child</li> <li><input type="checkbox"/> Ensures culturally appropriate services/product/support to child</li> <li><input type="checkbox"/> Safeguards the best interest of the child</li> </ul>
Rationale	
Appeal Committee HC-XX-0000 Signature:	



## APPEALS DECISION LETTER TEMPLATE

[CHILD/PARENT/GUARDIAN]

[TITLE (if applicable)]

[ADDRESS]

[CITY, P/T POSTAL CODE]

Dear [PARENT/GUARDIAN/ADVOCATE]

**Re: [Case Number]**

On [DATE], your request to appeal the denial of [CHILD'S NAME]'s [REQUEST DESCRIPTION] under Jordan's Principle was reviewed by the Appeals Committee. As communicated to you by your regional Focal Point on [DATE], we are writing to formally notify you that [your request/ the following items (list items if partial)] the denial of [DATE] is **[upheld/overtured]**.

The Appeals Committee for Jordan's Principle is comprised of the Senior Assistant Deputy Minister of the First Nations Inuit Health Branch, and the Assistant Deputy Minister of the Education and Social Development Programs and Partnerships Sector, of Indigenous Services Canada.

In evaluating your request the Appeals Committee considered whether [THIS/THESE] (ITEMS/SERVICES) [IS/ARE] available to all other children and/or is beyond the normative standard of care. Consideration was also given to the unique needs of [CHILD'S NAME] and whether the request should be provided to ensure substantive equality in the provision of services, to ensure culturally appropriate services and/or to safeguard the best interest of the child.

In making its decision, the Appeals Committee **(considered the new information you provided, and)**, determined that that your request **[cannot be/is]** approved under Jordan's Principle, based on the information presented as **ADD SPECIFIC DETAILS/RATIONALE**.

Jordan's Principle is about helping to ensure all First Nations children have access to the same government-funded supports and services as other children, no matter where they live. We encourage you to submit requests for products, services and supports for First Nations children in need who are experiencing gaps in government services.

For more information on Jordan's Principle, please visit [www.canada.ca/jordans-principle](http://www.canada.ca/jordans-principle), contact your regional Focal Point, or call the Jordan's Principle National Call Centre at 1-855-JPCHILD (1-855-572-4453).

Sincerely,



### 6.1 FINANCIAL CLAIM PROCESS

The financial claims process for Jordan's Principle has been created to expedite payments and to ensure that financial controls are in accordance with the Financial Administration Act. Key documents for Focal Points include found in the Reference Section of this chapter include:

- a process map outlining the step-by-step process and the roles and responsibilities of various actors in processing financial claims;
- the Financial Case Overview Form, which is required for all requests, reconciles the approval of requests with the required financial approvals; and
- the GC 80-1 form, which is required for all client reimbursements, enables the requisition of payment by the Accounting Operations pay hubs.

**This process supported by the completion of the listed forms, must be followed for Jordan's Principle payments to be made.**

### 6.2 ADVANCE PAYMENT PROCESS

An advance payment is defined as: a payment made by or on behalf of Her Majesty before the work, delivery of the goods, or rendering of the service has been completed.

#### **When is a payment an "advance payment"?**

A payment is considered to be an advance payment only when it is issued before any goods have been received or before any services have been rendered. A payment made after partial completion of the work or when a specific milestone is met is considered a progress payment, not an advance payment.

#### **Advance payments and Jordan's Principle**

When it is not possible to arrange the provision of goods or services with the supplier, or when the payment cannot be made by the recipient, an advance payment may be considered in **exceptional circumstances** AND when all the following factors exist:

- the payment is considered essential to attaining program objectives to comply with the CHRT orders;
- no other reasonable alternative exists to comply with the orders of the Canadian Human Rights Tribunal issued on May 26, 2017 (2017 CHRT 14) as amended on November 2, 2017 (2017 CHRT 35); and
- the payment is in accordance with a contract, agreement or legislation.
  - For Jordan's Principle, an agreement between the claimant or third party and the department attesting to the validity of provision of products/services which require advance payment is acceptable.

Where advance payments are warranted, the amount of any such advance made in any particular fiscal year shall not exceed the value of the goods or services received in that fiscal year.

A detailed guide has been created to guide this process for Regions and can be found in Section 6.5 - Reference. Listed below are the steps that Focal Points should follow to have an advance payment issued:

- 1) Enter into a signed written agreement between the claimant / third party and ISC attesting to the validity of provision of products/services. Only someone with the appropriate delegated FAA authority can sign on behalf of ISC. Please refer to the Health Canada Delegation of Financial Signing Authorities Matrix for guidance.
- 2) Ensure appropriate receipts for the incurred expenses are included.



- 3) Submit the agreement and financial information to the appropriate financial HUB (East or West) to make the payment.
- 4) Print a copy of all documentation, including the written agreement and receipts, and save to hard and electronic file.

This process follows the [Treasury Board Directive on Payments](#) (refer to Section 4.1.1 after accessing hyperlink).

### 6.3 PAYMENTS FOR REQUESTS BEYOND MARCH 31, 2019

Jordan's Principle is a legal requirement that Canada will continue to implement. In order to ensure this is done, Canada will implement a payment process in order to address any existing requests for services whose term extends beyond March 2019.

### 6.4 ADMINISTRATION FEES ASSOCIATED WITH JORDAN'S PRINCIPLE REQUESTS

In 2005, Health Canada, First Nations Inuit Health Branch issued *Guidelines for Administration Costs*, to provide a national framework with respect to the funding of administration costs in all FNIHB contribution agreements. Section 2.1 of the FNIHB *Guidelines for Administration Costs* provides that, in most situations, FNIHB will **allow up to 10%** of the total agreement amount for administration costs.

The application of administration fees for Jordan's Principle requests must consider the following factors:

#### **Avoiding Duplication:**

- As outlined in section 2.3 of the *Guidelines for Administration Costs*, and advised by the Capacity Infrastructure and Accountability Division, expenditures can only be accounted for and funded once – (i.e. no duplication).
- Service Coordination organizations that are receiving additional SARF funding for Case Managers/Financial staff to manage the caseload and payment arrangements will not be provided additional admin fees on each request without clear information on what the requested amount is to be used for. This is to avoid the perception of double funding of the same activities.

#### **Accounting for Administration Costs**

- Section 2.4 of the *Guidelines for Administration Costs* provides that recipients must specify which costs are covered by the percentage. The Guideline provides a non-exhaustive list of potential expenses, including: Administrative and Clerical Salaries and Benefits; Bank Fees; IT Costs; Travel costs.
- Currently, under Jordan's Principle requests there is no documentation provided itemizing what that 10% administration fee is used for. For admin fees to be covered they must be real expenditures and it must be clear what the percentage will cover.

#### **Scale of Admin fees:**

- Section 2.5 of the *Guidelines for Administration Costs*, provides that Regions/Programs are responsible for reviewing amounts claimed for administration costs, and determining whether the amount is reasonable.
- Jordan's Principle approves large group requests, some of which are over a few million dollars. This could mean admin fees of \$100K to \$500K, which may not be reasonable, as there is usually no clear indication what these funds are spent on, and no documentation to support.

#### **Summary**



Apply the *Guidelines for Administration Costs*, by providing **up to 10%** of agreement in admin fees where:

1. The Focal Point can be assured that the administration fee is not for a duplicate expenditure;
2. The requester/Service Coordinator/organization has itemized what costs are covered by the administrative fees; and
3. The Focal Point has determined, on a case by case basis, that the request is reasonable according to the *Guidelines for Administration Costs*.

## 6.5 CONTRIBUTION AGREEMENTS

### 6.5.1 FUNDING AGREEMENT PROCESS

#### Jordan's Principle –Child First Initiative Service Coordination Objectives and Activities

##### **Context:**

On January 26, 2016 the Canadian Human Rights Tribunal (CHRT) found that Canada's failure to ensure First Nations children can access government services on the same terms as other children via a mechanism known as Jordan's Principle was discriminatory and contrary to the law (<http://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/127700/1/document.do>).

**2017 CHRT 14** On May 26, 2017 the Tribunal issues the third compliance orders <http://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/item/232587/index.do>

- Canada shall cease relying upon and perpetuating definitions of Jordan's Principle that are not in compliance with the Panel's orders in previous decisions;
- Canada's definition and application of Jordan's Principle shall be based on the following principles:
  - i. Jordan's Principle is a child-first principle that applies equally to all First Nations children, whether resident on or off reserve. It is not limited to First Nations children with disabilities, or those with discrete short-term issues creating critical needs for health and social supports or affecting their activities of daily living.
  - ii. Jordan's Principle addresses the needs of First Nations children by ensuring there are no gaps in government services to them. It can address, for example, but is not limited to, gaps in such services as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy.
  - iii. When a government service is available to all other children, the government department of first contact will pay for the service to a First Nations child, without engaging in case conferring, policy review, service navigation or any other similar administrative procedure before funding is provided. Once the service is provided, the government department of first contact can seek reimbursement from another department/government;
  - iv. When a government service is not necessarily available to all other children or is beyond the normative standard of care, the government department of first contact will still evaluate the individual needs of the child to determine if the requested service should be provided to ensure substantive equality in the provision of services to the child, to ensure culturally appropriate services to the child and/or to safeguard the best interests of the child. Where such services are to be provided, the government department of first contact will pay for the provision of the services to the First Nations child, without engaging in case conferring, policy review, service navigation or any other similar administrative procedure before funding



is provided. Once the service is provided, the government department of first contact can seek reimbursement from another department/government.

- v. While Jordan's Principle can apply to jurisdictional disputes between governments (i.e., between federal, provincial or territorial governments) and to jurisdictional disputes between departments within the same government, a dispute amongst government departments or between governments is not a necessary requirement for the application of Jordan's Principle.

**Goals:**

- 1. To implement service coordination functions for First Nation children and their families by providing families of First Nations children with a knowledgeable resource to help them access health, education and social supports through Jordan's Principle; to contact Indigenous Services Canada on behalf of such children and their families, and to navigate existing federal and provincial/territorial health, social, and educational programs and services to address a child's needs.

**Objectives:**

- 2. In order to support Jordan's Principle – A Child First Initiative under the terms and conditions of the Agreement, the Recipient shall carry out the activities set out in Section 4 of this Schedule to achieve the following objectives:
  - i. Promote Jordan's Principle to families, communities and service providers and encourage children with unmet needs and their families to secure access to needed services and supports and to submit requests to ISC Focal Points on behalf of such children and their families.
  - ii. Nurture relationships across community-based programs and services; service providers; and First Nations, federal, provincial and territorial programs and services and identify/develop possible models of service delivery that will improve timely access to services for First Nations children living in or outside their communities;
  - iii. Where families may require assistance, assist them in identifying service providers to support children's access to quality and culturally appropriate health, social and educational services and supports across all stages and levels of care;
  - iv. Support data collection and analytical activities to better understand the scope of children's needs and nature of service gaps, such as by distributing annual client surveys provided by Indigenous Services Canada.

**Service Provider Qualifications:**

- 3. Where the Recipient engages the services of:
  - (1) A health, social or educational (if applicable) service provider, for the purposes of fulfilling any of the terms and conditions of this Schedule, the Recipient shall ensure that the provider is a registered member in good standing of the college or professional association applicable to the provider's profession, and that the provider is entitled to practice his or her profession in accordance with the laws of the province where the care is to be provided.
  - (2) A community-based worker or cultural practitioner for the purposes of fulfilling any of the terms and conditions of this Schedule, the Recipient shall ensure the provider is qualified to carry out the activities within their area of practice.

**Recipient Activities:**



4. In order to carry out the Objectives, the Recipient shall undertake the following activities:

- 1) Visit First Nation communities and meet with service providers and organizations to promote awareness of and access to Jordan's Principle;
- 2) Encourage and support families to bring forward their cases to ISC Jordan's Principle Focal Points to seek Service Access Resolution funding from Indigenous Services Canada by way of:
  - a. Encouraging children and families to authorize the Recipient to submit their cases on their behalf; or
  - b. Encouraging and assisting families to apply themselves if they prefer to do so and to offer to assist them in such cases;

In both cases, Jordan's Principle claims may be submitted to Regional ISC Jordan's Principle Focal Points via using the toll-free 24/7 line: 1-855-JP-CHILD (1-855-572-4453); TTY 1-866-553-0554; or by visiting: [www.canada.ca/jordans-principle](http://www.canada.ca/jordans-principle);

- 3) Where families are experiencing difficulties accessing service providers, collaborate with and identify opportunities to build relationships across all aspects of the health, social and education services systems, including First Nations, federal, provincial and territorial services and programs; service providers, and communities to facilitate access to needed services and supports;
- 4) Work with First Nation communities to proactively identify children with unmet needs to facilitate early intervention and timely access to services and supports;
- 5) Undertake follow-up with clients/families and key contacts to ensure the child is receiving and maintaining the services required;
- 6) Identify and work collaboratively with federal, provincial, territorial, Regional and community partners to implement promising practices and evidence-based models, service arrangements and supports, where possible;
- 7) Promote service access where culture is reflected in care where First Nations people are treated with respect, compassion, and cultural understanding, and assist to build cultural competency within the Region and broader health, social, education and other systems;
- 8) Collect information and support case coordination with Jordan's Principle Focal Points to ensure seamless transition of cases, and assist Indigenous Services Canada in distribution of annual client surveys and the conduct of Jordan's Principle evaluations.

***Program Delivery Requirements:***

5.

- (1) Communications coordination: In accordance with the communications clause of the main body of this Agreement, the Recipient shall ensure that it first discusses with Canada any significant public communication materials that it intends to issue regarding Jordan's Principle or the Jordan's principle – Child First Initiative program, in order to provide Canada with an opportunity to comment or participate in the development of those materials. The Recipient shall also ensure that such materials are consistent with the orders of the Canadian Human Rights Tribunal and the full definition of Jordan's Principle currently found at <https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/definition-jordans-principle-canadian-human-rights-tribunal.html>.
- (2) Employee Training: The Recipient shall ensure that its employees working on the activities set out in this Schedule understand Jordan's Principle, including the rulings of the Canadian Human Rights Tribunal, and will provide training to its employees for this purpose.



- (3) Immediate Referral to ISC: The Recipient shall ensure that its service coordination functions do not delay the submission of requests from families/children/service providers for access to Jordan's Principle. Requests should not be triaged, unnecessarily case managed or deemed ineligible by the Recipient. Subject to Subsection (4), all requests should be submitted immediately directly to Indigenous Services Canada.
- (4) Consent: The Recipient shall ensure that it has oral or written consent of families or guardians of children (or children themselves if they have capacity to consent) before submitting personal information of children to ISC Focal Points on their behalf.

***Program Requirements:***

5. The Recipient shall submit reports to the Regional office of Indigenous Services Canada (First Nations and Inuit Health Branch) as follows:

- (1) *Within 45 days following the last day of September an interim report that includes:*

*Quantitative data:*

- (a) Total number of First Nation communities served;
  - (b) Total number of requests referred by the Recipient on behalf of First Nation children and their families to Regional Jordan's Principle Focal Point for Service Access Resolution funding;
  - (c) Total number of requests referred by the children or their families with the assistance of the Recipient to Regional Jordan's Principle Focal Point for Service Access Resolution funding;
  - (d) Number of children living on and off-reserve by type of services/supports received through service coordination.
- (2) *Within 120 days after March 31<sup>st</sup>, or after the end of the activity (ies) whichever occurs first, an annual report that includes:*

*Quantitative data:*

- (a) See above indicators

*Qualitative data:*

- (b) Description of activities undertaken to reach out and identify potential service coordination clients to improve the situation for families;
- (c) Examples of how the relationships built across health and social systems and levels of government facilitated better access for clients and how the knowledge gained from this function will help improve service access for future clients;
- (d) Description of opportunities used to build cultural competency within the broader health, social, education and other systems or provide culturally appropriate and safe care for clients;
- (e) Qualitative information on achievement of objectives and activities, including as appropriate, successes, barriers, challenges, future needs, etc. including any success stories of families served.

***Record Keeping Requirements:***









6. The Recipient shall maintain the following information on file and make it available upon request for review and audit where children and their families consented to such disclosure to Canada:



- (1) Client information (name; date of birth; name of community; place of residence (on reserve or ordinarily resident on reserve); Indian Registration Number (if available); province/territory; contact information;
- (2) Services/supports provided (by child; date of services; type of service/support);
  - (a) Referrals to Regional Jordan's Principle Focal Point for Service Access Resolution funding (by child); and
  - (b) Cases where the Recipient assisted children and their families to make their own referrals.



## 6.6 REFERENCE

Process Map	 Annex A -Jordan's Principle Financial Cla
Financial Case Overview Form	 Annex B -Case overview (E) -ED app
GC-80-1 Form	  GC80 Jordan's GC80 Jordan's Principle with Attestat Principle with Attestat
Advanced Payment Process Guide	 Guide on Advanced Payments.docx
Advanced Payment Process Tools	   direct_deposit_enroll Jordan's Principle JP INVOICE ment_form_vendors. Claim Declaration For Template.docx



**7.1 SUBSTANTIVE EQUALITY****Jordan's Principle – Substantive Equality Principles**

This document was developed as a tool to help build understanding, and provide practical guidance, to assist in the operationalization of substantive equality across the country in the context of ensuring Canada's full implementation of Jordan's Principle. This document remains evergreen and will be periodically updated to ensure that it remains relevant and is aligned with Government of Canada priorities.

**7.1.1 WHAT IS SUBSTANTIVE EQUALITY?**

Substantive equality is a legal principle that aims to achieve true equality in outcomes. It is achieved through equal access, equal opportunity, and, most importantly, the provision of services and benefits are particular to the distinct needs of the First Nations child, as compared to any non-First Nation child who is not otherwise receiving the same publically funded service. It considers a child's unique needs and circumstances, such as cultural, social, economic and historical disadvantage.

Substantive equality is both a process and an end goal relating to outcomes that seeks to acknowledge and overcome the barriers that have led to the inequality in the first place.

Achieving substantive equality for members of a specific group requires the implementation of measures that consider and are tailored to respond to the unique causes of their historical disadvantage as well as their historical, geographical and cultural needs and circumstances. First Nations children have experienced historical disadvantage due to Canada's repeated failure to take into account their best interest as well as their historical, geographical and cultural needs and circumstances. For this reason, substantive equality for First Nations children will require that government policies, practices and procedures impacting them take account of their historical, geographical and cultural needs and circumstances and aim to safeguard the best interest of the child as articulated in the United Nations Committee on the Rights of the Child General Comment 11.

**7.1.2 WHAT IS CANADA'S OBLIGATION UNDER JORDAN'S PRINCIPLE WITH RESPECT TO SUBSTANTIVE EQUALITY?**

Canada's obligation under Jordan's Principle with respect to substantive equality?

Pursuant to the CHRT May 26, 2017 decision as amended, the Government of Canada is to ensure substantive equality in the provision of services to the child, to ensure culturally appropriate services and to safeguard the best interests of the child.

This requires Canada to provide all First Nations children, on and off reserve, with publicly funded benefits, supports, programs, goods and services in a manner and according to a standard that meets their particular needs and circumstances on a substantively equal basis with non-First Nations children.

**7.1.3 HOW DOES SUBSTANTIVE EQUALITY APPLY TO JORDAN'S PRINCIPLE?**



Substantive equality is an overarching legal obligation that must guide the interpretation and implementation of Jordan's Principle. The key values identified in the Touchstones of Hope, as outlined below, are to be respected to achieve substantive equality in the provision of services, products and supports, under Jordan's Principle:

#### Self-Determination

First Nations Peoples are in the best position to make decisions that affect First Nations children, youth, families and communities. First Nations Peoples must meaningfully participate in the development and implementation of Jordan's Principle on a regular and ongoing basis.

#### Culture and Language

Culture and language are the foundations of health and well-being for First Nations Peoples. Jordan's Principle recognizes this and requires that approved products, services and supports are culturally appropriate.

#### Holistic approach

The holistic needs of a child must be met. These needs will be informed by historical and cultural factors, such as residential schools, intergenerational trauma, colonization, racism and intersectional discrimination. Products, services, and supports must meet the needs of the child in the context of his/her family and community and be child-centered, focused on promoting the health and well-being of the child's mind, body, spirit and emotions.

#### Structural interventions

Jordan's Principle requires the eliminating of systemic barriers that have resulted from racism and colonialism by challenging the existing systems to fully meet the needs of First Nations children.

#### Non-discrimination

Non-discrimination underlies Jordan's Principle by ensuring that First Nations children receive the products, services and supports they need regardless of where they live. It challenges historical practices and structural barriers and strives for equal access to health, social and educational systems in order to achieve equal outcomes.

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### 7.1.4 UNDERSTANDING SUBSTANTIVE EQUALITY

Substantive equality is the recognition that not all people start off from the same position, and that these unequal opportunities make it more difficult for some to be successful.

Treating everyone the same is only fair if they are starting from the same position.

Substantive equality seeks to address the inequalities that stem from an individual's particular circumstances, to help put them at the same position as others give them the same opportunities as others.

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### 7.1.5 APPLYING SUBSTANTIVE EQUALITY

In an effort to offer some clarity, the following examples are being provided to demonstrate how substantive equality should be considered upon further review of a request:

*Request for clothing and footwear*



A request was submitted for clothing and footwear for a school-age child with a specific diagnosis. This condition resulted in damage to the child's clothing and footwear on a much more frequent basis beyond the typical wear and tear expected. Upon review of the request, it was determined that the frequency of the clothing and footwear replacements due to the child's condition resulted in financial hardship to the family. In their efforts to meet the child's needs, the family incurred unexpected and elevated clothing costs. The clothing and footwear costs were covered by Jordan's Principle.

#### *Request for air transportation*

A request was submitted by a family to attend a series of workshops for parents with children with special needs and transportation to and from the workshops. The requests for the workshops and transportation costs by car were approved. Following the approval, the family requested funding to cover the cost of air travel to attend the workshops since the family lived several hundred miles from where the workshops were being held. Upon review of the request for air travel, it was determined that the distance was too far for the family to travel by car. To ensure substantive equality in the provision of services to the child, Jordan's Principle provided funding to the family to cover air transportation to attend the workshops.

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### **7.1.6 ASSESSING REQUESTS VIS-A-VIS SUBSTANTIVE EQUALITY**

Service needs will continue to be assessed first against normative standards. However, in assessing whether a service should be provided, the following questions serve as guidance to help achieve substantive equality.

When considering requests, please take into account the specific needs of the child such as:

1. Does the child have heightened needs for the service in question as a result of an historical disadvantage?
2. Would the failure to provide the service perpetuate the disadvantage experienced by the child as a result of his or her race, nationality or ethnicity?
3. Would the failure to provide the service result in the child needing to leave the home or community for an extended period?
4. Would the failure to provide the service result in the child being placed at a significant disadvantage in terms of ability to participate in educational activities?
5. Is the provision of support necessary to ensure access to culturally appropriate services?
6. Is the provision of support necessary to avoid a significant interruption in the child's care?
7. Is the provision of support necessary in maintaining family stability, as indicated by:
  - the risk of children being placed in care; and/or
  - caregivers being unable to assume caregiving responsibilities?
8. Does the individual circumstance of the child's health condition, family, or community context (geographic, historical or cultural) lead to a different or greater need for services as compared to the circumstances of other children (e.g., extraordinary costs associated with daily living due to a remote location)?
9. Would the requested service support the community/family's ability to serve, protect and nurture its children in a manner that strengthens the community/family's resilience, healing and self-determination?

*"It is about the Aboriginal perspective; picture yourself in the community, and see it [the request] from that perspective"*

*October 30, 2017 interview with Justice Mandamin*



## 7.4 MANAGEMENT CONTROL FRAMEWORK<sup>11</sup>

Through Jordan's Principle, Canada aims to address the circumstances underpinning the rulings of the CHRT and fundamentally to advance the interests of First Nations Children and in this way, facilitate positive systemic change in how health services are delivered to First Nations children.

While protecting and advancing the interests of First Nation's children, Canada also has a responsibility to manage in a way that respects its stewardship responsibilities and compliance with legislative and policy requirements.

Accordingly, processes and controls must be in place to ensure that Canada is able to meet its legislative and policy obligations, while complying with the CHRT orders to address the unmet needs of First Nations children.

To address these obligations, a Management Control Framework was developed, identifying a series of objectives, and associated actions.

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### 7.6.1 RECONCILIATION & RELATIONSHIP BUILDING

Reconciliation and Relationship Building is the initiative's basic mission and vision and is tied to the government of Canada's priorities related to enabling and reconciling with Indigenous peoples. This includes building reciprocity and trust by working with First Nations, provinces, territories, federal departments and other partners.

*Expectations:*

- **First Nations Capacity-building and Support:** The organization has in place mechanisms to support First Nations in building their capacity for service delivery related to Jordan's Principle activities.
- **Reflection & Integration Mechanisms:** The department has formal mechanisms to reflect on and integrate the service experience and the solutions of First Nations into the design and delivery of services.
- **Engagement:** Formally established mechanisms are in place to collaborate with and gain meaningful input from the users of Jordan's Principle-related services on their service experience.

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### 7.6.2 OPERATIONAL OBJECTIVES

Operational objectives relate to the achievement of service delivery, stewardship, accountability and the effective management of resource goals.

This requires the implementation of internal controls to provide reasonable assurance that the initiative's operations will be carried out as intended and that program assets (including financial, human, informational and reputational assets) are safeguarded, in support of sustainable, value-added service to children.

*Expectations:*

- **Financial Management Policies** - Financial management policies are documented and communicated
- 

<sup>11</sup> *Jordan's Principle- A Child First Initiative Management Framework*, August 2018, by Murray Management Consulting & Wind Reach Consulting Services Inc.



- **Guidance** - Staff have the necessary guidance to support them in executing their financial management roles and responsibilities
- **Roles, responsibilities and accountabilities** - Roles, responsibilities and accountabilities for the financial management of Jordan's Principle-CFI are clear and well understood.
- **Payments processing** - processing of Jordan's Principle-CFI payments is timely and consistent with the established process
- **Direct Funding Requests** - Individual requests for products/services to be funded under Jordan's Principle-CFI by the department directly, are consistently reviewed, assessed and decided up within prescribed timelines
- **Business continuity** - business continuity planning processes support the uninterrupted delivery of Jordan's Principle-CFI
- **Contribution Agreements** - Group Requests and service coordination funded Contribution Agreement are reviewed, assessed and decided up on a timely basis
- **Performance Assessment**: The organization has in place a system for the performance evaluation of employees.
- **Departmental Capacity**: Sufficient (human) resource capacity exists to ensure operational continuity and employee well-being.
- **Competency Management**: The organization has identified its required competencies for key roles and has mechanisms in place to ensure the full set of competencies are established and maintained.
- **Governance Bodies**: Effective and informed governance bodies exist to allow for the discussion, setting and monitoring of directions (policy, priorities or plans), decisions and results.
- **Communications**: Open, defined and effective channels exist for internal and external communications, in support of decision-making, coordination, feedback and oversight, awareness, coordination and reporting.

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### 7.6.3 REPORTING OBJECTIVES

Reporting objectives pertain to the preparation of reports for use by organizations and program stakeholders, including both internal and external financial and non-financial reports.

#### *Expectations:*

- **Financial forecasting** - Financial forecasts for Jordan's Principle-CFI are closely monitored throughout the year and resources reallocated/re-profiled as required
- **Financial Reporting and Monitoring** - Financial reporting is timely, complete and accurate (internal reporting in support of monitoring/decision making and external reporting in support of accountability)
- **Internal and External Reports**: Appropriate, reliable and timely financial and non-financial reporting is developed and communicated internally and externally.
- **Financial and Operational Monitoring**: Jordan's Principle - CFI has efficient and meaningful mechanisms to monitor its financial and operational performance at the Regional and national levels.
- **Recipient Reporting** - Process in place to follow-up on Jordan's Principle-CFI recipient reporting not received on a timely basis
- **Financial forecasting** - Financial forecasts for Jordan's Principle-CFI are closely monitored throughout the year and resources reallocated/reprofiled as required
- **Budgetary Management** - Budgets are established and managed in accordance with departmental frameworks and policies
- **Information systems** - Information systems and electronic tools are in place and consistently operationalized to meet information and reporting needs.
- **Data collection** - Data and information is collected to support the management of the Jordan's Principle-CFI and accountability reporting.

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### 7.6.4 COMPLIANCE OBJECTIVES

Jordan's Principle must operate in accordance with a range of legal, regulatory, policy and other compliance requirements, including the orders of the Canadian Human Rights Tribunal, the *Financial Administration Act*, the *Access to Information and Privacy Acts*, and Treasury Board directives and policies. The suite of compliance





requirements establish the minimum requirements of conduct and as such, management has put in place internal controls that help to enable compliance.

*Expectations:*

- **Monitoring of Compliance:** Mechanisms exist to monitor conformity with key compliance requirements, including policies, legislative requirements and the orders of the CHRT
- **Privacy -** Mechanisms are in place to support the privacy and confidentiality of First Nations children
- **Independent review and advice:** Mechanisms are in place to independently review the management practices and long-term results.
- **Fraud detection -** Mechanisms are in place to support the detection of fraud within Jordan's Principle-CFI
- Mechanisms are in place to enable corrective action when material variances are noted.
- **Monitoring of End Results:** Mechanisms exist to follow up and confirm that products and services are delivered as intended, with the intended results.
- **Post-Payment verification:** Direct payments under Jordan's Principle-CFI are reviewed and verified to ensure compliance with established processes, policies and legislative requirements.
- **Data retention and disposition-:** Jordan's Principle - CFI manages its data in manner that is compliant with departmental and OCAP requirements
- **Delegations of Authority:** Delegations of authority are established for Jordan's Principle -CFI consistent with legislative and policy requirements

## 7.6.5 REFERENCE

Management Control Framework Briefing	  Management Framework - FINAL D Management Framework (F) - Draft
Management Control Framework Action Plan	To follow in coming weeks.



This is Exhibit "R" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019

A handwritten signature in black ink, appearing to read "B. Hanssens", is written over a horizontal line.

A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



Date of comment	Source of Comment	Comment on which document?	Comment ID	Category	Comment/Concern (inserted wording underlined>	ISC Response	ISC Notes	Change made to the SOP?	Relevant SOP Section #	New Wording in SOP
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB1	Misc.	Note: My comments are in addition to those already furnished to ISC on October 14, 2018 and re-submitted to ISC on January 3, 2019.	No change		No change required	Title Page	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB2	Lay out/design/wording	Include date	Completed		Change already made	Title page	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB3a	Administration	There should also be an enumeration of all substantive changes made and the date of those changes in the beginning to flag people on the differences in the document.	Alternative proposed	Changes will be tracked in present tracker.	No change required	Title page	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB3b	Administration	This should include instructions on what to do with cases denied prior to the major change (i.e.: inclusion of best interests test).	Completed	Section has been added to the SOP (Section 3.1 Eligibility - <i>Re-review of previously denied cases: discriminatory definition, eligibility</i> ) which describes re-review procedures for major policy changes (ORDR, Discriminatory definition).	Change made in v. April 2019	Section 3.1 Eligibility	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB4	Lay out/design/wording	As per previous comment – [contact information] this needs to be updated.	Completed		Change already made	Contact Information	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB5	Administration	What does this mean? Can it be more specific? Reference to "All ISC employees responsible for Jordan's Principle are subject to adhering to the SOP and must report deviations from this SOP in a timely manner to the Senior Director, Jordan's Principle, First Nations and Inuit Health Branch (FNIBH)."	Accepted	Add to SOP: All ISC employees responsible for Jordan's Principle are subject to adhering to the SOP and must report deviations from this SOP on a bi-weekly basis at focal point meetings or in writing at necessary/manner to the National Coordinating Team Inbox JPCASEMGT-GEISTCASF@hc-sc.gc.ca	Change made in v. April 2019	Chapter 1: Purpose	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB6	Lay out/design/wording	Need to somehow address that the Child First Initiative was also found to be discriminatory and has evolved. I recommend separating these points to make it more clear. Keeping in mind that the CFI approach was linked by the CHRT to the deaths of two girls it is important that the CFI phrase be phased out of usage.	Accepted	<b>Suggested revision:</b> The Child First Initiative is Canada's interim policy approach to implement Jordan's Principle subject to complying with the Orders. This approach, and the accompanying policy authority was revised to be compliant with the May 2017 CHRT orders related to non-compliance by Canada on the implementation of Jordan's Principle. Jordan's Principle will continue to have effect as in-the-event the current approach evolves pursuant to the co-development of a longer term approach in partnership with First Nations.	Change made in v. April 2019	2.1 Authorities	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 1	CHRT Orders	The CHRT decisions in the matter of the First Nations Child and Family Caring Society of Canada and Assembly of First Nations (T-1340/79687008) provide that Jordan's Principle is a child-first principle to ensure that First Nations children receive government-funded services they need when they need them <u>with due consideration to substantive equality, and the children's cultural needs and best interests</u> <del>on a substantive equality basis with non-First Nations children.</del>	Accepted	Accept the change to the 2008 reference;	Change made in v. April 2019	2.1 Authorities	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 2	CHRT Orders	The CHRT decisions in the matter of the First Nations Child and Family Caring Society of Canada and Assembly of First Nations (T-1340/79687008) provide that Jordan's Principle is a child-first principle to ensure that First Nations children receive government-funded services they need when they need them <u>with due consideration to substantive equality, and the children's cultural needs and best interests</u> <del>on a substantive equality basis with non-First Nations children.</del>	Alternative proposed	Seeking to reflect the CHRT Orders exactly and reduce repetitive language as per Caring Society's other recommendation.	Change made in v. April 2019	2.1 Authorities	removed: on a substantively equal basis with non-First Nations children. It is stated below, so redundant.
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 3	CHRT Orders	"for <u>inquiries</u> ."	No change	Direct quote exact language of the CHRT	No change required	2.1 Authorities	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 4	Urgent requests	In a situation where immediate harm is reasonably foreseeable, Canada will <u>immediately</u> make all reasonable efforts to provide immediate crisis intervention supports <u>to alleviate the risk to the child</u> , until an extended response can be developed and implemented.	No change	Direct quote exact language of the CHRT	No change required	2.1 Authorities	N/A
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 5	Lay out/design/wording	The CHRT retained jurisdiction to monitor Canada's implementation of the <u>Orders</u> orders	No change	CHRT Order always capitalized in the SOP.	No change required	2.1 Authorities	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB7	Urgent requests	In all other urgent cases... Since the definition of urgent is cases where a child faces a life threatening situation or immediate harm may happen	Alternative proposed	Again, this section pertains to what the CHRT Orders state and cannot be altered. However, for defining urgent requests in general:  The CHRT does not define urgent cases as "where a child faces a life threatening situation". Use of the word life-threatening implies an emergency situation where emergency authorities or frontline emergency workers are required. Jordan's Principle staff are not frontline workers, so this distinction must remain.  SOP defines an urgent case as "child requires urgent assistance", but will add that determination of urgent cases includes those where immediate harm is reasonably foreseeable (not life-threatening).	No change required	2.1 Authorities	



04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB8	Misc.	Note the difference between ISC obligations per: engagement and per consultation	To discuss with IPOC	Require further explanation.	Based on IPOC discussion	2.1 Authorities	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	Insertion 6	CHRT Orders	Further, its operationalization was only applicable to children living on reserve needing health or social services. Jordan's Principle now applies equally to all First Nations children, whether resident on or off reserve and to all federal public services.	Accepted w/minor changes	Further, its operationalization was only applicable to children living on reserve needing health or social services. Jordan's Principle now applies equally to all First Nations children, whether resident on or off reserve and to all government funded services.	Change made in v. April 2019	2.1 Authorities	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB9	Misc.	Need to add the Choose Life consent order	Accepted	Add the Choose Life consent order to Section 2.1.1. Reference Canadian Human Rights Tribunal Orders	Change will be made in next version	2.1.1 Reference	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	Change I	CHRT Orders	CHRT Orders: All ISC employees, whose work involves Jordan's Principle, are required to read and understand all of the full CHRT decisions rendered under Tribunal File T-1340/7008	Accepted	Change in SOP: All ISC employees, whose work involves Jordan's Principle, are required to read and understand all of full CHRT decisions rendered under Tribunal File T-1340/7008	Change made in v. April 2019	2.3 CHRT Orders & Timelines	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	Change II	CHRT Orders	While it is understandable that approving funding commitments in a short timeframe can cause administrative challenges, <del>it is not the case that the Tribunal has ordered that administrative processes must not be accelerated above a child's safety and best interests.</del>	Accepted w/minor changes	except the addition of "safety" - implies Canada has the ability to respond to keep a child safe in an emergency situation, which is not the case. All inquiries where child/children are in a life threatening/safety risk situation must be referred to emergency authorities.	Change made in v. April 2019	2.3 CHRT Orders & Timelines	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB10	Call Centre	What about the 24 hour line?	Rationale explained	The National Call Centre is the 24-hour line. Hyperlink goes to the National Call Centre 24-hour line and the Jordan's Principle email	No change required	2.3 CHRT Orders & Timelines	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	Change III	Urgent requests	12 hours for: urgent individual requests (requires urgent assistance - child could reasonably experience irremediable harm, significant harm or is in a life threatening situation)	Alternative proposed	Proposed wording, which aligns with CHRT Orders:  • 12 hours for: o urgent individual requests (child requires urgent assistance or risk of irremediable harm is reasonably foreseeable or significant harm or is in a life-threatening situation)  • 48 hours for: o non-urgent individual requests o urgent Community/Group requests (children require urgent assistance or risk of irremediable harm is reasonably foreseeable or significant harm or is in a life-threatening situation)  • 7 calendar days for: o non-urgent Community/Group requests  <u>Immediate referral to emergency authorities for:</u> o children who is (are) the subject of the request is (are) in a life-threatening situation. This applies to individual and	Change made in v. April 2019	2.3 CHRT Orders & Timelines	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	Change IV	CHRT Orders	<u>Delegation of Evaluation and Determination of Requests</u> Respecting the CHRT timelines, individual and group Jordan's Principle requests must be evaluated and determined against provincial/territorial normative standards of care per the CHRT. Should the request for a service, support, or product be beyond the normative standard of care (available to children in the province/territory), the Focal Point must consider whether the request should be provided/approved to ensure substantive equality, cultural appropriate, service provision and/or to safeguard the best interests of the child.	Alternative proposed	Change to exact wording in the CHRT for consistency.	Change made in v. April 2019	2.4 Delegation	When a government service is not necessarily available to all other children or is beyond the normative standard of care, the government department of first contact will still evaluate the individual needs of the child to determine if the requested service should be provided to ensure substantive equality in the provision of services to the child, to ensure culturally appropriate services to the child and/or to safeguard the best interests of the child (2017 CHRT 14).
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB11	Gathering supporting documentation	What about the assessment of community level data IRAC already has in its database so focal points can get a snapshot of the socio-economic situation affecting children as part of the substantive equality assessment without digging for the information or burdening the client to provide it?	Completed	Procedure for assessment of community level data is addressed in SOP  Synergy in Action delivered training sessions in December 2018 and February 2019 with Jordan's Principle staff on use of platform that identifies socio-economic conditions in First Nations communities. This type of information provides context for each case, but is not determinative, as each case is evaluated and determined on a case by case basis.	Change made in v. April 2019	3.2.3 RECEIPT OF INDIVIDUAL SERVICE REQUESTS - GATHERING SUPPORTING DOCUMENTATION - Supporting documentation for substantive equality, culturally appropriate services and safeguarding the child's best interest (paragraph 6)	Canada must apply the information it already has about the socio-economic conditions in First Nations communities, the multi-generational impacts of residential schools, the 60's scoop and the discrimination outlined in the CHRT Orders to its substantive equality assessments in its evaluations. For descriptions of the socio-economic conditions of each First Nation see the Synergy in Action platform. (hyperlink to be added).
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB12	Urgent requests	How is this done for urgent requests. For example would a verbal referral by a mental health worker be enough in an urgent situation?	Rationale explained	As stated in Section 3.2.3 under: "Assessing Urgency" and "Gathering Supporting Documentation", documentation can be provided following the evaluation and determination of urgent requests.	No change required	Section 3.2.3 - Assessing Urgency and Gathering Supporting Documentation	• If a request is submitted for a service, product or support that is urgently required, the Focal Point must determine the case and arrange payment within 12 hours even if not all of the documentation is available. The request can be approved and a check-in made to receive the documentation required afterwards with the requester.  • ALL URGENT and Time Sensitive individual and group requests are EXEMPT from having to produce SUPPORTING DOCUMENTATION. Supporting documentation can be provided after the case has been decided and need has been met.
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB13a	Case Conferencing/Overriding treatment plans	Change made: access to higher degrees of specialized professional expertise	Accepted w/minor changes	"specialized or additional subject matter expertise"	Change made in v. April 2019	Section 3.2.3 - Evaluate Request	



04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB13b	Case Conferencing/Overriding treatment plans	Should be a whole section about being cautious to override professional opinions without having seen the patient and having the requisite expertise to offer a second opinion.	Completed	There are 2 sections related to overriding professional opinions	Change already made	1) 2.4 Delegation for Clinical Case Conferencing 2) 3.2.3 Evaluation	1) Where a clinical case conference is required in order to assess a request for services, ONLY officials who are designated to conduct clinical case conferencing shall contact the professional(s) with relevant competency and training who are involved in the child's case. Should no such official be available at the Regional level, Regions shall request that an appropriate official be identified by the National Coordinating Team. This applies to cases in all areas of need, whether health, social, education or other. More specifically, with respect to case conferencing Canada must comply with 2017 CHRT 35 (as amended):  [1.95](1)(b)(ii) "1. Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified.  Urgent requests must be determined within 12 hours and therefore an assessment can be pending and submitted later. The Focal Point will document the need for a check-in with the requestor to obtain the assessment at a future date.  2) During the evaluation process, Focal Points must not override treatment plans, products or services recommended by a professional in a relevant field. If a Focal Point has concerns with the recommended treatment plan, product or service, they will engage in clinical case conferencing (refer to Section 2.4). Before making the decision to engage in clinical case conferencing, consideration must be given to if the request would ensure substantive equality, cultural appropriate services and/or safeguard the best interest of the child. Requests that are recommended for denial must be escalated. If a request is recommended for denial on the basis of a concern with the recommended treatment plan, product or service, Focal Points must provide rationale in the escalation package for their concern. If denial is upheld, an alternative service/product/support should be proposed in the letter to the requester.
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB14a	NS/SE/BIC/CAS	I recommend you put this into a graphic 1) this is clear cut approval- no need for any extra info	Accepted	Working with comms and Synergy in Action team and Communications Department for readability and to ensure this is a user-friendly resource	Change will be made in next version	Throughout SOP	N/A
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB14b	NS/SE/BIC/CAS	2) If not normative then substantive equality, best interests and cultural.... We are seeing way too many cases where denial letters are issued on the normative standard alone which is not CHRT compliant	Completed	This has been amended in the recent change to the denial letter templates as discussed at Dec 2018 IPOC	Change already made	4.3 Reference (ADM Review)	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Change V	NS/SE/BIC/CAS	Substantive Equality... It recognizes that some children need additional supports to achieve the same outcomes as other children who have not been similarly disadvantaged. It also takes into account the is achieved through equal access, equal opportunity, and, most importantly, the provision of services and benefits are particular to the distinct needs and circumstances and contexts (including historical disadvantage) of the First Nations child as compared to any non-First Nations child who is not otherwise receiving the same publicly-funded service. It considers a child's unique needs and circumstances, such as cultural, social, economic and historical disadvantage. Positive efforts must be made to ensure the child's cultural and linguistic needs are met as well as any other unmet needs.	Accepted	Update wording in SOP/substantive equality document	Change made in v. April 2019	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	Substantive Equality... It recognizes that some children need additional supports to achieve the same outcomes as other children who have not been similarly disadvantaged. It also takes into account the distinct needs and circumstance and contexts (including historical disadvantage) of the First Nations child. Positive efforts must be made to ensure the child's cultural and linguistic needs are met as well as any other unmet needs.
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 6	NS/SE/BIC/CAS	It... ISCs community profile demonstrates one: existing conditions that meet the substantive equality test (i.e., lack of water, widespread poverty, environmental contaminants affecting children's health, etc.)	Accepted	Suggest to add this into the SOP in relation to substantive equality factors	Change made in v. April 2019	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB15	NS/SE/BIC/CAS	Ensuring Culturally Appropriate Services to the Child  To learn more about the historical disadvantage experienced by First Nations children read (insert some quick information sheets) and longer term learning resources	Accepted	Documents under development and to be tabled at IPOC and/or OCCW	Change will be made in next version	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 7	NS/SE/BIC/CAS	Safeguarding the Best Interest of the Child - A substantive right which means it is not a privilege granted by governments but rather a right inherent in being a child that government must safeguard and uphold - a primary consideration in actions concerning the child due to the child's dependency, maturity, legal status and often "voicelessness", evolving ability to express oneself.	Accepted	Update wording in SOP	Change made in v. April 2019	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB16	NHIB/other ISC Programs/Funding	Requests for Services/Products/Supports available under NHIB This is not compliant. NHIB timelines should not exceed Jordan's Principle guidelines. To be clear, it is up to Canada to screen and identify any service request for Jordan's Principle eligibility and then process accordingly. NHIB should only process requests when it is quicker to do so.	Accepted	Suggested update to SOP: Where an NHIB denial letter has not been provided, the Focal Point will send the request to the Regional or National NHIB Directorate for review. This review must be completed within the required time frames per the CHRT Orders." Section 2.4 – page 13	Change already made	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB17	Lay out/design/wording	This appears inconsistent with the above in yellow and is also too vague to draw any consistent meaning from. Please clarify (refers to requests for services, etc. under NHIB)	Completed	Removed in Nov. 9 version of SOP	Change already made	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB18	Administration	With the required info pieces completed – if discretionary information is not included that is fine.	Completed	Required info is included in evaluation and intake form, Figure 1 on page 25	Change already made	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB19	Gathering supporting documentation	Re: 3 documented attempt by a focal point to obtain info: What is this? Given the problems with focal points getting back to people and people not being able to relay info via the National line this is inappropriate and amounts to a denial by the focal point. This needs to be deleted and re-worked to safeguard against denials or dropping cases due to Canada's administrative failures. An incomplete file may also be related to the inability to access relevant professionals in the community	Accepted	Suggested update to SOP: Three attempts at information gathering – Suggest wording is changed to: "Only when the Focal Point has made three attempts to obtain all required information from the requester, at regular intervals, over a three week period, the Focal Point will advise the service requester that the case file is incomplete and will be reconsidered once a completed service request is submitted.	Change made in v. April 2019	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	



04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB20	Correspondence with requester	Re: request for case to be evaluated without all information. How are they asked of this right?	Accepted	Suggested update to SOP: Focal Points will communicate the right to have case seen by ADM without having a complete case file.	Change made in v. April 2019	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB31	CHRT Timelines	Within what time frame?	Accepted	Suggested update to the SOP: If any request is recommended for denial by a Region, the completed case file must be sent to the National Coordinating Team for review by the ADM within the CHRT Timelines.	Change made in v. April 2019	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB22	Correspondence with requester	What if this results in a delay? Do families have any right to make representations?	Rationale explained	This will not result in a delay, as we are required to do it within CHRT timelines.	No change required	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB23	Urgent requests	Or immediately wherein a child is reasonably in immediate danger.	Alternative proposed	Urgent case determination timelines would apply	No change required	2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB24	NHII/other ISC Programs/Funding	Again the existing service provider must meet the Jordan's Principle requirements. It cannot be the case that families are expected to exhaust procedures with more lengthy requirements before accessing Jordan's Principle. Please read the decision to get more clarity on the requirements re: application of Jordan's Principle to programs within the federal government	No change	Jordan's Principle will determine cases within CHRT timelines and in alignment with the Orders. However, Jordan's Principle cannot replace all existing programs funded by the federal government.	No change required	2.4 DELEGATION OF REGIONAL INTERDEPARTMENTAL REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB25	Case Conferencing/Overriding treatment plans	Then why did this happen in the Taylor case?	Rationale explained	Best interest of the child assessment can raise health/safety concerns with the requested product/support/service requiring further clinical assessment.	No change required	2.4 DELEGATION OF REGIONAL INTERDEPARTMENTAL REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB26	Lay out/design/wording	This appears compliant but inconsistent with the info under requests for service under NHII on previous page. This document must be consistent.	Accepted	Copy edit will be completed after each version of the SOP after completed.	Change made in v. April 2019	2.4 DELEGATION OF REGIONAL INTERDEPARTMENTAL REQUESTS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB27	Case Conferencing/Overriding treatment plans	Should have greater clarity about when a clinical case conference is required, if what are the pre-conditions that suggest one is required and how is it conducted in a manner where it is about getting information from professionals not over-riding their assessments?	Accepted	Suggested addition to SOP: When Canada will engage in clinical case conferencing when more information is required for a request to protect the best interest of the child, to ensure professionals are recommending within their scope of practice, and any other situation where procedures are not sanctioned by professional regulated bodies.	Change made in v. April 2019	2.4 DELEGATION FOR CLINICAL CASE CONFERENCING	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB28	Lay out/design/wording	Reminder not to use the acronym as per the request of Elders from Norway House Cree Nation	Accepted	This is a reference to the Jordan's Principle Case Management inbox. This will be updated so hyperlink is clear.	Change already made	2.4 DELEGATION FOR COMMUNICATING DECISIONS TO REQUESTERS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	Insertion 8	Correspondence with requester	A decision which denies a request must indicate: The date the request was made, the date the focal point determined all information was in place to health, the CHRT time frames and the date of determination and denial.	Alternative proposed	The letter captures the date the request was received, and the date the request was reviewed and determined by the ADM. Adding further dates may impact readability. Consideration must be given to flow and comprehension of the letter.	No change required	2.4 DELEGATION FOR COMMUNICATING DECISIONS TO REQUESTERS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB29	Correspondence with requester	A decision which denies a request must indicate: • a specific explanation as to why the request was denied specific to the request and must indicate if: o product/service/support is available to all children; or Comment: That is not a sufficient reason for an "or" Jordan's Principle goes beyond formal equality or the "normative standard of care"	Rationale explained	CHRT decision states: When a government service, including a service assessment, is not necessarily available to all other children or is beyond the normative standard of care, the government department of first contact will still evaluate the individual needs of the child to determine if the requested service should be provided to ensure substantive equality in the provision of services to the child, to ensure culturally appropriate services to the child and/or to safeguard the best interests of the child.  Proposed alternative in SOP wording (highlighted): • a specific explanation as to why the request was denied specific to the request and must indicate if: o product/service/support is not available to all children; or, o is not within normative standard	No change required	2.4 DELEGATION FOR COMMUNICATING DECISIONS TO REQUESTERS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB30	NS/SU/BIC/CAS	Re: wording in denial letters, specifically on how request does not ensure substantive equality  Specifically itemizing which criteria of the 9 were not met - ditto for the response on best interests or culture. The duty is on Canada to provide clear information on why the denial was made in order to furnish the parent/guardian with the information needed to consider an appeal or judicial review. General statements are not sufficient.	To discuss with JPOC	These are guidelines, rather than criteria.  Will work on language in the denial letters regarding how to articulate the rationale as decided in the December 18, 2018 JPOC meeting.	Follow up Action Item	2.4 DELEGATION FOR COMMUNICATING DECISIONS TO REQUESTERS	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB31	Correspondence with requester	Canada will advise all persons who are denied of their right to...	Alternative proposed	As this is public information and not an ISC process, it will not be included in the denial letters.	No change required	2.4 DELEGATION FOR COMMUNICATING DECISIONS TO REQUESTERS	



04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB32	Administration	Re: OCAP While good these are a bit out of date - the Tri-Council ethics policy on research with Aboriginal Peoples are more specific	Rationale explained	Tri-Council ethics policy were created for research projects funding under the Tri-Council, including by NSERC, CIHR, and SSHRC, and therefore does not apply to any collection of data or research beyond these three institutional bodies.  Not clear that AFN Chiefs Assembly has endorsed the Tri-Council statement	No change required	2.4 DELEGATION OF DATA COLLECTION AND TRACKING	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB33	Service Coordinators	There should be some info on the importance of Canada funding First Nations service providers to administer and monitor Jordan's Principle including the evaluation of service efficacy and quality and data collection.	Accepted	Changes to SOP will be made.	Change will be made in next version	2.4 DELEGATION OF DATA COLLECTION AND TRACKING	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB34	NIHS/other ISC Programs/Funding	Re: existing federal programs such as NIHS  What training has been provided to these folks so they can identify and respond to a Jordan's Principle case effectively? Can we get copies of any communications/training materials?	No change	Yes - training on substantive equality provided and was shared with CCOW at August 2018 meeting. Jordan's Principle 101 also provided.	Follow up Action Item	Chapter 3: Processing Individual & Group Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	Insertion 9	Lay out/design/wording	Products, services and supports may be requested for: • an individual child or individual children in the same family or with the same guardian; or • a group of children from multiple families/guardians (where product/service/support access issues are common to a group of children or communities based on demonstrated needs).	Accepted	Update SOP with suggested changes	Change made in v. April 2019	Chapter 3: Processing Individual & Group Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB35	Eligibility	<b>Eligibility</b> At a minimum you need to recognize that this is still a controversy before the CHRT and may be subject to further orders.	No change	Already described below as: Note: some of the Parties of the CHRT complaint argue the Decision should apply to all non-status children off reserve who identify as First Nations and are recognized by their communities. However, the federal government does not yet have this expanded policy authority.	No change required	3.1 Eligibility	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	Insertion 10	Eligibility	Note: some of the Parties of the CHRT complaint argue the Decision should apply to all non-status children off reserve who identify as First Nations and are recognized by their communities. However the federal government does not yet have this expanded policy authority. The matter is currently scheduled for adjudication before the Tribunal. Further orders from the Tribunal regarding this matter are possible.	No change	SOP will be updated when the CHRT rules on this matter.	No change required	3.1 Eligibility	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB36	Lay out/design/wording	Re: "Child-First Initiative" Again - please do not use this term. It is linked to the deaths of two girls and was found to be discriminatory. I believe it is disrespectful and misleading to use it.	Rationale explained	This is the name of the interim multi-specific approach. We have worked with Inuit Tapiriit Kanatami and this name has been utilized for all public communications materials already jointly approved and disseminated.	No change required	3.1 Eligibility	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	CB37	Eligibility	What about children in the Yukon?	To discuss with JPOC	Suggested revision to SOP: First Nations children from self-governing First Nations across Canada are eligible for services and supports through Jordan's Principle. This includes children that are not registered for status or entitled for registration under the Indian Act and therefore do not live on reserve, rather whom are: • confirmed citizens, or entitled to be confirmed citizens, of a self-governing First Nations community/Territory; or • Indigenous children ordinarily residing in a self-governing First Nations community/Territory.  Written confirmation that a child or children fall(s) under one of the above criterion indicates eligibility for Jordan's Principle. A letter stating that the child meets one of the above criteria must be provided by an official representing the child's self-governing First Nation and must be submitted upon intake of the request. Focal points are to work with the requester to obtain the letter.	Follow up Action Item	3.1 Eligibility	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	Insertion 11	Eligibility	In this context, reserves are defined per the Indian Act, and are deemed to include all land set aside by the federal government for the use and occupancy of an Indian band, along with all other Crown lands which are recognized by ISC as settlement lands of the Indian band of which the child student is a resident.	Accepted	Add suggested wording: In this context, reserves as defined per the Indian Act, are deemed to include all land set aside by the federal government for the use and occupancy of an Indian band, along with all other Crown lands which are recognized by ISC as settlement lands of the Indian band of which the child student is a resident.	Change will be made in next version	3.1 Eligibility	







04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB46	Correspondence with requester	Re: advising requester of "determination" Advise them what this means and would be also good to do this in writing.	To discuss with JPOC	Consideration: Potential to create a standard response email (voicemail/letter for those without email) which explains the determination process and timelines. However, this approach would add an additional administrative step to an already very complex process in very short timelines.	Based on JPOC discussion	3.2.3 Receipt of Individual Service Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB47	Correspondence with requester	See previous comments about other info the requester should receive (in the denial letter section) regarding the processing of their request.	No change	Intake form already contains date of request and date of initiation of request (when all information gathered).	No change required	3.2.3 Receipt of Individual Service Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB48	Correspondence with requester	Good idea to include cautions around voice mail and emphasizing the essential need to get back to people when they leave messages. No voice mail should be used on the national line. We already have a documented case where a person called the National Line - got voice mail, left a message, did not get a call back for days, called the national line again only to get voice mail and decided it was not worth leaving a message and eventually after making several other attempts the person contacted me and the Minister on Twitter to try to get a response.	Alternative proposed	Re: time to return voicemail: Suggest to include in intake section in SOP wording around the importance of getting back to requesters that leave voicemails within a service standard (suggest polling current standards and creating one for all regions) Re: no voicemail on national line Many requesters leave voice mails at the national call centre. The service standard for returning these calls is as soon as the previous call has finished. Voicemail provides a service to callers who choose to use it and therefore, suggest keeping this useful service intact.	Change made in v. April 2019	3.2.3 Receipt of Individual Service Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB49	NS/SE/BIC/CAS	Re: normative standard of care See previous comments. There is an over-reliance on this. The only way the "normative standard of care comes in is that if a non-Indigenous kid gets the service it should be an automatic approval.	Rationale explained	Correct. This is how the requests are determined. Section 3.2.3 PROCESSING INDIVIDUAL SERVICE REQUESTS - Evaluation - Evaluate Request, state: Upon acknowledgement of receipt of a request, Focal Points will conduct a review and evaluate the request to determine if the request is within the normative standard of care. If the request is beyond the normative standard, the Focal Point will consider if the request should be provided to ensure substantive equality, the provision of culturally appropriate services, and to safeguard the best interest of the child.  Suggested wording change in bold: Upon acknowledgement of receipt of a request, Focal Points will conduct a review and evaluate the request to determine if the request is within the normative standard of care. If the request is within the normative standard of care, and is not accessible to First Nations children, the request will be approved. If the request is	Change made in v. April 2019	3.2.3 Receipt of Individual Service Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB50	Lay out/design/wording	Evaluate Request Good but inconsistent with the NRB section and page 14 as well as not clear how this interfaces with clinical case conference provisions	Accepted	Suggest Delegation section is reformatting to include only high-level outline of what has been delegated, and all information contained in those sections be transferred to the appropriate section within the body of the SOPs. Currently, the Delegation section contains highlights of the full document, however, this is causing confusion for our readers and may lead to navigation issues in finding the correct information.	Change made in v. April 2019	3.2.3 Receipt of Individual Service Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB51	NS/SE/BIC/CAS	Re: Normative Standard Thematic concern - am not going to highlight it going forward but know it is a systemic issue that needs to be addressed.	Rationale explained	This is the first step in evaluating a Jordan's Principle request. This language is consistent with the CHRT and is thus included in ISC processes.	No change required	3.2.3 Receipt of Individual Service Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	CB52	CHRT Timelines	Make a determination All of this needs to be done within CHRT timelines	No change	Already stated in section: All evaluations and determinations must respect CHRT timelines	No change required	3.2.3 Receipt of Individual Service Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 15	Escalation	Consultation Focal Points requiring advice or support for a request may contact the National Coordinating Team. Both the National and Regional teams must work within the CHRT timelines to avoid unnecessary delays. The reason for the escalation, date and time of the escalation and the date and time and result of that consultation must be documented in writing as part of the client's file.	Rationale explained	Not relevant to the consultation process, this refers to the escalation process, which is detailed in Chapter 4.	No change required	3.2.3 Receipt of Individual Service Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 16	Correspondence with requester	All decisions must be provided immediately to the requester upon reaching a decision:  All requests approved within region or by the ACAM are communicated by the Focal Point directly to the requester verbally (with a recording of the communication) or through email, with follow up mailed correspondence communicating the decision, sent to the mailing address provided in the Intake Form.	Rationale explained	In light of privacy concerns, current practice is to email the requester and begin processing the payment.	No change required	3.2.3 Receipt of Individual Service Requests	







04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 18	Consistency/issue with evaluation/determination	Add Service Coordinator or Navigator.  Jordan's Principle Call Centre receives a request via phone, including call backs for voicemail (within the CHRT's timelines).  Regional Jordan's Principle Focal Point or team member 4. Completes intake, including providing support (i.e. filling out forms) to requester if needed, and gathers supporting documentation. 9. If approved, initiates financial claim process or funding agreement process. Sign Section 34. (moved from step 12)	Accepted w/minor changes	Suggested wording: Add Service Coordinator or Navigator  Jordan's Principle Call Centre receives a request via phone, and returns voicemails at the end of previous call.  Add role of focal point as "providing support where needed to requester (including filling out forms)" in the body of the SOP, not the summary; added wording: Should a requester require help with paperwork or navigating any aspects of the request, Focal Points will provide support where possible.  Regional Jordan's Principle Focal Point or team member 11. If approved, initiates financial claim process or funding agreement process. Sign Section 34.	Change made in v. April 2019	3.3.1 Reference: Processing Individual & Group Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 19	NS/SE/BIC/CAS	Review the evaluation conducted at the Regional level to determine whether all components of the Jordan's Principle definition, including best interest of the child, and CHRT Orders have been considered;  Re: Client satisfaction survey If not already, please provide a copy to the Caring Society	Rationale explained	Implied in definition. If we include BIC, we must also include culturally appropriate service provision and substantive equality	No change required	4.2 ADM Determination Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	A64	Administration	Re: Client satisfaction survey If not already, please provide a copy to the Caring Society	Accepted	Client survey questionnaire shared previously with JPOC including the first findings report. Next report of results to be shared at the March 2019 JPOC meeting.	No change required	4.2 ADM Determination Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	Insertion 20	Escalation	ADM Review Process 4. Reviews the escalated requests within the CHRT timeline	Accepted	Update SOP with suggested language	Change made in v. April 2019	4.3 Reference	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	A65	CHRT Orders	ADM Review Template Re: "within normative standards?"  is not needed to process a request	Alternative proposed	As per the CHRT Ruling:  Upon acknowledgement of receipt of a request, Focal Points will conduct a review and evaluate the request to determine if the request is within the normative standard of care. If the request is within the normative standard of care, and is not accessible to First Nations children, the request will be approved. If the request is beyond the normative standard, the Focal Point will still consider if the request should be provided to ensure substantive equality, the provision of culturally appropriate services, and to safeguard the best interest of the child.	No change required	4.3 Reference	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	A66	Lay out/design/wording	Re: Request History What does this mean?	Rationale explained	Request history indicates if child has previously requested item from ISC (Jordan's Principle or another program), or if there are programs/funders that item has been requested from (i.e. community funding, other sources of funding requested but denied).	No change required	4.3 Reference	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	A67	NS/SE/BIC/CAS	Re: Guidance questions to assess substantive equality Are there guidance questions to help with best interest of the child?	Underway	Guidance documents for Best Interest of the Child is under development and currently with the CCCW.	Change will be made in next version	4.3 Reference	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	A68	NS/SE/BIC/CAS	Re: Guidance questions to assess substantive equality Unclear, Why are 'normative standards' put before best interests?	Rationale explained	Normative standards are not put before best interest of the child. It is the first step in evaluating the requests, as per CHRT Orders. See ISC Comment for A65.	No change required	4.3 Reference	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	A69	Correspondence with requester	Decision letter template - re: normative standard Wording should be changed since it does not matter.	Rationale explained	Normative standards are not put before best interest of the child. It is the first step in evaluating the requests, as per CHRT Orders. See ISC Comment for A65.	No change required	4.3 Reference	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	A70	Correspondence with requester	Decision letter template - paragraph re Jordan's Principle Recommend removing - a bit insulting if the requester feels that their request should have been approved.	Rationale explained	Reiterates the parameters under which Jordan's Principle operates.	No change required	4.3 Reference	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	A71	Correspondence with requester	Denial letter - eligibility Please provide scenarios	Rationale explained	Internal administrative tagging. Scenario 1 = if denial is due to ineligibility. Scenario 2 = if denial is due to age.	No change required	4.3 Reference	
04-Jan-2019	Valerie Gideon, SADM	SOP V, November 2, 2018	VG72	Appeals	Appeals It is understood that this process will be replaced with a CCCW assessment process in coming months.	No change	N/A	No change required	Chapter 5 Appeals	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	A73	Appeals	This section has not been reviewed as information is forthcoming re participation. Please insert new sections and let us know if there is something else we can review.	Rationale explained	Appeals process is under development with the CCCW	No change required	5.1 Appeals Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V, November 2, 2018	A74	Appeals	Appeals Committee Template - re: normative standard Should not be considered	Rationale explained	Normative standards are not put before best interest of the child. It is the first step in evaluating the requests, as per CHRT Orders. See ISC Comment for A65.	No change required	5.1 Appeals Process	



04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A75	Payments	<b>Financial Claims Process</b> - re: the Financial Case Overview Form reconciles the approval of requests with the required financial approvals	Accepted	Chapter 6 is under development by MCF consultants, SIA and finance and will be updated in next version of SCP.	Change will be made in next version	6.1 Financial Claim Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A76	Payments	<b>re: Advanced Payments section:</b> When it is not possible to arrange the provision of goods or services with the supplier, or when the payment cannot be made by the recipient, an advance payment may be considered in exceptional circumstances AND when all the following factors exist:  Request is to add as the first bullet point for similar wording:- to lessen the burden on families and communities in having to pay for services out of pocket.	Rationale explained	This wording is found in the introductory paragraph:  When it is not possible to arrange the provision of goods or services with the supplier, or when the payment cannot be made by the recipient, an advance payment may be considered.	No change required	6.2 Advance Payment Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A77	CHRT Orders	Re: (2017 CHRT 14) Update with newest orders	Rationale explained	New Order does not implicate payment process for Jordan's Principle. This Order is more relevant to text.	No change required	6.2 Advance Payment Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A78	Payments	<b>Administration fees associated with Jordan's Principle Requests</b>  <b>IS this only for requests that would fall under the FNIB umbrella?</b>	Rationale explained	Guidelines were issued by FNIB in 2005. This paragraph sets the precedent for the policy.	No change required	6.4 Administration Fees Associated with Jordan's Principle Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A79	Payments	<b>Administration fees associated with Jordan's Principle Requests</b>  <b>Are the claimants/third parties made aware of this? And if so, how are they notified?</b>	Rationale explained	This is referring to a set of guidelines that informs the summarized ISC policy below.	No change required	6.4 Administration Fees Associated with Jordan's Principle Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A80	Payments	<b>Re: "they must be real expenditures"</b>  What does this mean?	Rationale explained	This means that administration fees must be tangible, limited expenditures, as opposed to a 10% fee added on because that is the maximum.	No change required	6.4 Administration Fees Associated with Jordan's Principle Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A81	Payments	<b>Scale of Admin Fees</b>  What does this mean? Are they not limited to 10%?	Rationale explained	This means that administration fees must be tangible, limited expenditures, as opposed to a 10% fee added on because that is the maximum.	No change required	6.4 Administration Fees Associated with Jordan's Principle Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A82	Payments	Is there a limit to the funding?	No change	No	No change required	6.4 Administration Fees Associated with Jordan's Principle Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A83	Payments	Not sure why it seems unreasonable that admin fees for managing a few million dollars would be unreasonable	Rationale explained	This is to support the concept of adding in admin fees where they are needed, not just as a default percentage of the total cost. The amount of administrative support will vary from project to project, depending on the nature of the project, and thus claimed amounts for admin fees are to be reviewed to ensure they are reasonable.	No change required	6.4 Administration Fees Associated with Jordan's Principle Requests	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A84	Payments	<b>Funding Agreement Process</b> Changed: Child First Initiative Service Coordination Objectives...  The structure of this section is confusing. Is it meant to be an agreement? This entire section is problematic as it assumes complete First Nations control over services. The Department is still ultimately responsible. No mention of timelines, etc. for helping with Jordan's Principle requests.	Rationale explained	This is the name of the funding envelope which provides the funding and cannot be changed. This section is the contractual agreement for Service Coordinators for Jordan's Principle and is for information only. Currently there is not an opportunity to make changes to this contract. ISC is responsible for Jordan's Principle and this is implied, as this is a CA for an organization to coordinate aspects of the implementation.	No change required	6.5.1 Funding Agreement Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A85	Administration	<b>Recipient Activities</b> What are the activities of the Department in these agreements? The Department is still ultimately responsible and their role needs to be outlined.	Rationale explained	This section is the contractual agreement for Service Coordinators for Jordan's Principle. Changes can be considered for 19-20.	No change required	6.5.1 Funding Agreement Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A86	Administration	<b>Recipient Activities</b> Should this not be the responsibility of the Department?	Rationale explained	This section is the contractual agreement for Service Coordinators for Jordan's Principle. Changes can be considered for 19-20.	No change required	6.5.1 Funding Agreement Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A87	Administration	Re: annual client surveys  Please submit a copy to the Caring Society	Accepted	To be provided at the March 2019 JPOC meeting	No change required	6.5.1 Funding Agreement Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A88	NS/SE/B/C/OAS	<b>Program Delivery Requirements</b> Training on best interests of the child, substantive equality	Rationale explained	This section is the contractual agreement for Service Coordinators for Jordan's Principle. Changes can be considered for 19-20.	No change required	6.5.1 Funding Agreement Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A89	Administration	<b>Program Delivery Requirements</b> Unclear when there should be immediate referral	Rationale explained	This section is the contractual agreement for Service Coordinators for Jordan's Principle. Changes can be considered for 19-20.	No change required	6.5.1 Funding Agreement Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A90	Administration	<b>Program Delivery Requirements</b> - re: number of children living on and off reserve This is unclear	Rationale explained	This section is the contractual agreement for Service Coordinators for Jordan's Principle and is for information only. Changes can be considered for 19-20.	No change required	6.5.1 Funding Agreement Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A91	Administration	<b>Record Keeping Requirements</b> - re: client information This is contradictory to point 4 under Program Delivery Requirements about having to get consent to share information. Is it to be assumed that they should just get permission right away to share information?	Rationale explained	This section is the contractual agreement for Service Coordinators for Jordan's Principle. Changes can be considered for 19-20.	No change required	6.5.1 Funding Agreement Process	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A92	Misc.	<b>Substantive Equality</b> Is this the most recent version?	No change	Yes. Website version will be updated to reflect current changes.	No change required	7.1 Substantive Equality	



04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A93	Lay out/design/wording	As stated in JPOC December 18, 2018, the Management Control Framework is problematic as Caring Society feedback has not yet been incorporated. The entire document refers to Jordan's Principle like a program. Some information is clearly stated, such as the use of the term Child First Initiative, which is used throughout the framework. In a conversation with Stephen Tierney on January 4, 2019, it was stated that this framework is not really being used however it is still outlined in the SOP.	No change	Reference to CFI cannot be removed as this is the name of the policy authority for funding of the implementation of Jordan's Principle and so, needs to be reflected in the MCF. Changes were made to the Action Plan and will be made to the MCF to remove more program-specific language.	No change required	7.4 Management Control Framework	
04-Jan-2019	First Nations Children and Family Caring Society	SOP V. November 2, 2018	A94	Lay out/design/wording	Compliance Objectives. No it does not as Jordan's Principle is a legal rule.	Rationale explained	Refers to Jordan's Principle implementation operating in and amongst a multitude of legal regulations, policies, Acts, and frameworks. This is setting the context to demonstrate the expectations of conduct/compliance within these parameters.	No change required	7.4.4 Compliance Objectives	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB1	Lay out/design/wording	Update Bonnie's contact info and add afterhours contact info	Completed	A/Director contact information updated to Lella Gillis.  After hours contact info is updated weekly for Focal Points as it is fluid who is on call.	Change already made	Contact Information	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB2	Lay out/design/wording	Same comment	Completed	As above	Change already made	Contact Information	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	Move 1	Lay out/design/wording	Moved paragraph beginning with, "It is critical to understand that Jordan's Principle is a legal requirement and is not a policy or program" to beginning of section.	Completed	Accept in SOP	Change already made	2.1 Authorities	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	Insertion 20	Lay out/design/wording	In July 2016, Canada restricted to access to children with disabilities and short term critical illnesses requiring health or social assistance. It also only applied on reserve. In May of 2017, the Canadian Human Rights Tribunal found Canada's definition and approach to be discriminatory.	Accepted w/minor changes	Changed to: In July 2016, Canada's definition of who could access Jordan's Principle was limited to health and social services for children with disabilities and short term critical illnesses. Further, its operationalization was only applicable to children living on reserve. In May 2017, the Canadian Human Rights Tribunal found Canada's definition and approach to be discriminatory.	Change already made	2.1 Authorities	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	Move 2	Lay out/design/wording	Copied paragraph beginning with, "It is critical to understand that Jordan's Principle is a legal requirement and is not a policy or program" to section.	No change	Redundant wording. Already appears in section 2.1.	No change required	2.4 CHRT Orders & Timelines	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB3	Urgent requests	Highly recommend dropping information needs like status numbers in the processing of urgent cases. Children's safety must be the priority: the rest can be sorted out later. Bare minimum of info is needed -- name of child, caregiver (if known), where the child is now, what their need is and consequences of not providing it.	Accepted w/minor changes	Added Added in Section 3.2.3 (p. 28): IMPORTANT NOTES: ALL URGENT and Time Sensitive[1] Individual and group requests and/or CASES WHERE THERE IS A RISK OF HARM TO SELF OR OTHERS OR AN IMMEDIATE MEDICAL NEED are EXEMPT from having to produce SUPPORTING DOCUMENTATION. Supporting documentation can be provided after the case has been decided and need has been met.	Change already made	See Section 3.2.3 (p. 24) for Urgent Requests: Processing Individual Service Requests See also Section 3.2.3 (p. 28) for Gathering Supporting Documentation: Processing Individual Service Requests	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB4	Urgent requests	There needs to be an allowance for immediate approvals in crisis situations. 48 hours may impose delays during which time groups of children can experience immediate harm. This should be worded "Where a group request is urgent in nature and it is reasonable to believe that children will be harmed if the request is not immediately approved, the focal point will approve the case to ensure the children's safety while a more thorough review is completed within 48 hours."	Completed	Focal Points are expected to make decisions within the timeframes outlined in the CHRT Orders. In life threatening situations, a child/group of children are to be referred immediately to emergency authorities.  New section on Urgent cases will insist that urgent requests are processed as soon as possible within CHRT timelines and will require minimal information.  Section 3.2.3: ALL URGENT and Time Sensitive[2] Individual and group requests and/or CASES WHERE THERE IS A RISK OF HARM TO SELF OR OTHERS OR AN IMMEDIATE MEDICAL NEED are EXEMPT from having to produce SUPPORTING DOCUMENTATION. Supporting documentation can be provided after the case has been decided and need has been met.	Change already made	See Section 3.3.3 for Community-Managed Group Requests: Community-Managed Group Requests	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	Insertion 21	CHRT Timelines	"So long as such a review can be completed within the required time frames per the CHRT order. Keep in mind that the maximum days for determination set out by the CHRT are calendar days not business days."	Completed	All instances of business days removed from SOP. In addition, this phrase is found twice within the document: "The timeframes are also calculated on the basis of the 24 hour clock and not limited by "business hours".	Change already made	See Section 2.3 - CHRT Orders & Timelines Section : 3.2.3_Intake	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB5	Administration	Why not incorporate this as part of the NRB review instead of creating a second tier review that likely will result in more delays?	No change	NRB staff have been trained on Jordan's Principle and are to refer denied cases of children to Jordan's Principle when possible (e.g. would exclude third party claims processing claims).	No change required	See Section 2.5 Delegations p.12	



18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	Insertion 22	Gathering supporting documentation	Moreover, Canada must apply the information it already has about the socio-economic conditions in First Nations communities and the multi-generational impacts of residential schools, the 60's scoop and the discrimination arising from the CHRT to its substantive equality assessments instead of requiring such information to be provided on each case. For descriptions of the socio-economic conditions of each First Nation go to X.	Accepted w/minor changes	Added following to SOP:  Canada must apply the information it already has about the socio-economic conditions in First Nations communities, the multi-generational impacts of residential schools, the 60's scoop and the discrimination outlined in the CHRT Orders to its substantive equality assessments in its evaluations. For descriptions of the socio-economic conditions of each First Nation see the Synergy in Action platform (hyperlink to be added).	Change already made	See Section 3.2.3 - Intake Gathering Supporting Documentation, subsection Supporting documentation for substantive quality, culturally appropriate services and safeguarding the child's best interest	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB6a	Urgent requests	Not in urgent cases.	No change	1. "Not in urgent cases" stated in the following paragraph, no need to insert twice.	No change required	IMPORTANT NOTES added to Gathering Supporting Documentation See Section 3.2.3 - Intake	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB6b	Urgent requests	There needs to be more flexibility. For example, assuming the autism and fence case in the Atlantic was handled properly as an urgent case, the focal point was denying it and also had a litany of information requests that they wanted despite having the case for many months. There needs to be much more clarity on what is actually "necessary" information.	Completed	2. "More clarity on what is actually necessary" information" - Intake and escalation checklist contains a list of all necessary information. Already updated in SOP: "If the Region is unsure about which supporting documentation is required or needs input on a request, the Focal Point may consult with the National Coordinating Team. Requests that remain unresolved with an initial consultation must be escalated."	Change already made	IMPORTANT NOTES added to Gathering Supporting Documentation See Section 3.2.3 - Intake	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB7	Escalation	Define these terms and focal points need training on best interests.	Underway	Training on terms delivered at Focal Point Face-to-face in November 2018  More training will be delivered when guidance documents completed.  Terms were defined in the SOP and will continue to evolve as guidance documents are completed.	Change will be made in next version	Substantive equality: See Section 7.1: Substantive Equality  Ensuring culturally appropriate services: See Section 7.2: Ensuring Culturally Appropriate Services (in development)  Best interest of the child: See Section 7.3: Safeguarding the Best Interest of the Child (in development)  (Link to document to be created by S. Torrie and included in SOP)	Substantive equality: link to section on substantive equality  Ensuring culturally appropriate services:  Each Jordan's Principle request must be evaluated to determine if provision of the request would ensure the provision of culturally appropriate services to the Child that recognizes the unique history, culture and traditions of First Nations Peoples, as well as the cultural diversity inherent to the child's specific community. Some important concepts on ensuring culturally appropriate services are outlined in the First Nations Caring Society's Touchstones of Hope Principles to Guide Reconciliation in Child Welfare.  Best interest of the child: is a three-fold concept that includes:  A substantive right - a primary consideration in actions concerning the child due to the child's dependency, maturity, legal status and often "voicelessness";  An interpretive principle - if a legal provision is open to more than one interpretation, the interpretation which most effectively serves the child's best interests should be chosen;  A rule of procedure - legal representation, timely decisions, reasons for how a decision was reached, how factors were weighed, and how the child's views were considered.  (Link to document to be created by S.Torrie and included in SOP)
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB8	NS/SE/BC/CAS	If you are denying a case on one or more of the 9 points of the substantive equality analysis you need to indicate which you are relying on to make a denial and why these are not overcome by satisfaction of other criteria.	Alternative proposed	ADM Summary sheet updated to remove check boxes, numbers added as substantive equality has been identified more clearly as guidance questions, rather than boxes to be checked. Ensuring substantive equality, ensuring culturally appropriate services/product/support to child, and safeguarding the best interest of the child are the foundations of the decision making process when a request is beyond normative standards of what the province/territory normally provides.	Change already made	See Section 4.3: ADM Review Process; ADM Review Process Checklist; ADM Summary Review Template	Update:  Y:\SC\VNHR\PHPCD\OPAC-HPC\HEALTH CARE SERVICES\HCS\CONSULTATION\JORDAN'S PRINCIPLE\Operations\Case Assessments\ESCALATIONS\Case Assessments_ADM Summary Review\Case Assessment_Review Summary Sheets
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	AA9a	Lay out/design/wording	The wording of the first and last questions are not objective.	Completed	Changes made to clearly define terms in separate subsections on normative standards, substantive equality, ensuring culturally appropriate services and safeguarding the best interest of the child.	Change already made	2.4: DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	AA9b	NS/SE/BC/CAS	Focal Points should also have to provide rationale if they do not think it is in the child's best interest to receive the service in case it needs to be escalated.	Alternative proposed	ADM Summary sheet updated to remove check boxes, numbers added as substantive equality has been identified more clearly as guidance questions, rather than boxes to be checked. Ensuring substantive equality, ensuring culturally appropriate services/product/support to child, and safeguarding the best interest of the child are the foundations of the decision making process when a request is beyond normative standards of what the province/territory normally provides.	Change already made	COMPLETE See response to CB 8	COMPLETE See response to CB 8
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB10	CHRT Timelines	This is way too long. The information requests should be abbreviated (see above) and attempts should be made within 48 hours of receiving the complaint.	Completed	Changed to "Three week period" rather than "one month" (p. 13)	Change already made	2.4: DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB11	Consistency/issue with evaluation/determination	This needs to be stated prominently and consistently throughout the section.	Completed	Add above and will create standalone section/info sheet on Urgent cases	Change already made	2.4: DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	



18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB12	Administration	What is the back-up system for this person so there isn't a backlog in cases?	Completed	Add wording: "Or designate" Only the Assistant Deputy Minister (ADM) of FNHB Regional Operations (RO), ISC, or an official acting in his or her position has the authority to deny a request in whole or in part (this includes a denial related to the child's First Nations registration status or Indigenous identity).	Change already made	2.4 :DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB13	Escalation	Re: Requests escalated to National Coordinating team  What do they look at and do they do a reassessment of urgency (young kids at higher risk, suicidal ideation, etc.) so reviews can be triaged?	Rationale explained	<b>Updated language:</b> <b>For urgent cases, a Focal Point recommending denial will contact the ADM or official designate directly to present the case and rationale for proposed denial within 12 hours of the request. This applies to individual and group service requests. (as per Valerie's direction – Oct 22, 2018)</b>	Change already made	2.4 :DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	<b>Updated language:</b> <b>For urgent cases, a Focal Point recommending denial will contact the ADM or official designate directly to present the case and rationale for proposed denial within 12 hours of the request. This applies to individual and group service requests.</b>
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	AA14	CHRT Timelines	Are regions required to time stamp as well?	No change	Time stamp required only when case becomes a Jordan's Principle case. This paragraph is referring to when other ISC programs refer a child to Jordan's Principle if they are not covered by that program and there is an unmet need.	No change required	2.4 Delegations	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB15	Administration	This sounds a lot like putting and administrative procedure ahead of service determination. This should only be done when the case can be resolved quicker through these mechanisms.	No change	This section instructs ISC Regions to put into place a process by which if a child is not covered by an existing ISC program (for example, NIHB), the existing program is instructed to refer the child to Jordan's Principle. The case will then be determined by Jordan's Principle hence why this process is in place.	No change required	2.4 Delegations	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB16	Case Conferencing/Overriding treatment plans	re: consultation of subject/program matter experts within ISC  Who are these people and should there not be something on experts with requisite expertise in the area of the child's presenting issue? How do you deal with the "second opinion" over-riding the treating and licensed professional involved in the treatment plan for children?	Completed	Add wording: "At no time should an expert within ISC override the treating and licensed professional involved in the treatment plan for children." (p. 14) "During the evaluation process, Focal Points must not override treatment plans, products or services recommended by a professional in a relevant field. If a Focal Point has concerns with the recommended treatment plan, product or service, they will engage in clinical case conferencing (refer to Section 2.4). Before making the decision to engage in clinical case conferencing, consideration must be given to if the request would ensure substantive equality, cultural appropriate services and/or safeguard the best interest of the child. Requests that are recommended for denial must be escalated. If a request is recommended for denial on the basis of a concern with the recommended treatment plan, product or service, Focal Points must provide rationale in the escalation package for their	Change already made	2.4: DELEGATION OF REGIONAL INTERDEPARTMENTAL REQUESTS  Section 3.2.3 - Evaluation	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB17	CHRT Timelines	Re: existing program consultation and CHRT Timelines  Good, but this needs to be stated throughout. Unfortunately people rarely read the entire document and often flip to one section. Would be good to create a poster/map for each four point with these bolded sections in it and the relevant policy section.	Underway	Procedure and policy will be separated, glossary added, searchable index, FAQ, etc.	Change will be made in next version	all	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB18	NIHB/other ISC Programs/Funding	Re: tracking requests funded under different programs  Can they detail the program?	Underway	Requests covered under existing ISC programs are tracked on a case by case basis and program name is captured.	No change required	Comment relates to DELEGATION OF REGIONAL INTERDEPARTMENTAL REQUESTS (p. 14)	
	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB19	Lay out/design/wording	Can this be more specific given the long delays in sending invoices in and the processing thereof.	Completed	Add Hyperlink to Chapter 6: Payments for Service Requests (p. 15)	Change already made	See Section 2.4: DELEGATION FOR PAYMENTS	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB20	Case Conferencing/Overriding treatment plans	To be clear- focal points are not prioritised to determine the clinical need. They can only get info to identify the clinical need.	Completed	Change "to determine" to "regarding"	Change already made	See Section 2.4: DELEGATION FOR CLINICAL CASE CONFERENCING	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018		Case Conferencing/Overriding treatment plans	Who are these people and how do they do the case conferencing and under what circumstances?	Completed	updated/expanded CCC policy and procedure added to SOP.	Change made in v. April 2019	See Section 2.4: DELEGATION FOR CLINICAL CASE CONFERENCING	Where a clinical case conference is required in order to assess a request for services, ONLY officials who are designated to conduct clinical case conferencing <sup>2</sup> shall contact the professional(s) with relevant competency and training who are involved in the child's case.  21. having a responsibility to a College of practice with designation of leading or participating in clinical conferencing 22. possess knowledge, skills and judgment needed in relation to the product/service/support



18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB22	Case Conferencing/Overriding treatment plans	How will you ensure you are not overriding clinical care? Is it a second opinion you are getting and if so when is this done? It should also be clear that the professional needs to be licensed in that area (for example registered social worker, general surgeon etc.)	Completed	Changed the reference to: "... Canada must comply with 2017 CHRT 35 (as amended): [1353]18(ii) "... Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified.	Change already made	See Section 2.4: DELEGATION FOR CLINICAL CASE CONFERENCING	If the professional(s) already involved in the child's case cannot provide the necessary clinical information, the Focal Point may involve other professionals, who have the relevant the competency and training to provide an assessment for the request. The Focal Point may also consult with the child's family/guardian, First Nation community/service providers to provide context to the professional assessment.
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	AA23	Lay out/design/wording	It needs to be mandatory with repercussions if the case is not assessed within the 12-hour time frame. Words like 'should, would, could' leave the door open for dangerous situations for children.	Completed	Update SOP to reflect comment.	Change already made	See Section 2.4: DELEGATION FOR CLINICAL CASE CONFERENCING	Urgent requests must be determined within 12 hours and therefore an assessment can be pending and submitted later. The Focal Point will document the need for a check-in with the requestor to obtain the assessment at a future date.
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB24	Correspondence with requester	What if requester does not have email access?	Completed	Update SOP to reflect comment.	Change already made	See Section 2.4: DELEGATION FOR COMMUNICATING DECISIONS TO REQUESTERS	"Approved decisions are provided to the requestor verbally (if applicable) and in writing (email or letter) immediately upon reaching a decision."
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	insertion/deletion	Correspondence with requester	Decision letters will include:  Deleted: not only a general explanation of whether the request met normative standards or whether it did not include information with respect to substantive equality or to inform a decision on the best interest of the child, but it must also include specific information on the basis for the decision  Inserted: specific explanation as to why the claim was denied including on which criteria of substantive equality were not satisfied, how the best interests test was not satisfied or the need for the child was not satisfied. To be clear Canada can only reject cases where it is clear that the referral does not meet all of these tests.	Alternative proposed	Update SOP to reflect alternative recommendation.	Change already made	See Section 2.4 (p. 16): DELEGATION FOR COMMUNICATING DECISIONS TO REQUESTERS	A decision which denies a request must indicate: • a specific explanation as to why the request was denied specific to the request and must indicate if: o product/service/support is available to all children; or o is not within normative standard And how the request does not: o Ensure substantive equality in the provision of products/services/supports to the child; and/or o Ensure culturally appropriate services/product/support to child; and/or o Safeguard the best interest of the child • the requestor's right to appeal the decision, the process and criteria for appeal, and the timeline for making an appeal, which is within one year from the date the requestor receives the written denial. A request which has been denied on appeal may be submitted to the Federal Court under an application for judicial review within 30 days of receiving the written decision of the Appeals Committee.
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB25	Privacy	How?	Completed	Add hyperlink to Section 3.4 Privacy	Change already made	2.4: DELEGATION OF DATA COLLECTION, TRACKING and Reporting	"The collection of data, its maintenance and analysis are conducted under the following conditions: privacy and confidentiality are protected and maintained (See Section 3.4);"
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB26	Privacy	Only non-identifying data should be used for this purpose.	No change	All assessment of initiative performance are conducted internally. Anything shared for these purposes or for the purpose of informing the long-term approach is void of any identifying features.	No change required		
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB27	Consistency/issue with evaluation/determination	Is the whole request held up if there are multiple service requests where there is clear info provided on one or more requests? In my view where there are multiple requests, those that can be approved should be done and then follow up on others.	Completed	Update SOP to reflect comment.	Change already made	3.2.3: Determination	"Where a Jordan's Principle request is submitted for multiple items and sufficient information is available to render a decision on some items, a Focal Point will not delay in rendering a partial decision. When the necessary information is provided for the remaining items, the remainder of the request will be determined."
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	AA28	Lay out/design/wording	Ensure not to continue to use this language for future years as CPI ends	Accepted	New terminology would be adopted should the name of the funding mechanism for Jordan's Principle change.	No change required		
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB29	Administration	Should there be a note here on what to do about Inuit cases?	Accepted	Update SOP to reflect comment.	Change already made	3.1 Eligibility	Jordan's Principle responds to the unmet needs of First Nations children no matter where they live in Canada. Should you receive a case regarding Inuit children, please refer to the Focal Point information sheet entitled "Inuit Child-First Initiative Case Review"
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	CB30	CHRT Orders	I believe this is 2009. Not sure why it only says July of 2016 particularly as Canada did nothing to change the definition/approach to Jordan's Principle that was ruled discriminatory in January of 2016 until July of 2016 and even then continued with a discriminatory approach.	Rationale explained	"Cases that were denied on the basis of eligibility dating back to July 2016 are open to re-review." On July 6, 2018, Bonnie Beach, Director, Jordan's Principle sent an email to all regional Focal Points and Regional Executives and Regional Director Generals to inform them of Cabinet's decision to expand the policy authorities of Jordan's Principle – Child First Initiative to include non-status indigenous children ordinarily resident on reserve. This approach is retroactive to July 2016 (start date of CPI policy authorities).  New Section was added to better clarify types of re-review.	Change already made	3.1 for information regarding re-review of previously denied cases: Eligibility	Re-Review Process Should any previously denied case be reviewed, the unique client case number assigned should be tracked with "REV" (e.g. REV-AB-0001). This must be reported in your weekly data tracker to HQ and thus creating efficiencies in HQ reporting to the CHRT.  Discriminatory definition: Focal Points shall continue to re-review previously denied requests where there is evidence of a previous denial using the discriminatory definition.  Ordinarily Resident on Reserve: For non-status indigenous children ordinarily resident on reserve, Focal Points are to re-review denied requests dating back to July 2016, as the start of the Jordan's Principle-CPI. This re-review is part of Canada's own commitment to expanding the population considered First Nations children for this initiative only. These cases should also be identified with the unique identifier, as above.  Inuit/CPI: For Inuit children, Canada is re-reviewing past denied cases since July 2016 as part of its own commitment to identifying and addressing access challenges or gaps in health, social and educational services, supports and products for Inuit children. Focal Points are asked to re-review all previously denied Inuit cases. These cases should also include the "REV" of the unique client identifier also making it easier to HQ to identify and report to senior management and partners, including to TRC on the number of cases.  Public outreach: Focal Points may continue to reach out to families, communities, and appropriate providers to inform them about this work and conduct the evaluation and determination of any cases they receive for review within the timelines stipulated in this SOP. Please see Reference Section 3.3 for one-page public communication document which can be used for outreach purposes in this matter.



18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB31	Urgent requests	What are you going to do in urgent cases where status cannot be determined? I argue you should meet the needs of the child and then figure out the status stuff later and do a case review but it is imperative the safety concerns be addressed.	To discuss with JPOC	As in CB3, a stand-alone info sheet to be developed specifically on urgent cases, to make it clear that a minimum of information is needed for approval (name of child, caregiver (if known), where the child is now, what their need is and consequences of not providing it. Non-status children, living off reserve who have urgent/life threatening needs and that are recognized by their Nation, are eligible under Jordan's Principle pursuant to the interim order issued February 21, 2019.	Follow up Action Item		
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB32	Eligibility	Sometimes children are placed in care via voluntary care agreements where the parent/guardian may live on reserve and the child placed off reserve. Placement and guardianship are not always related.	Accepted	Clarified wording around OROR children in care/guardianship. "A child taken into care of a Child and Family Services Agency or into a kinship/informal agreement is considered ordinarily resident on reserve where: - the child's parent or guardian lived on reserve at the time the child was taken into care; or - a child goes into the care of a guardian who lives on reserve."	Change already made	3.1. Eligibility for Ordinarily Resident on Reserve and clarification on children taken into care of a Child and Family Service Agency.	A child taken into care of a Child and Family Services Agency or into a kinship/informal agreement is considered ordinarily resident on reserve where: - the child's parent or guardian lived on reserve at the time the child was taken into care; or - a child goes into the care of a guardian who lives on reserve.
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	AA33	Eligibility	What happens if the guardian is non-First Nations? Does this mean the child would not receive services?	Rationale explained	Clarify wording around OROR children in care/guardianship. "A child taken into care of a Child and Family Services Agency or into a kinship/informal agreement is considered ordinarily resident on reserve where: - the child's parent or guardian lived on reserve at the time the child was taken into care; or - a child goes into the care of a guardian who lives on reserve."	Change already made	3.1. Eligibility for Ordinarily Resident on Reserve and clarification on children taken into care of a Child and Family Service Agency.	A child taken into care of a Child and Family Services Agency or into a kinship/informal agreement is considered ordinarily resident on reserve where: - the child's parent or guardian lived on reserve at the time the child was taken into care; or - a child goes into the care of a guardian who lives on reserve.
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB34	Gathering supporting documentation	Why just community nurses? Can teachers, principals, doctors, social workers and other professionals suffice?	Accepted	Update SOP to reflect comment.	Change already made	3.1. Eligibility	Documentation to confirm residency on reserve may include: - Confirmation that the child is included in the nominal roll (the registry of all eligible elementary and secondary students funded by ISC to attend a Band-operated, federal, provincial, or private/independent school); or - A copy of recent invoice bill or notice, showing the child's parent/guardian's name and address, such as a telephone, electricity cable bill, or tax notice; or - Signed email or letter from a Band Council member or community health, educational, or social professional that the child is ordinarily resident on reserve (template in Section 3.3 - Reference).
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB35	Eligibility	Not in the case of post-majority services for First Nations children in care	Alternative proposed	Currently outside policy authority.	No change required	3.1. Eligibility	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	AA36	Eligibility	Can you add some description of when age of majority would apply?	Accepted	Add wording: "Requests for youth above the age of Majority will be considered on a case-by-case basis by the ADM."	Change already made	3.1.1. Child	All requests for individuals at or above the age of majority must be escalated. If there is an equivalent provincial program that considers them a child, this information is to be included with the escalation. Requests for youth above the Age of Majority will be considered on a case-by-case basis by the ADM. Urgent cases for individuals above the age of majority should be communicated directly with the ADM as per instruction in Section 4.1.
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB37	Payments	(Payment) This needs to be added as Canada's long delays in payment amount to a procedural issue delaying service.	Accepted	Add: Payment to service request process	Change already made	3.2.2 - A complete case file - Individual request	Once a request is submitted for an individual child, the following process is initiated: - Intake - Review and Evaluate - Determination - Payment
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	Insertion	Gathering supporting documentation	Focal Points need to carefully read all material submitted to them and only ask for additional information if it is required to determine the case. Whenever possible, Focal Point requests for additional information should be made at one time and not staggered to avoid time delays. Burden of documentation needs to be considered when communicating with families, communities, service coordinators or providers. More specifically, Focal Points need to be very cautious to restrict their information requests so that they comply with 2017 CHRT 35 (as amended).	Accepted w/minor changes	Update SOP to reflect comment, with minor changes.	Change already made	3.2.3 - Intake (Gathering Supporting Documentation)	"When gathering information to support a Jordan's Principle request, wherever possible, Focal Point requests for additional information should be made at one time rather than in a staggered fashion, to avoid time delays. Burden of documentation and total funding amount needs to be considered when communicating with families, communities, service coordinators or providers. More specifically, Focal Points must perform information requests in compliance with 2017 CHRT 35."
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB38	Gathering supporting documentation	This needs clearer language to ensure people are clear that they should not shift the burden of information collecting from Canada to professionals or families	Accepted w/minor changes	Update SOP to reflect comment, with minor changes.	Change already made	3.2.3 - Intake (Gathering Supporting Documentation)	"When gathering information to support a Jordan's Principle request, wherever possible, Focal Point requests for additional information should be made at one time rather than in a staggered fashion, to avoid time delays. Burden of documentation and total funding amount needs to be considered when communicating with families, communities, service coordinators or providers. More specifically, Focal Points must perform information requests in compliance with 2017 CHRT 35."
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB39	Call Centre	What about the 24 hour line?	Accepted	Update SOP to reflect comment.	Change already made	3.2.3 - Intake under "Assessing Urgency"	Added "Call Centre Responder" (p. 24) And "A specific procedure must be in place in all Regions and at the National Office to properly guide the requester in such circumstances"
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB40	Payments	What about providing funding? If the case is determined but not funded then the approval is effectively mute.	Alternative proposed	Update SOP to reflect alternative proposal	Alternative recommended change will be made in next version	Section 3.2.3 - Intake under "Assessing Urgency"	* If a request is submitted for a service, product or support that is urgently required, the Focal Point must determine the case and begin arranging payment process within 12 hours even if not all of the documentation is available. The request can be approved and a check-in made to receive the documentation required afterwards with the requester.
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB41	Administration	This is too vague. More clarity on who these people are and how to contact them is needed.	Accepted	Update SOP to reflect comment.	Change already made	Section 1: PURPOSE	Text added (p. 9): Please Note: The SOP is an evergreen document and will be updated as necessary. Please direct any questions related to the implementation of Jordan's Principle to the Jordan's Principle National Coordinating Team. For assistance after business hours, please contact the identified designated on-call personnel for assistance. An update identifying the on-call team member is sent out on a weekly basis via email.
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	Insertion	Administration	Intake form: indicate the identity and position of the ISC employee receiving the referral.	Underway	Requires adjustment to intake form (including upcoming group intake and tripart intake). Looking to update software to make changes to the Intake Form. Actioned to SIA	Change will be made in next version		
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB42	Administration	Can I see a larger version of the intake form? This one is unreadable	Accepted	Provide to JPOC - February 2019	No change required		
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	AA43	Urgent requests	It might be helpful to highlight the couple of pieces of information needed in urgent cases (ie: name, contact and date of birth, reason for request)	No change	Figure 1 - Escalation checklist states that supporting documentation can be provided after determination in urgent cases	Change already made	3.2.3: Intake (Gathering Supporting Documentation p. 26)	Exceptions: 2 Urgent or time-sensitive cases - supporting documentation can be provided after the case has been decided and need as been met.
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	CB44	Misc	This is where I stopped the review and need to continue.	No change	N/A	No change required		
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	AA45	Case Conferencing/Overriding treatment plans	Does ISC have guidelines for what would constitute an exception case?	Accepted	Define criteria on what is an exceptional case that requires case conferencing. Include examples	Change made in v. April 2019	3.2.3: Evaluation - Evaluate Request	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V. October 5, 2018	Insertion	Correspondence with requester	advise the requester that a determination is underway added: and when they can expect a determination	Alternative proposed	Advise against this to avoid creating unmanageable expectations.	No change required		



18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	AA46	CHRT Timelines	The Tribunal timelines still apply	No change	Stated clearly in next paragraph: Important Note: The CHRT timelines are effective upon receipt of all required information for each request	No change required	3.2.5 - Evaluation	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	Insertion	Urgent requests	Has this case been assessed for urgency - where there may be risk of harm to the individual?	Accepted w/minor changes	Text added to p. 28 "Has this case been assessed for urgency? - See Assessing Urgency under Intake in Section 3.2.5	Change already made	3.2.5 - Evaluation - Evaluate Request	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	AA48	Payments	Is the Service Coordinator also expected to assist with submitting invoices, etc.? And expected to follow up if a payment has not been processed in time or at least coordinate this to the Focal Point?	Accepted	Add text on SC duty to coordinate payment if this is the case.	Follow up Action Item	Section 3.5.1: PROCESSING INDIVIDUAL & GROUP REQUESTS	Action BFO
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	AA49	Consistency/Issue with evaluation/determination	Is there a process in place to address situations where a regional focal point might continuously be referring cases to HQ or be denying more cases than they should or be making incorrect determinations?	Rationale explained	Will be addressed as part of the Management Control Framework.	No change required		
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	AA50	CHRT Timelines	Within the timelines of the CHRT	Accepted	Add text: "Complete review respecting the CHRT timelines." P. 40	Change already made	4.2: ADM Determination Process	
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	AA52	Administration	Will these references be removed in lead up to and post March 2019?	Accepted	Terminology will be updated if applicable	No change required		
18-Oct-2018	First Nations Children and Family Caring Society	SOP V, October 5, 2018	AA56	Administration	Need to be updated to remove all reference to CH	Accepted	Terminology will be updated if applicable	No change required		
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	1. Substantive Equality	NS/SE/BIC/CAS	Necessity of Substantive equality report/burden of proof	Completed	Update SOP to reflect comment	Change already made	2.4 Delegation of authorities to regional executives - DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS	Not all Jordan's Principle requests require the Focal Point to gather extra evidence to support substantive equality. For example, when: i. it is clear and obvious on the facts that substantive equality applies (i.e.: a child formerly in care struggling with mental health issues); or ii. there is a clear service need and/or medical basis for the request (i.e.: child requiring medical equipment for activities of daily living).
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	1. Substantive Equality	NS/SE/BIC/CAS	Focal Points should be given clearer guidance on when it is unnecessary to collect information on substantive equality and to apply the substantive equality analysis	Completed	Update SOP to reflect comment	Change already made	3.2.3 PROCESSING INDIVIDUAL SERVICE REQUESTS - Gathering Supporting Documentation	<b>Supporting documentation for substantive equality, culturally appropriate services and safeguarding the child's best interest</b> Service needs will continue to be assessed first against normative standards. In addition, to support the evaluation of a product/service/support beyond the normative standard of care, supporting documentation/testimony is required that articulates the child's distinct needs as a First Nations child as compared to any non-First Nations child who is not otherwise receiving the same publicly funded service; thus, providing evidence that the request:  1) ensures substantive equality in the provision of services to the child; and/or 2) ensures the provision of culturally appropriate services to the child; and/or 3) safeguards the best interest of the child.  Examples of supporting documentation may include a verbal statement/testimony from a family member/community member or a letter of support (not mandatory) provided from a family member and/or a health/social/educational professional directly involved in the child's life that does not benefit from the approval of the request. Statement/documentation may describe details of the child's history/familial/social context that demonstrate why the request should be provided to ensure substantive equality, culturally appropriate service provision or to safeguard the child's best interest.  In assessing whether a request for a service or product beyond the normative standard of care should be provided, Focal Points will take into account the specific needs of the child using the guide for assessing requests vis-a-vis substantive equality directly with the requester during the intake period, if possible.  ONLY minimal information should be directly requested so as not to create a burden on the child, family or community. As well, gathering evidence to support substantive equality should not result in lengthy delays in responding to requests especially when available information indicates the request can be deemed as ensuring culturally appropriate services or necessary to safeguard the best interests of the child.  Canada must apply the information it already has about the socio-economic conditions in First Nations communities, the multi-generational impacts of residential schools, the 60's scoop and the discrimination outlined in the CHRT Orders to its substantive equality assessments in its evaluations. For descriptions of the socio-economic conditions of each First Nation see the Synergy in Action platform (hyperlink to be added).
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	2. Best Interests	NS/SE/BIC/CAS	While Focal Points concentrate on getting information from service coordinators on substantive equality, there is no evidence that they are considering the child's best interests in decision making or in the process applied to requests.	Underway	Best interest of the child and culturally appropriate service provision have been included throughout the SOP.  Guidance documents are currently under development.	Change already made	i. Section 2.4 DELEGATION OF EVALUATION AND DETERMINATION OF REQUESTS - Escalating requests - complete case files  ii. Section 3.2.3 PROCESSING INDIVIDUAL SERVICE REQUESTS - Assessing Urgency  iii. Section 2.4 DELEGATION - Delegation FOR CLINICAL CASE CONFERENCING  iv. Section 3.2.3 PROCESSING INDIVIDUAL REQUESTS -Gathering Supporting Documentation	i. Respecting the CHRT timelines, individual and group Jordan's Principle requests must be evaluated and determined against provincial/territorial normative standards of care. Should the request for a service, support, or product be beyond the normative standard of care, the Focal Point must consider whether the request should be provided to ensure substantive equality, cultural appropriate service provision and/or to safeguard the best interests of the child.  ii. The best interests of the child must be the fundamental decision-making point for requests where a child or children are exposed to foreseeable health or safety risks.  iii. Urgent requests must be determined within 12 hours and therefore an assessment can be pending and submitted later. The Focal Point will document the need for a check-in with the requestor to obtain the assessment at a future date.  iv. ALL URGENT and Time Sensitive Individual and group requests are EXEMPT from having to produce SUPPORTING DOCUMENTATION. Supporting documentation can be provided after the case has been decided and need has been met.  v. COMPLETING INTAKE Upon receipt of a request for a child, the Focal Point or Jordan's Principle Call Centre Agent will: • complete an Intake Form for all individual requests received; and • collect information that demonstrates the child's unique needs to inform if the provision of the request would ensure substantive equality, the provision of culturally appropriate services, or would safeguard the best interest of the child, (ONLY in cases where the request is for a service/support/product that is beyond the normative standard of care); and • record the date and time request was received; and • record contact information of requester.
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	2. Best Interests	NS/SE/BIC/CAS	Canada needs to develop and train Focal Points on the best interests of the child (added Dec 19 from an Indigenous perspective) and ensure that all decisions and processes used for Jordan's Principle cases meet the best interests test.	Underway	Best interest of the child and culturally appropriate service provision have been included throughout the SOP. Guidance documents are currently under development.	Change made in v. April 2019		



20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	3. Focal Point Information Requests	Gathering supporting documentation	Focal Points need to carefully read all material submitted to them and only ask for additional information if it is REQUIRED to determine the case.  Requests for information from Focal Points should be made at one time and not staggered so as to avoid time delays.  Canada needs to take measures to ensure its information gathering is absolutely necessary to make a determination of the "requesters need" and does not amount to an administrative procedure that delays services to children. More specifically, Canada must comply with 2017 CHRT 35 (amended orders).	Accepted w/minor changes	Updated SOP with suggested wording with minor changes.	Change already made	Section 3.2 - Intake (Gathering Supporting Documentation)	"When gathering information to support a Jordan's Principle request, wherever possible, Focal Point requests for additional information should be made at one time rather than in a staggered fashion, to avoid time delays. Burden of documentation and total funding amount needs to be considered when communicating with families, communities, service coordinators or providers. More specifically, Focal Points must perform information requests in compliance with 2017 CHRT 35."
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	4. Routine Referrals to Headquarters	Escalation	Focal Points are routinely referring the vast majority of cases to Headquarters.	Alternative proposed	Regions are only required to escalate cases recommended for denial. Regional authority has been granted for approval of all Jordan's Principle requests.	No change required	CHAPTER 4 ADM REVIEW – ESCALATED REQUESTS 4.1 ADM REVIEW PROCESS	An ADM Review is required: • where a request is recommended for denial by the Region; or • where a Focal Point requires extra advice/support on a request and no resolution has come from a consultation with the National Coordinating Team; or • for Métis or First Nations children with no status number, who are not entitled to be registered, and are not ordinarily resident on reserve; or • for adults.
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	5. Privacy Concerns	Privacy	i. Apparent lack of protections for the Privacy of Information in Canada's Jordan's Principle process.  ii. Canada must publicly share its procedures for protecting the privacy rights of children and families in Jordan's Principle cases including ensuring that identifying information is not shared with GOC personnel who are not directly charged with the determination of Jordan's Principle cases.  iii. All Focal Points and other GOC staff charged with receiving and determining Jordan's Principle cases must be trained on, and held accountable for, ensuring privacy rights are respected.	To discuss with JPOC	ISC staff are expected to read Privacy policies and publications as part of their jobs.	Based on JPOC discussion	Section 3.4 Privacy	Collection The personal information provided in making a Jordan's Principle request is protected in accordance with the Privacy Act and collected under the authority of the Privy Council Order-in-Council PC Number 2017-1464. Intake Forms, Request Forms, and most supporting documentation used in completing Jordan's Principle requests contain sensitive, personal information. It is the responsibility of every Federal Government employee and Jordan's Principle staff member to diligently protect this information and safe guard the process in which it is handled.  Use ISC requires this information to determine eligibility and process requests for health, social and educational assistance under the Jordan's Principle initiative. Personal information is used within ISC for the alignment of health, social and educational benefits and for audit purposes.  Disclosure With consent, personal information may be disclosed to health, social and educational services professionals, and service coordinators for processing requests. Personal information may be disclosed without consent, but only in accordance with Subsection 8(2) of the Privacy Act. This information collection is described in Info Source, available online at infosource.gc.ca.  Access Jordan's Principle requesters have rights under the Privacy Act: the right of access to, correction and protection of their personal information. They also have the right to file a complaint with the Privacy Commissioner of Canada if they think their personal information has been handled improperly. Employees are required to follow the various information management policies, standards and guidelines in place by the department. These include responsibilities regarding the legal and policy requirement for the protection of personal information. Please refer to the following documentation regarding privacy.  Privacy links listed in Reference Section 3.5:
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	6. Lack of a Procedure for Identifying and Responding to Urgent Cases	Urgent requests	i. Canada to immediately issue direction to Focal Points to screen all cases to determine and record whether they meet the criteria for urgent cases.  ii. Remind all Focal Points and persons staffing the 24 hour line of the CHRT provisions regarding urgent cases.  iii. The procedures and protocols outlined in the SOP reflect current ISC policy authority for Jordan's Principle, and therefore cannot include those outside of this authority.  iv. This should be immediately signed by a supervisor and if classified as non-urgent, reasons should be appended.  v. Where there is doubt, Focal Points and 24 hour line staffers should default to the urgent classification.  vi. Canada to review all existing cases to identify any cases that should be classified as urgent but have not been.  vii. A tracking system for urgent cases needs to be developed  viii. there needs to be a process for continuing to work	Alternative proposed	i./ii./iii. Multiple instances of new language addressing the process for screening, identifying and responding to urgent cases has been added to new section on Assessing Urgency SOP.  iii. The procedures and protocols outlined in the SOP reflect current ISC policy authority for Jordan's Principle, and therefore cannot include those outside of this authority.  iv. Focal Points and CallCentre agents are trained to assess the difference. Sign off on non-urgent cases is would seriously impede and impinge on CHRT Timelines.  v. Update SOP to reflect comment.  vi. This task would result in more delays, implementing protocol on urgent cases going forward.  vii. A data management system is in place that tracks both urgent and non-urgent requests. The compliance rate	Alternative recommended change will be made in next version	1. Section 3.2.3 PROCESSING INDIVIDUAL SERVICE REQUESTS – INTAKE – Assessing Urgency At the beginning of the intake process, the Focal Point, Regional Jordan's Principle team member, or Call Centre responder must perform an initial assessment to ensure that the child is not facing an immediate or foreseeable health or safety risk. • If the child(ren) is/are in immediate risk of harm or require/s urgent attention, the Focal Point or Call Centre responder must either direct the requester to call 911 or the nearest health facility, or in other situations, make all reasonable efforts to ensure immediate crisis intervention supports are provided until an extended response can be developed and implemented. The Focal Point or Call Centre responder must immediately refer the issue to a competent authority, such as the police or a Child and Family Service agency. A specific procedure must be in place in all Regions and at the National office to properly guide the requester in such circumstances. • If a request is submitted for a service, product or support that is urgently required, the Focal Point must determine the case and arrange payment within 12 hours even if not all of the documentation is available. The request can be approved and a check-in made to receive the documentation required afterwards with the requester. • A Focal Point recommending denial for an urgent case will contact the ADM or official designate directly (with a CC to the National Coordinating Team) to present the case and rationale for proposed denial within 12 hours of the request. This applies to individual and group service requests. The best interests of the child must be the fundamental decision-making point for urgent requests.  2. ALL URGENT and Time Sensitive individual and group requests and/or CASES WHERE THERE IS A RISK OF HARM TO SELF OR OTHERS OR AN IMMEDIATE MEDICAL NEED ARE EXEMPT from having to produce SUPPORTING DOCUMENTATION. Supporting documentation can be provided after the case has been decided and need has been met.  3. For assistance after business hours, please contact the identified designated on-call personnel for assistance. An update identifying the on-call team member is sent out on a weekly basis via email.	
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	7. Over-riding Professional Treatment Plans	Case Conferencing/Overriding treatment plans	There are situations where licensed professionals deem a service necessary as a part of a child's safety or treatment plan that are over-ruled by Canada even on appeal.	Accepted	Updated SOP to reflect comment	Change already made	3.2.3 PROCESSING INDIVIDUAL SERVICE REQUESTS – Evaluation - Evaluate request	During the evaluation process, Focal Points must not override treatment plans, products or services recommended by a professional in a relevant field. If a Focal Point has concerns with the recommended treatment plan, product or service, they will engage in clinical case conferencing (refer to Section 2.4). Before making the decision to engage in clinical case conferencing, consideration must be given to if the request would ensure substantive equality, cultural appropriate services and/or safeguard the best interest of the child. Requests that are recommended for denial must be escalated. If a request is recommended for denial on the basis of a concern with the recommended treatment plan, product or service, Focal Points must provide rationale in the escalation package for their concern. If denial is upheld, an alternative service/product/support should be proposed in the letter to the requester.
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	8. Service "Gap" Rationale for Refusal	CHRT Orders	In multiple cases across the country, GOC is denying cases as there is no "gap" in service.	Accepted	Reference to gap removed from denial letters.  Note: the CHRT decision specifically references gaps in the definition of Jordan's Principle - (JUNSTIBB). Jordan's Principle addresses the needs of First Nations children by ensuring there are no gaps in government services to them.	Change already made	4.3 REFERENCE – ADM Review – Denial Decision letter Template	On [DATE], your request for [CHILD'S NAME] under Jordan's Principle was reviewed by the Assistant Deputy Minister, Regional Operations, First Nations and Inuit Health Branch, Indigenous Services Canada. As communicated to you by your regional Focal Point on [DATE], we are writing to formally notify you that your request for [REQUEST DESCRIPTION] However, your request for [REQUEST DESCRIPTION] has been denied.  In evaluating your request, the Assistant Deputy Minister considered whether THESE ITEMS/SERVICES ARE available to all other children and/or is beyond the normative standard of care. Consideration was also given to [CHILD'S NAME] unique needs and whether the request should be provided to ensure substantive equality in the provision of services, to ensure culturally appropriate services and/or to safeguard the best interests of the child.  Resulting from the evaluation of the information provided, your request for [REQUEST DESCRIPTION] was denied as THESE ITEMS ARE not available to all children nor was it determined that substantive equality would be ensured.
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	9. Exclusion on the Basis of First Nations Eligibility Criteria	Eligibility	First Nations children without status residing off-reserve continue to be denied access to Jordan's Principle	Rationale explained	Currently, Jordan's Principle - CP does not have policy authority to serve First Nations children without status residing off-reserve unless they have urgent/life threatening needs whom are recognized by their Nation.  SOP updated to include February 21, 2019 interim order eligibility.	Change made in v. April 2019	N/A	



20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	10. Group Requests	Group requests	<p>i. uneven assessment process</p> <p>ii. Handled like "proposals" rather than by CHRT Orders/ treated as "one case" to manage rather than taking into account needs of all children within that group</p> <p>iii. Dissuading communities to pursue application amounts to a denial</p> <p>iv. Focal Points continuously asking for information and seeking to coordinate with other government departments, resulting in delays</p> <p>v. Canada to clearly communicate with Focal Points and others involved in Jordan's Principle cases the CHRT assessment criteria and the time frames. Canada needs to develop accountability measures to ensure these are being followed.</p> <p>vi. There needs to be more transparency on the process for appeals of group requests.</p> <p>vii. Ensure service coordinators have the resources necessary to respond to the unique needs and circumstances of each child receiving services in the group.</p>	Accepted w/minor changes	<p>i. Group intake form is underway which aims to bring more consistency in process.</p> <p>ii. Proposals are no longer required and a clear process is in place.</p> <p>iii. Update SOP to reflect comment</p> <p>iv. Addressed in SOP already</p> <p>v. Section on Community-Managed Group Requests has been rewritten to address comment.</p> <p>vi. Appeals process currently being rewritten</p> <p>vii. see v.</p> <p>viii. Jordan's Principle currently does not have the policy authority to allow for the inclusion of capital costs</p>	Change will be made in next version	3.3 COMMUNITY-MANAGED GROUP REQUESTS	<p>Evaluate the request as per individual request protocol, with the following additions:</p> <ul style="list-style-type: none"> <li>- consider the context of the community's social/demographic profile; and</li> <li>- to consider the suite of existing government programs and services.</li> </ul> <p>Group requests should be determined on the basis of diagnoses/unmet need as presented on behalf of a group of children with consideration given up-front to substantive equality, ensuring the provision of culturally appropriate services and safeguarding the best interest of the child. Unmet need can be assessed by a health/social/education professional or community service provider in cases where professional expertise is not available in a timely manner. ISC should offer the requester funding to support professional assessment of the children but this should not affect timeliness or determination of requests. Group requests must have community support in the form of a letter of support or email from an official representing the Band Council.</p> <p>Focal Points should not be contacting other government departments before determining a request as this is considered non-clinical case conferencing.</p>
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	11. Service Coordination	Service Coordinators	<p>i. Canada must approve additional staff where heavy workloads are reported to ensure that children and families receive timely and quality service on Jordan's Principle cases per the CHRT orders.</p> <p>ii. Absent any evidence, Canada must not state or imply that the service coordinators are unable to manage the heavy workload due to inefficiency on their part or the service coordination bodies part. Canada has the legal obligation to ensure children's access to Jordan's Principle is met and that includes providing adequate and sustained support for service coordination bodies.</p> <p>iii. Canada needs to provide written assurance to all service coordinators that Canada will continue their contract with them post March 31, 2019.</p> <p>iv. Canada needs to account for the need for service coordinators to respond to the individual needs of children in group requests when assessing workloads.</p> <p>v. Canada needs to improve communication with service coordinators, Focal Points and all others working on Jordan's Principle to ensure all communication is up to date and CHRT compliant. This must also include notice that Jordan's Principle is a</p>	To discuss with JPOC	<p>ii. Noted.</p> <p>iii. Media Lines for use by spokespersons were sent to all Focal Points on January 16, 2019 which assured Service Coordinators that Jordan's Principle is an ongoing legal obligation to support First Nations children, which Canada will continue to uphold.</p> <p>iv. Noted.</p> <p>v. Noted.</p> <p>Service Coordinator CAs added to SOP</p>	Based on JPOC discussion	6.5.1 FUNDING AGREEMENT PROCESS	
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	12. Inconsistent Decisions and Handling of Cases	Consistency/issue with evaluation/determination	<p>(Inconsistencies across the provinces/territories in dealing with cases and delivering decisions (denial, acceptance rates)</p>	Accepted	<p>It is the hope that with the implementation of the updated and simplified SOP, regional consistency will increase.</p> <p>Focal Points have received face-to-face training on the newly updated SOP, November 2018.</p> <p>2 hour biweekly Focal Point teleconference calls devotes the first portion of every call to Focal Point questions and concerns, and the rest of the call to training.</p>	Change already made		
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	13. Gaps in FNIHB/NHIB Funding	NHIB/other ISC Programs/Funding	<p>Canada must take measures to ensure that FNIHB/NHIB funding covers services that are available to children off-reserve.</p> <p>Reform is also needed to improve response times. (Families and communities are finding that they need to go through Jordan's Principle to access services because the NHIB program remains discriminatory (does not fund the range of services and supports available through the provinces and territories). NHIB response times are also slow and therefore unable to meet the needs of children, even when the service is covered.)</p>	Rationale explained	<p>AN/FNIHB Joint NHIB Review has been ongoing since 2014 with in-depth analysis and extensive community engagement and recommendations.</p>	No change required	N/A	
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	14. Coordination with Other Government Departments	NHIB/other ISC Programs/Funding	<p>HQ to provide Focal Points with direction on when it is appropriate to liaise with FNIHB and to remind staff that FNIHB processes and standards are separate from Jordan's Principle and must not be used to determine service requests.</p> <p>Reiterate to Focal Points that administrative conferencing, such as meetings with government departments, must not delay the timely resolution of cases as per CHRT timelines.</p>	Accepted	<p>New section created to address concern</p>	Change already made	2.4 DELEGATIONS - DELEGATION OF REGIONAL INTERDEPARTMENTAL REQUESTS	<p><b>Requests received by existing programs.</b></p> <p>All Regions must put into place a process to expeditiously refer any requests for First Nations children received by existing ISC programs or services to the Focal Point where the request is not covered by the existing Federal/Provincial program.</p> <p>Focal Points receiving these requests are to evaluate and make a determination as to eligibility for the service requested regardless of the type of product, service or support being requested. Consultation with experts may occur within existing ISC programs ONLY as needed, but must still meet the CHRT ordered timeframes for case determination. At no time should an expert within ISC override the treating and licensed professional involved in the treatment plan for children. All Jordan's Principle requests need to be processed within the CHRT timeframes specified for the type of request.</p> <p><b>Requests received by Jordan's Principle</b></p> <p>Where a request submitted under Jordan's Principle is believed by the Focal Point to be eligible under an existing ISC program such as Non-Insured Health Benefits, the Focal Point shall take steps to seek coverage for the child under CHRT Ordered Timeframes. The burden should not be placed on the requester to navigate through existing programs. Where the timeframe cannot be respected, then the Focal Point will determine the case and resolve the funding source later. A referral to an existing program by a Focal Point is not permitted if doing so will breach the time frames for determination in the CHRT Orders.</p> <p>Where a submitted request is covered by an existing ISC program, the request shall be tracked as a Jordan's Principle request funded under existing programs.</p>



20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	15. Cultural Shifts	Administration	HQ to send a message to all staff stating that the GOC is committed to the best interests of the child and substantive equality and that staff should err on the side of approving cases; that Canada would prefer staff to "erroneously" approve cases, rather than erroneously deny them. HQ to reiterate that staff will not be penalized for erring on the side of substantive equality and the best interests of the child.	Accepted	Will be addressed in email to introduce the next version of the SOP.	No change required	N/A	
20-Aug-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. August 20, 2018	16. Capital Costs	Capital costs	Canada must make provisions to allow for major capital costs to be covered under Jordan's Principle.	Alternative proposed	Jordan's Principle currently does not have the policy authority to allow for capital costs to be covered.	No change required	N/A	
05-Dec-2018	Email entitled: RE: For your review - by Feb 6 noon RE: Jordan's Principle call: Priscilla English	Email	Email/Dec 5, 2018	Consistency/issue with evaluation/determination	The fundamental principle is that it is the federal government's burden to ensure there is not a denial, disruption or delay in services or a reduction in quality of service related to a jurisdictional dispute, not the parents. To the degree Canada can demonstrate that it is absorbing that burden then that is great - in this case it is our understanding that Canada made no assurances to the mom in the first instance that there would be no disruption in service pending the provincial program.	Accepted	Update SOP to reflect comment.	Change made in v. April 2019	Section: 3.2.3 Processing Individual Service Requests - Gathering Supporting Documentation Under sub-section - IMPORTANT NOTES	<b>Proposed wording to add to SOP:</b> Where there is a Jordan's Principle request for a service/product/support that could otherwise be accessed via an existing program (whether federal or Provincial/territorial), Jordan's Principle will fund the services/product/support until such a time as child gains access to the existing program. Canada will ensure there is no denial, disruption or delay in services or a reduction in quality of service related to request, while the child gains access to the existing program. Jordan's Principle does not replace all existing federal, provincial and territorial programs on an ongoing basis. All efforts must be made to connect families with Navigators who can facilitate program access for requesting families.
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	1. Substantive Equality	NS/SE/BIC/CAS	The Caring Society continues to see some regions denying cases based on the rationale that the case does not meet substantive equality however does not seem to consider best interest of the child. Best interest of the child must be considered first and foremost.  The Caring Society also continues to see cases where the responsibility of completing a substantive equality report falls to families and regional Service Coordinators, placing a huge burden on families and delaying service provision.	Accepted	Relevant language has been added to the SOP to shift the burden of proof and remove the necessity of completing a substantive equality report in all cases. Updates on supporting documentation requirements also added.  In addition, language has been strengthened throughout the SOPs to expand evaluation and determination to include not just substantive equality, but ensuring culturally appropriate service provision, and safeguarding the best interest of the child.  Guidance documents for Best Interest of the Child and ensuring culturally appropriate service provision are underway.  Training has been given to Focal Points on the new SOPs.	Change already made	Throughout SOP 7.2 ENSURING CULTURALLY APPROPRIATE SERVICES (to come) 7.3 SAFEGUARDING THE BEST INTEREST OF THE CHILD (to come)	
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	2. Best Interests	NS/SE/BIC/CAS	Best interests of the child must also be clearly and meaningfully incorporated into the Standard Operating Procedures and be approved by the CCCW and JPOC.	Underway	Language added to ensure Focal Points are considering substantive equality, culturally appropriate services provision, and the best interest of the child have been added throughout the SOP.  In addition, a new section has been created in the SOPs (Section 7.5) as a placeholder for when the Best Interest of the Child Framework is finalized.	Change will be made in next version	Throughout SOP	
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	2. Best Interests	NS/SE/BIC/CAS	Canada's practice of only including First Nations children with status or who are eligible for status overrides the best interests of children, especially in life-altering cases.	Alternative proposed	Currently, Jordan's Principle - CFJ does not have policy authority to serve First Nations children without status residing off-reserve unless they have urgent/life threatening needs whom are recognized by their Nation.  SOP updated to include February 21, 2019 interim order eligibility.	Change made in v. April 2019		
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	2. Best Interests	Urgent requests	Canada needs to develop and train Focal Points on procedures for urgent/life-altering cases.  A comprehensive training plan is needed to train Focal Points and Service Coordinators on the document. Best interests of the child must also be clearly and meaningfully incorporated into the Standard Operating Procedures and be approved by the CCCW and JPOC.	Alternative proposed	Focal Points were given training at the bi-annual Focal Point Face-to-face meeting on November 20-22, 2018 on protocols to handle requests where there is an immediate risk of harm/urgent requests.  As outlined in the SOP, A specific procedure must be in place in all Regions and in HQ to handle cases where a child or children are in a life threatening situation which must be referred to the authorities.  Further training will be given to Focal Points upon completion of the BIC and CAS guidance documents.	No change required	N/A	



19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	3. Focal Point Information Requests	Gathering supporting documentation	<p>Focal Points should be required to fill out paperwork for individuals submitting requests as well as provide support to groups when filling out paperwork unless otherwise specified by the individual or group, particularly given the uneven literacy levels and access to computers among applicants.</p> <p>The Carling Society reiterates that it is imperative for all Focal Points to be properly and adequately trained on CHRT orders, Jordan's Principle, substantive equality and best interest of the child, including lessening the burden on families when they make requests. Focal points need to understand that some families making requests will be unfamiliar with administrative/bureaucratic processes and paperwork and as such, will require assistance. Due to Canada's colonial legacy, some families do not trust government processes. Direct work with families requires a different approach than Focal Points may be used to if they are most accustomed to lateral exchange with colleagues/inter-office communication.</p>	Accepted	Update SOP to reflect comment	Change made in v. April 2019	3.2.5 Processing Individual Requests	
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	4. Routine Referrals to Headquarters	Escalation	<p>Group requests continue to be routinely forwarded to HQ, resulting in serious administrative delays.</p>	Accepted	<p>Group intake form is underway which aims to bring more consistency to process.</p> <p>Proposals are no longer required and a clear process is in place.</p> <p>Removed from SOP: An ADM Review is required: • for drugs/pharmaceuticals; orthodontics or other dental requests; medical supplies and equipment;</p> <p>Regional Delegation for the above items and others (including major renovations, nutritional supplements, gender reaffirming surgery) and all requests for Indigenous children on-reserve and Inuit children has led to a significant decrease in escalations to HQ.</p> <p>Focal Points are now invited to attend all escalations, for greater continuity and efficiency. In urgent cases, Focal Points will bring their cases directly to the ADM for evaluation and determination.</p>	Change will be made in next version	3.3 COMMUNITY-MANAGED GROUP REQUESTS	
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	5. Privacy Concerns	Privacy	<p>All Jordan's Principle Focal Point teams need to be trained in standardized training programs and all regions need to have mechanisms in place to ensure that privacy standards are maintained.</p>	Alternative proposed	ISC staff are expected to read Privacy policies and publications as part of their jobs.	No change required	Section 3.4 Privacy	
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	6. Lack of a Procedure for Identifying and Responding to Urgent Cases	Call Centre	<p>The Carling Society has some concerns regarding the process of continuing work on urgent cases after business hours. We have received reports that the 24-hour Jordan's Principle line has been busy or that there was no answer. We continue to receive reports of Focal Points not returning calls or voicemail being full. It is imperative that measures are secured to ensure that families and groups are receiving the services they need after hours and especially during holiday times."</p>	Accepted w/minor changes	<p>Update language in SOP to accommodate request: Where there is doubt, Focal Points and 24 hour line staffs should default to the urgent classification.</p> <p>The telecommunication switch servicing the call centre is configured with call back capacity to insure requesting a call back is always available. A call back request is automatically initiated when an agent becomes available. As for a voicemail being full, the current processes states all voicemail are to be responded to in less than 1 hour; responding involves calling the caller back and clearing the voicemail to insure there is capacity to receive another voicemail if required.</p> <p>Regarding the concern about receiving service and request during the holiday period of 2018 (December 24 to December 31, 2018), all calls were returned in less than 1 hour of receiving the call.</p>	Change made in v. April 2019		



19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	7. Over-riding Professional Treatment Plans	Case Conferencing/Overriding treatment plans	Still seeing some instances where Canada continues to question the treatment plan outlined by a professional. For example, a case for vision therapy was transferred from NHB to Jordan's Principle. The request to NHB was denied by GOC consultants on the basis that the vision assessment and therapy lacked medical support. However, when NHB forwarded the request to Jordan's Principle, the Focal Point continued to rely and rely on the opinion of NHB/GOC consultants versus applying the scope and Standard Operating Procedures of Jordan's Principle. The Focal Point determined that the request would "do more harm than good" based on the considerations of the NHB consultants. This is despite the child's doctor providing reasons for why the assessment and therapy were medical necessary and providing a substantive equality report. It is clear in this case that the Jordan's Principle scope and procedures were not applied. The Focal Point did not provide a reason for overriding the medical evaluation provided by the child's doctor and did not provide realistic alternatives."	Rationale explained	Best interest of the child assessment can take health/safety concerns with the requested product/support/service requiring further clinical assessment.  Clinical Case Conferencing is allowable under CHRT Orders.	No change required	3.2.3 Processing Individual Requests - Evaluation - Evaluate Request
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	8. Service "Gap" Rationale for Refusal	NS/SE/BIC/CAS	Still continues to see some regions denying cases based on the rationale that no gap in service exists, while failing to consider substantive equality and the best interest of the child. Best interest of the child must be considered first and foremost.	Rationale explained	ADM Summary Review checklist and ADM Denial Letters have been updated to reflect compliant requirements for assessing cases.  Only the ADM ISC-RO can deny cases, thus new protocol will be in place for all future cases. In these cases, substantive equality, culturally appropriate service provision and safeguarding the best interest of the child is always considered in the determination.	No change required	
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	9. Exclusion on the Basis of First Nations Eligibility Criteria	Eligibility	i. In Sony Perron's testimony of May 9, 2018, he assumed the panel members of the CHRT that Canada would fund urgent cases for non-status First Nations children. Canada continues to deny all services to non-status First Nations children even if the case is urgent.  ii. Caring Society assisted in a case of a child who needed a diagnostic test from Sick Kids Hospital but was denied due to not qualifying for Indian status. It was unthinkable that services would not be covered in this urgent and life-altering situation so the Caring Society covered the travel and accommodation costs for the family. The Caring Society will be bringing up this specific issue with the Tribunal and will continue to push for all First Nations children, status and non-status, to receive the services they need through Jordan's Principle  iii. boundaries/inconsistency in terms of who can submit a letter of recognition for non-status First Nations children.	Rationale explained	Currently, Jordan's Principle - CHT does not have policy authority to serve First Nations children without status residing off-reserve unless they have urgent/life threatening needs whom are recognized by their Nation.  SOP updated to include February 21, 2019 Interim order eligibility.	Change made in v. April 2019	
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	10. Group Requests	Group requests	Group requests continue to be routinely forwarded to HQ or coordinates with other government departments, resulting in serious administrative delays	Rationale explained	Group intake form is underway which aims to bring more consistency to process.  Proposals are no longer required and a clear process is in place.  Removed from SOP: An ADM Review is required: • for drugs/pharmaceuticals; orthodontics or other dental requests; medical supplies and equipment;  Regional Delegation for the above items and others (including major renovations, nutritional supplements, gender reaffirming surgery) and all requests for Indigenous children on-reserve and Inuit children has led to a significant decrease in escalations to HQ.  Focal Points are now invited to attend all escalations, for greater continuity and efficiency. In urgent cases, Focal Points will bring their cases directly to the ADM for evaluation and determination.	Change already made	



19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	11. Service Coordination	Service Coordinators	The Caring Society has heard of instances country-wide that Jordan's Principle ends on March 31, 2019. We have serious concerns that information is not being circulated adequately to ensure that everyone knows that Jordan's Principle is a legal rule, not a program that ends with the fiscal year. Has Canada informed Service Coordinators that all funded services will continue past March 31, 2019? Further, information is required regarding the process for ongoing funding for services past March 31, 2019. Will families be forced to reapply, even if the needs and circumstances of the child(ren) remain the same? If this is the case, this will pose a significant burden not only on families, but Service Coordinators and Focal Points and we anticipate that there will be a significant backlog."	Rationale explained	Media Lines for use by spokespersons were sent to all Focal Points on January 16, 2019 which assured Service Coordinators that Jordan's Principle is an ongoing legal obligation to support First Nations children, which Canada will continue to uphold.  With respect to any existing requests for services whose term extends beyond March 31, 2019, the current funding application process remains in effect.  Canada is in regular communication with Focal Points to share information about Jordan's Principle, which is a legal requirement resulting from the Orders of the Canadian Human Rights Tribunal, not a policy or program. The SOP is an evergreen document, which establishes processes for the evaluation, determination and coordination of requests.  Canada will continue to support service coordination with the regional Focal	No change required		
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	12. Inconsistent Decisions and Handling of Cases	Consistency/issue with evaluation/determination	There appears to have been some positive change in this area but the Caring Society still sees room for improvement in terms of consistencies across all Focal Point teams.	Accepted	The SOP was developed as a mechanism to create consistency in the evaluation and determination of individual and group requests. However, requests continue to be evaluated on a case by case basis to ensure flexibility in decision making to support substantive equality, culturally appropriate services and the best interests of the child.  The creation of a Management Control Framework in 2019 will further enhance Canada's consistency, reliability and oversight of Jordan's Principle. This will include operational guidance in key areas to support the Focal Points in the efficient, effective and consistent processing of individual and group requests.	No change required		
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	13. Gaps in FNHIB/NHIB Funding	NHIB/other ISC Programs/Funding	"Progress to date: It must be understood that the large volume of Jordan's Principle requests is directly related to the ongoing barriers and discrimination embedded in all other federal services for First Nations children. Families need to access services through Jordan's Principle because the NHIB program is slow, burdensome and fails to meet the real needs for First Nations children. Other community-based requests, such as requests for recreation programs, infrastructure, etc., are also likely directed to Jordan's Principle because of a broader, government-wide failure to properly fund these services. Until all GOC departments adopt the principles of substantive equality, and the best interests of the child, as outlined by the CHRT, requests to Jordan's Principle will remain high."	No change	Agreed  NHIB is conducting a Joint Review with AFN to identify opportunities to improve service delivery and gaps in access to care.	No change required		
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	14. Coordination with Other Government Departments	NHIB/other ISC Programs/Funding	I. Train FNHIB/NHIB and Jordan's Principle Focal Points on the best interests of the child.  II. Forwarding denied requests from FNHIB/NHIB to Jordan's Principle is an administrative delay. The Department of first contact should be applying the scope/intent of Jordan's Principle and best interests to all requests.  Delays in services involving FNHIB/NHIB. We have heard on several occasions that Jordan's Principle is being used as a last resort when FNHIB/NHIB will not fund a service, which points to broader systemic issues across GOC services for First Nations. The Caring Society is still seeing instances where Jordan's Principle Focal Points are applying NHIB procedures and guidelines to Jordan's Principle requests, especially when NHIB or other groups are the ones forwarding denied requests to Jordan's Principle.  In the case for vision therapy, as discussed above in #7, despite being transferred from NHIB to Jordan's Principle for review, the Focal Point used NHIB criteria/opinion to determine that the request would "do more harm than good" based on the considerations of the NHIB consultants.	To discuss with JPOC	Best interest of the child guidance documents under development and will be included in April 2019 version of SOP.  II. To discuss with JPOC.	Follow up Action Item		

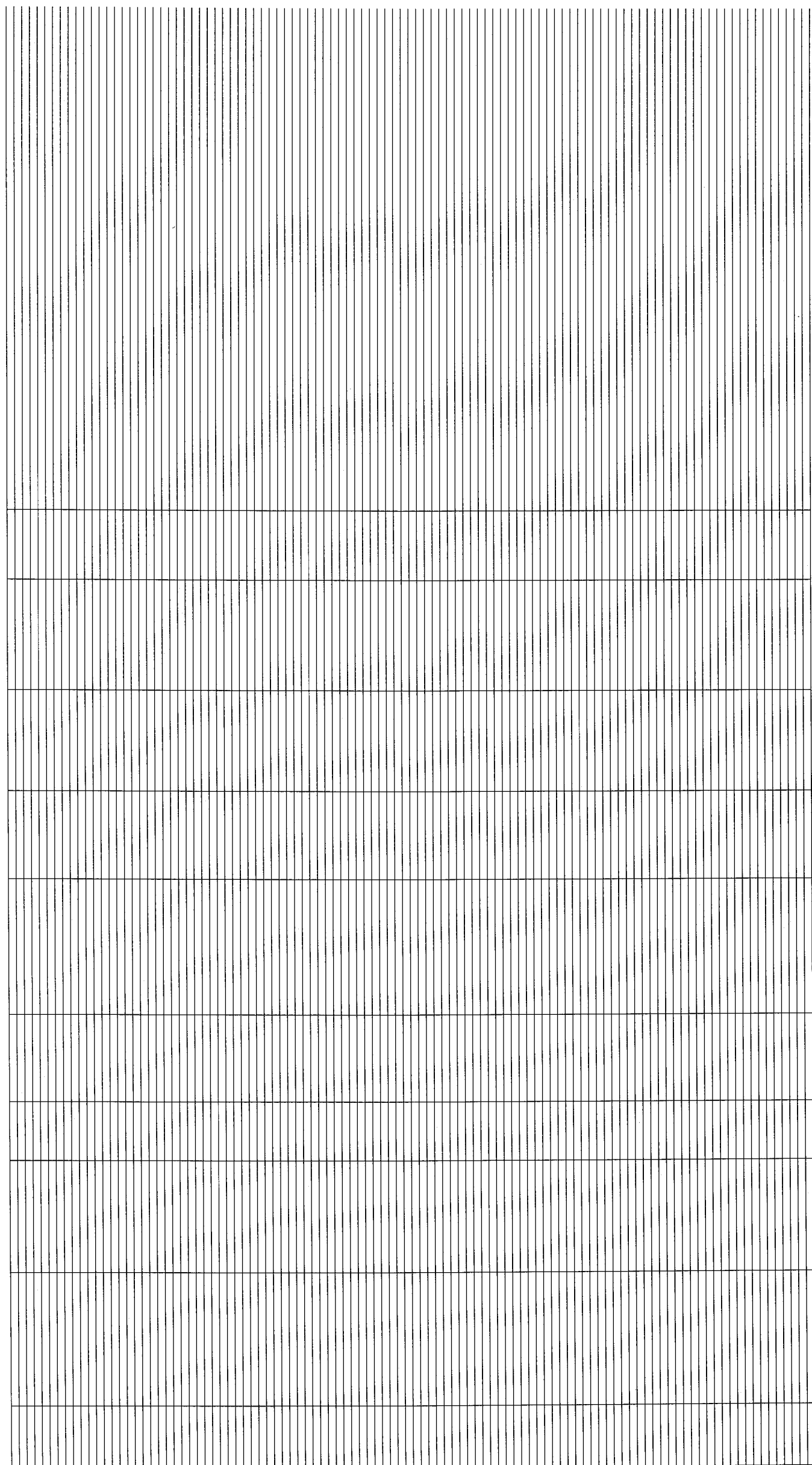


19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	15. Cultural Shifts	Administration	The Caring Society also believes that there needs to be training to inform cultural shifts at the individual level, as well as at the systemic level. In November 2018 for example, a Focal Point made the following comment about a mother who lives in poverty with three children and clearly struggles day to day: "I am not totally convinced that going to a daily walk in medical clinic to get a doctor's note is burdensome." No consideration was given to outside factors (having money to pay for a doctor's note, buy/rent fare to get to the doctor's, fear of racism on the part of an unknown medical professional, childcare considerations, etc.) that may impact the mother from getting to the doctor's office. The Caring Society recommends additional mandatory training on structural barriers for families and communities so that Focal Point teams have a better understanding of differing worldviews and experiences.	To discuss with JPOC	Discuss optimal training programs for Focal Points	Follow up Action Item		
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	16. Capital Costs	Capital costs	Canada will cover minor capital costs (excludes new builds) of up to \$2 million per request. The matter of major capital is under review with the CHRT. Further work is needed to inform Focal Points, Service Coordinators, and family/community members that minor capital costs are covered under Jordan's Principle. In our experience, this information is not widely known.	Alternative proposed	Continues to be outside ISC policy authority.	No change required		
19-Dec-2018	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. December 19, 2018	17 Payment Delays	Payments	a. rise in reports/calls from families and Service Coordinators experiencing significant delays in payment for services and products. b. When invoices are sent in, there is often no response from Focal Points or finance personnel, thus leaving families unsure if invoices have been received and if the invoices are compliant with GOC directives. c. Canada's record keeping in regards to payment timelines/compliance may be skewed. In our dealings with the financial department, it would seem that finance personnel "turn on the clock" when they receive all relevant information from Focal Points, or when they themselves have time to start working on payment. As such, the "clock" does not actually start when families submit their information; invoices and payment information may well be sitting in the Focal Points (or finance personnel's) inbox for weeks before attention is given to the file. Even in cases when invoices have been missed by Focal Points or GOC personnel, finance personnel insist there is no way to expedite the process d. There is no process for families to complain about payment delays.	Accepted	The SOP outlines responsibilities related to delegation for payments and payments for Service Requests.  Management Control Framework to include mechanisms related to design and get approval on control requirements, including revision on delegation of authority instruments to be consistent with the ISA and the Treasury Board Directive on Delegation of Spending and Financial Authorities.  Change to payment process and relevant SOP section (Chapter 6) coming in next iteration of SOP (not April 2019)  Client Support role has been established to field payment and other concerns from public.	Change will be made in next version		
18-Dec-2018	Assembly of First Nations	SOP V. November 9, 2018	JPOC meeting December 18, 2018	Eligibility	Update to remove reference to Metis in eligibility under ORDR	Completed	Removed	Change already made	3.1 Eligibility	* Any indigenous child, including Non-Status First Nation, who are ordinarily resident on reserve.
09-Nov-2018	First Nations Child and Family Caring Society	SOP V. November 2, 2018	JPOC meeting November 9, 2018	Lay out/design/wording	Undertake final review for spelling and to ensure all references to Child First Initiative removed.	Completed	Remaining instances of CFI cannot be removed as they indicate name of funding envelope and are integrated into Service Coordinator Contracts.	No change required	N/A	
18-Dec-2018	First Nations Child and Family Caring Society	SOP V. November 9, 2018	JPOC meeting December 18, 2018	Administration	Update to include any changes that address concerns raised by the Caring Society in the Dec 17 updated document	Underway	Accepted comments will be reflected in the next version of the SOP	Change made in v. April 2019	All	
09-Nov-2018	JPOC	SOP V. November 2, 2018	JPOC meeting November 9, 2018	NHIB/other ISC Programs/Funding	Remove language on page 13 regarding exhausting appeals processes under NHIB	Completed	Completed	Change already made		
09-Nov-2018	JPOC	SOP V. November 2, 2018	JPOC meeting November 9, 2018	Lay out/design/wording	Hyperlink "JPOC Case Management Inbox" on page 15	Completed	Completed	Change already made		
09-Nov-2018	JPOC	SOP V. November 2, 2018	JPOC meeting November 9, 2018	Administration	All iterative versions of SOP to be shared with JPOC.	Accepted	As is our practice.	No change required		
29-Jan-2019	First Nations Child and Family Caring Society	Concerns with Canada's Compliance with CHRT Orders on Jordan's Principle v. January 28, 2019	2. Best Interests	NS/SE/BIC/CAS	"c. The Caring Society believes that a more holistic approach to reviewing Jordan's Principle cases especially in light of best interests of the child, must be taken. This includes taking into consideration the wellbeing of the entire family, especially if there are other children in the family. For example, in December 2018, the Caring Society was contacted by a mother whose child had high special needs. He posed a danger to other children (including his siblings) and was not allowed to attend school. The family opted to place the child in a full-time therapeutic home which was funded through Jordan's Principle for several months. The family's request for the therapeutic home to remain a permanent option for placement for their son was denied by the ADM due to the fact that the facility was not provincially licensed despite the fact that qualified professionals work there and they are applying to be licensed in the spring. Further, Canada believed that "the best interest of this child [was] to have a gradual transition from the current residential home back to the family home or some other option." Because the Focal Points did not have expertise in this area, they consulted provincial child welfare authorities. As a result, the "other option" presented to the mother for her son if she did not choose to bring him home was apprehension into child welfare care. Due to this challenge, the parents	To discuss with JPOC	Debriefing meeting occurred with the region re. the case in question. Approval has continued for the services requested by the family. There has not been a break in services. With respect to the second example, the rationale for the subsequent family member was provided subsequent to the denial and approved on appeal.	Based on JPOC discussion		



[illegible]







[illegible]



This is Exhibit "S" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



# Jordan's Principle Clinical Case Conferencing Policy and Procedure

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## Purpose

To outline the background, policy and procedure for clinical case conferencing (CCC) for the evaluation of Jordan's Principle requests, including what triggers a CCC, the procedure to follow, and how to determine a case after the CCC.

## Definition

As per the Canadian Human Rights Tribunal (CHRT) Ruling 2017 CHRT 35, CCC is defined as: *"discussions related to a service recipient's needs with professionals with relevant expertise involved in his or her case"*.

## CHRT Ruling

The CHRT Ruling of May 26, 2017 (2017 CHRT 14), was amended November 2, 2017 (2017 CHRT 35) so that Canada may undertake clinical case conferencing in the evaluation of Jordan's Principle requests. It provides that:

[135](1)(B)(iii) "... Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified.

This provision allows Canada the right to confer with professionals involved in the child's circle of care, the child's family, First Nation community and other service providers if such consultations are "reasonably necessary to determine the child's clinical needs" (2017 CHRT 35) and/or the appropriateness of the recommended intervention with respect to safeguarding the best interest of the child. As well, if deemed reasonably necessary, Canada may involve other professionals (Appendix A) in the evaluation of the request should those professionals already involved in the child's request not be in a position to provide the necessary clinical information to determine the child's clinical needs (2017 CHRT 35).

Although CCC is required in some requests, Canada must not engage in **administrative case conferencing, policy review, service navigation** or any other similar administrative procedure before the recommended service is approved and funding is provided (2017 CHRT 35).



## Guiding Principles

In October 2017, the First Nations Child and Family Caring Society, the Assembly of First Nations and Canada reached an agreement on a set of principles to guide CCC for Jordan's Principle requests. These principles must be adhered to when undertaking CCC. As stated in 2017 CHRT 35:

- a. *Where professionals with clinical expertise have recommended a service for a First Nations child, it is the recommended service that should be considered for approval, and not an alternate service;*
- b. *Case conferencing:*
  - i. *There is a legitimate role for clinical case conferencing (discussions related to a service recipient's needs with professionals with relevant expertise involved in his or her case), where more information is reasonably necessary to understanding a First Nations child's clinical needs;*
  - ii. *Where clinical case conferencing is reasonably necessary to understand a First Nation's child's clinical needs, and where professionals with relevant expertise are already involved in the First Nations child's case, those are the professionals that must be consulted;*
  - ii. *When clinical case conferencing takes place, the determination of the service request will be made within 12 hours of obtaining all necessary information in urgent individual cases and within 48 hours of obtaining all necessary information in non-urgent individual cases;*
  - iv. *Administrative case conferencing (intragovernmental or intergovernmental discussions related to the mechanics of service delivery) must not delay the receipt of services by a First Nations child;*
  - v. *In cases where a service is available, Canada can consult, within the specified timeline for the type of case involved, with a First Nation's child's family, with a First Nation community, or with service providers, in order to fund the service;*
  - vi. *In cases where a recommended service that is approved is unavailable, Canada will make every reasonable effort to ensure funding is provided as close to the specified timeline for the type of case involved.*
- c. *Timelines:*
  - i. *In certain cases, making service determinations within 48 hours, when a First Nations child's service needs are unclear, may not be in that child's best interest;*
  - ii. *In urgent cases where irremediable harm is reasonably foreseeable, immediate action should be taken to put crisis intervention supports in place until an extended response can be developed and implemented;*



- iii. *Group cases (which address service gaps affecting large numbers of children) should be treated distinctly from individual cases and it is reasonable for group determinations to be made within one week in non-urgent cases, and within 48-hours urgent cases in which irremediable harm is not reasonably foreseeable;*
- d. *Service delays arising due to a lack of information regarding a First Nation's child's clinical needs should be tracked and reported on as part of the Tribunal reporting process.*

## Policy

Regional and National Jordan's Principle case reviewers must not make recommendations to override treatment plans, products or services:

- with strong evidence of efficacy; and
- recommended by a professional in good standing in a relevant field.

However, in the absence of clear information, Canada may engage in CCC when deemed necessary. Not engaging in CCC when necessary could result in potential harm to the children for whom services are requested.

## Under what circumstances is a CCC triggered?

Jordan's Principle case reviewers must act to safeguard the best interest of the child, and pursue a CCC when one or more of the following conditions are present:

- evidence or information provided by recommending professional is insufficient to reasonably determine the child's clinical needs; and/or
- professional's direct role in child's circle of care is not clear; and/or
- lack of an up-to-date recommendation<sup>1</sup> to support child's current clinical needs; and/or
- limited evidence that the recommended intervention is effective for the child's diagnosed condition or identified need; and/or
- the recommended intervention contravenes published evidence or guidelines; and/or
- the recommended intervention is not within the domain of the recommending professional; and/or

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<sup>1</sup> If possible, verify with the service provider that the recommendation is still valid if more than 3 years old for children under 10 and more than 5 years old for children 10 and over. Some recommendations would never become out-dated (i.e. genetic testing for a chromosomal abnormality) and would not require an updated recommendation. Case reviewers will use their own judgment in determining if a recommendation is too out-dated to support the current request.

One exception to the above: when the service/item being requested **relates specifically** to the onset of puberty in the child, the recommendation should be within 2 years of onset as stated by a physician or medical document.



- confidence in the recommending professional or their recommended intervention is in question for a bona fide reason.

### **Who can engage in CCC?**

Focal Points/case reviewers may engage in CCC with members of the child's circle of care when clarity is required or more information is necessary. In these cases, the Focal Points/case reviewers may contact the recommending professional, child's family, First Nation or other service provider when it is reasonably necessary to determine the child's clinical needs (2017 CHRT 35).

In more complex scenarios, when there is a concern with the current recommendation/recommender and consultation is required with either the recommending professional or another professional<sup>2</sup> with relevant competence and training (Appendix A), the consulting Jordan's Principle team member must possess:

- a professional designation related to the clinical need and/or request (i.e. Nurse, physiotherapist, etc.); and/or
- knowledge, skills and judgment needed in relation to the product/service/support.

Should no such Jordan's Principle team member be available at the Regional level, Regions shall request that an appropriate official be identified by the National Coordinating Team. This applies to cases in all areas of need, whether health, social, education or other.

### **Timelines**

As stated in the CHRT Ruling, when a First Nations child's service needs are unclear, there are circumstances when adhering to the CHRT-ordered timelines, may not be in the child's best interest (2017 CHRT 35). The CHRT timelines "clock" starts when all necessary information has been obtained to make a determination. This includes all information obtained during a CCC.

### **Privacy**

The personal information collected by Canada provided in making a Jordan's Principle request is protected in accordance with the Privacy Act and collected under the authority of the Privy Council Order-in-Council PC Number 2017-1464. Intake Forms, Request Forms, and most supporting documentation used in completing Jordan's Principle requests contain sensitive, personal information. It is the responsibility of every federal government employees and Jordan's Principle team member to diligently protect this information and safe guard the process in which it is handled.

Pursuant to the *Privacy Act*, when engaging in CCC with those outside the child's circle of care (i.e. when consulting other professionals), either:

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<sup>2</sup> should those professionals already involved in the child's request not be in a position to provide the necessary clinical information to determine the child's clinical needs (2017 CHRT 35).



- obtain written consent from the requester to share information on the child; or
- obtain written consent from youth if the request is for an individual over the age of majority; or
- omit child's name, community and other private or identifying information while discussing the details of the request.

## Operational Process for Regions

When a CCC is triggered, the case reviewer will proceed with the following steps:

1. Notify requester that a CCC is underway and that timelines have been paused;
2. For a CCC within child's circle of care:
  - a. Seek clarity with recommending professional, child's family, First Nations or other service provider when it is reasonably necessary to determine the child's clinical needs;
3. If necessary, consult other professional(s) outside child's circle of care (Appendix A) **only** when recommending professional already involved cannot provide the necessary clinical information.
  - a. **In these cases, seek consent from requester to share child's information (See Privacy section) or share only anonymous information about the file; and**
4. For all CCCs, add newly obtained information to child's file:
  - a. Make every attempt to obtain information in written format and include in file;
  - b. If information is in verbal format (i.e. phone consultation), make detailed case notes about the conversation and add this to file;
5. Once enough information to determine child's clinical needs is obtained, note the date and time in the regional data tracker in; and
6. Determine or escalate request.

## Operational Process for National Office

1. **BEFORE** engaging in a CCC, consult Regional Focal Point/case reviewers to discuss the reason for the CCC and the plan of action. **It is at the discretion of the Region as to who will proceed with the CCC (Region or National);**
2. In urgent escalated cases where the Region is unreachable, National Office case reviewers may proceed with the CCC but must inform the Region of all steps taken in the CCC and include them in all email correspondence.

## How to determine a case after the CCC is complete

After conducting a CCC, the Focal Point will use the new information and determine the request as per the standard operating procedures. Requests recommended for denial must be escalated. If a request is recommended for denial on the basis of a concern with the recommended intervention, or to safeguard the best interest of the child, Focal Points must provide in the escalation package:

- written details of the CCC;
- recommended decision and rationale; and
- if appropriate, alternative intervention proposed by recommending or consulting professional.



If the request is denied by the ADM, an alternative intervention proposed by recommending or consulting professional must be proposed in the denial letter to the requester.

As with all Jordan's Principle requests, Regional Focal Points and team members are invited to ADM decision meetings hearing their escalated cases.

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## Appendix A: Professional Consultation Contacts

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To come

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This is Exhibit "T" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



**JORDAN'S PRINCIPLE –  
CONSULTANTS SOUGHT FOR THE NEW APPEALS PROCESS  
(FEBRUARY 2019)**

**1. SCOPE**

**1.1. Introduction**

The First Nations Child and Family Services program ("FNCFS Program") is seeking 12 consultants from various health and social fields to work on the new appeals process for Jordan's Principle cases. Consultants would review Jordan's Principle requests that have been rejected and are now being appealed to see whether the decision could be changed after receiving new information and/or having a second and more independent level of review.

An appeal can also be initiated by a FNCFS agency funding recipient or other requestor (e.g. band for band representative services) once a claim for reimbursement or advance funding for actuals has been denied or partially denied by Indigenous Services Canada ("ISC"). ISC will leverage the Jordan's Principle Appeals process for these cases. Given that the nature of FNCFS claims are different from those of Jordan's Principle, there will be a modified process for these claims, which are outlined in the relevant provisions below (e.g. who is eligible to appeal, considerations for rendering a determination on the appeals, and representation on the appeals committee will be different from that of Jordan's Principle).

Consultants' specialized knowledge will be needed to analyze appeals in order to decide on the proper course of action. These decisions will be made by review sub committees ("appeal panels"). Due to the requirements of the *Financial Accountability Act*, appeal panel decisions will need to be confirmed by an Assistant Deputy Minister with section 32 authority; however, the Assistant Deputy Minister will need to provide reasons in cases of disagreement with the appeal panel's recommended disposition of the appeal. In total, twelve (12) consultants will each be awarded a separate Contract (see section 2). Their services will be required as and when needed.

**1.1.2 What is Jordan's Principle?**

Jordan's Principle is a legal obligation. It makes sure all First Nations children can access the products, services and supports they need, when they need them. It can help with a wide range of needs, including but not limited to health, social and educational products, services and supports.

Jordan's Principle is a child first principle named in memory of Jordan River Anderson. He was a young boy from Norway House Cree Nation in Manitoba. Jordan was born in 1999 with multiple disabilities and stayed in the hospital from birth. When he was 2 years old, Jordan's doctors said he could move to a special home, where his medical needs could be met. However, the federal and provincial governments could not agree on who should pay for his home-based care, so Jordan could not leave the hospital. It was a payment dispute between the federal and provincial governments that kept Jordan in a hospital setting, and not his medical needs. As a result, he never received the recommended home-based care he needed. Jordan stayed in the hospital until he passed away at the age of 5.

In 2007, the House of Commons unanimously passed Motion No. 296, formally endorsing Jordan's Principle. It was a unanimous commitment by Canada's elected representatives that First Nations children would get the products, services and supports they need, when they need them. Payments would be worked out later.



In 2016, the Canadian Human Rights Tribunal (CHRT) determined that Canada's approach to services for First Nations children was discriminatory and that Canada had not implemented Jordan's Principle. One way we are addressing this is through a renewed approach to Jordan's Principle.

**1.1.3 What is the First Nations Child and Family Services (FNCFS) Program?**

The objective of the First Nations Child and Family Services program is to strengthen the safety and well-being of First Nations children and their families ordinarily resident on reserve by funding culturally-appropriate prevention and protection services for child welfare that are in keeping with the best interests of the child.

In January 2016, in response to a complaint from the First Nations Child and Family Caring Society of Canada and the Assembly of First Nations, the Canadian Human Rights Tribunal (Tribunal) ordered Canada to cease its discriminatory practices and reform the First Nations Child and Family Services (FNCFS) Program and the 1965 Agreement with the Province of Ontario and ensure that the distinct needs and circumstances of First Nations children and families living on-reserve – including their cultural, historical and geographical needs and circumstances – are considered in order to ensure equality in the provision of child and family services to them. More recently, in February 2018, the Tribunal ordered Canada to pay the actual costs in prevention and other areas, retroactively to January 26, 2016.

**1.2. Objectives of the Requirements**

The objective of the new appeals process is to obtain recommendations from consultants on the appeals that we have received, based on their knowledge and expertise. This interprofessional collaboration will give proper consideration to children's needs and best interests. Canada's goal in providing a fair and independent appeals mechanism is to help as many First Nations children as possible and to provide more effective and transparent services by encouraging First Nations children and families, and groups seeking to meet their needs, to keep using the Jordan's Principle process.

**1.3 Background and Specific Scope of the Requirements**

The volume of appeals continues to increase, as people are increasingly aware of the existence and availability of this process. By the same token, ISC would like to continue to improve this service by making it more independent and easier to access, in order to meet the needs of First Nations children. There is currently an internal departmental appeals process, which will be replaced by this new, more independent appeals process as soon as it is implemented. The hope is to continue to improve service and better meet the needs of children.

This process is intended for all First Nations children living in Canada or for FNCFS agencies or other FNCFS Program funding recipients whose individual or group requests have been partially or fully denied. Applicants who are unsatisfied with a decision made ISC may choose to appeal the decision. Once the decision has been appealed, consultants will collaborate to review the appeal and, if possible, come to an agreement on the proper course of action to be taken in terms of providing funding for care or any other requested services. Where agreement is not possible among the consultants reviewing the appeal, the majority view will prevail.

Consultants will need to be able to communicate and collaborate with ease and be comfortable with technological methods of communication. Their involvement in the appeals review process will be on an as-and-when-needed basis, for a maximum of two appeal panel meetings per month (however, more than one case may be considered at each meeting of an appeal panel). They will be required to meet the appeals review deadlines, and will have on-call requirements for urgent

Commented [A1]: Including?



appeals. This new appeals process is a long-term project, and, for this reason, consultants will work on contract for a period of three years from the contract start date.

## 2. REQUIREMENTS

Twelve (12) consultants are being sought to form an appeals review committee. Urgent appeals will be determined by an on-call member of the appeals review committee, while non-urgent appeals will be determined by appeal panels composed of three members of the appeals review committee.

Regardless of their profession, each appeal panel member will play the same role, i.e. carrying out a detailed analysis of each appeal upon request, taking part in discussions with other consultants to share their professional point of view, providing their analysis of the request, discussing the request in question and delivering their recommendations in writing (see 2.1.1, Task/Requirement #4). Having multiple consultants from multiple professions analyzing appeals will allow for a deeper analysis of all perspectives.

Below is the list of the twelve (12) consultants being sought to participate in the review committee for appeals made under Jordan's Principle and under reimbursement of agency expenditures. (When the position is repeated, more than one consultant from the same profession is required.)

1. Nurse
2. Physician
3. Occupational Therapist
4. Occupational Therapist
5. Psychologist
6. Dentist
7. Orthodontist
8. Nutritionist
9. Pharmacist
10. Social Worker
11. Social Worker
12. Speech and Language Pathologist

Each consultant must have at least five years of recent clinical experience (over the past 10 years) in their respective area of professional expertise. Each consultant (if applicable to their profession) must be a member in good standing of their professional order in the province where they practice. Preference will be given to First Nations members and professionals, and/or to those with experience working with children and/or First Nations communities.

The consultants will select one of their number to serve as appeals committee chair. The chair may rotate during the three-year term, depending on workload and interest. The appeals committee chair will be responsible for reviewing appeal assignments prepared by the ISC Secretariat responsible for appeals. The appeals committee chair will also chair any full meetings of the appeals committee that may be required, for instance to consider policy or other administrative matters.

**Commented [A2]:** Are these specialists also responsible for more general areas? For example, an educational request (outside of speech and language pathology), or a cultural request. As stated below for FNCFS appeals, the same provision should be made for cases that do not fit within this scope.

**Commented [A3]:** What provisions will be taken to ensure the other consultants are in good standing if there is no oversight body?



For FNCFS appeals cases, the Appeals Committee will include additional *ad hoc* members with expertise in First Nations child and family services (e.g. director of a FNCFS agency, regional representative of the National Advisory Committee, etc.) [to be confirmed/discussed]

## 2.1. Tasks, Activities, Deliverables and Milestones

A Secretariat (made up of two employees) will identify and preliminarily assign appeals for review, which assignments will then be reviewed by the appeals committee chair by appeal panels based on the nature of the good or service being requested. Requirements may vary based on the number of appeals received.

### 2.1.1 Tasks Associated with Reviewing Each Appeal

Tasks/Requirements	Appeal panel members must carry out the following tasks when reviewing each appeal:
1.	At the request of the Secretariat, be available to take part in discussions about appeals with other appeal panel members (remotely).
2.	Read the appeal request before the discussion (it will be made available electronically).
3.	Take part in discussions about the appeal in question, using electronic forms of communication, and share professional points of view, recommendations, concerns, etc. with other appeal panel members
4.	Discuss the request with the child (according to the child's capacities and circumstances) or the child's representative at their request.
5.	A designated appeal panel member ( <u>one (1) per appeal review</u> ) must write and send the recommendation form electronically (in the appeal panel member's choice of English or French) to the Secretariat within the established deadline. All fields of the form must be filled out electronically.
6.	Each appeal panel member must sign the recommendation form (electronically) to show that they agree with it.
6.1	In the event that one or more of the consultants who have participated in the discussion disagree with the recommendation(s), each consultant must write their own recommendations and explain their reasoning on a separate recommendation form and sign it electronically. Each consultant must then send their form to the Secretariat electronically.

### 2.1.2 For Urgent Appeals: (appeals related to Jordan's Principle only, not for FNCFS cases)

If a request is considered to be urgent (a child may be harmed if not treated quickly), the Secretariat must urgently send the appeal review request to a single consultant. In this case, the consultant must make a decision within 12 hours of receiving the request (if the request involves an individual) or within 48 hours of receiving the request (if it involves a group).

If an appeal is denied by a single consultant, an emergency appeal panel of three consultants will be convened to review the denial without delay.

### 2.1.3 General Tasks

Tasks/Requirements	Consultants must carry out the following tasks on a weekly basis:
1	Read and respond to emails.



2	Inform the Secretariat of any period during which they will not be available, at least seven days in advance.
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**Commented [A4]:** Social workers and others often work in crisis situations. There needs to be some backup plan and no penalty for those who cannot always abide by this.

**2.1.4** In general, no consultant should be asked to participate in the appeal review process more than once every two weeks, unless they are designated to be on-call for urgent appeals. Consultants will be asked to participate based on the type of request to be reviewed.

## **2.2. Specifications and Standards**

The final recommendations for an appeal request should be delivered electronically to the Secretariat on the same day that the discussion took place. During each discussion, one consultant will be designated by the Secretariat to write the recommendations (a specific form will be sent to consultants). Once the form has been filled out and signed electronically by all the consultants who took part in the discussion, the lead consultant must send the form to the Secretariat electronically.

## **2.3. Technical, Operational and Organizational Environment**

Each consultant must reside in Canada and carry out their work at home or in another locale with sufficient guarantees of confidentiality, using technologies that will be made available by the federal government. No personal equipment may be used to carry out this work. Each consultant must maintain the confidentiality of the information that they access as part of their duties.

## **2.4. Method and Source of Acceptance**

It is expected that consultants will be available on request, a maximum of twice per month, to discuss appeals with other consultants, preferably via conference call or video chat solution like FaceTime or Skype. It is also expected that consultants will hold discussions with other consultants in order to issue recommendations about the appeals under discussion. Consultants are required to justify the reasons for their recommendations to the requester. The Secretariat reserves the right to ask for further justification of the recommendation, if necessary.

**Commented [A5]:** What does this mean?

## **2.5. Reporting Requirements**

The designated consultant for each discussion of an appeal review must submit the completed recommendation form electronically, in their choice of English or French. The completed form must be signed electronically by each consultant and sent to the Secretariat on the same day that the discussion took place.

## **2.6. Project Management Control Procedures**

The members of the Secretariat are responsible for compiling statistics on the number of appeal requests received and the nature of the requests, as well as the decisions made by members of the review committee. All information that needs to be sent to the consultants will be sent to them electronically.

**Commented [A6]:** Will the members of the Secretariat have background in stats or be trained to provide this information?

## **3. ADDITIONAL INFORMATION**

### **3.1. Authorities**

The person in charge of the Secretariat will be the manager/coordinator of this process, in consultation and coordination with the consultant acting as appeal committee chair.



Consultants may communicate with the person in charge of the Secretariat by email or by telephone if they have any questions or need further information during office hours, Monday to Friday, 8:30 a.m. to 4:30 p.m. EST.

This person, as well as the other members of the Secretariat, will be located at the following address:

(Address to be added later, we are currently waiting for the opinion of the Deputy Minister on this matter).

### 3.2. Canada's Obligations

The members of the Secretariat must ensure that each consultant has access to:

- All relevant documents to assist in making requests, including CHRT orders.
- A laptop computer, which will be provided by the Government of Canada. At the end of the contract, or upon request, this equipment must be returned to the Department.
- Facetime and/or Skype on their laptop.
- The required information about the request under appeal so that they can evaluate the appeals.
- The forms used to send recommendations about the reviewed appeal request.
- The contact information for the Secretariat, which they may contact as needed.

### 3.3. Contractor's Obligations

- Each consultant must be a member in good standing of their professional association (if applicable). If their membership or membership status changes at any time during the Contract period, the consultant is responsible for immediately informing the person in charge of the Secretariat.
- Consultants will be required to follow all the applicable appeal policies, procedures, guidelines and templates provided by the Secretariat. They must also ensure that information is kept confidential, and must foster a good requester/professional relationship.

### 3.4. Location of Work, Work Site and Delivery Point

Each consultant is expected to carry out their work at their own location. This work should require very little or no travel. Discussions will be held via technological means in order to avoid any unnecessary travel.

### 3.5. Language of Work

The majority of appeals are expected to be in English, but bilingualism (English and French) would be an asset, so that consultants can read, communicate and write in French or English if necessary, when receiving appeal requests in this language. If the consultant is not bilingual, the Department will ensure a translation is provided if necessary. If an appeal is presented or submitted in First Nation language, the Department will ensure translation is provided.

### 3.6. Special Requirements

Each consultant must ensure that they:

- Use the designated server to transmit information.
- Use only the laptop computer provided by the Department of Indigenous Services Canada to carry out their work.
- Use only the email account assigned by the Department to send all information to the Secretariat.
- Cover the costs of membership in their respective professional organizations (if applicable) for the entire duration of the Contract.



**3.7. Insurance Requirements**

Consultants shall obtain and maintain an appropriate level of professional liability insurance coverage.

Consultants are responsible for deciding whether or not any insurance coverage is necessary for their own protection or to meet their obligations under the Contract and to ensure compliance with required federal, provincial or municipal law. Any such insurance shall be provided and maintained by the consultant at their own expense.

Any insurance secured is to the benefit and protection of the consultant and shall not be deemed to release or diminish their liability in any manner, including as may be referenced elsewhere by the provisions of this Contract.

**3.8. Travel and Living Expenses**

This work should not require any travel except in extraordinary circumstances, in the event that a requester or their representative asks to meet with one or more of the consultants who will be reviewing the appeal in question, so that they can explain their needs or their representative needs in person. In rare cases, in the event that consultants are required to travel (National Capital Region only), travel expenses must not exceed \$5000.00 and must be authorized in advance by the person in charge of the Secretariat. The Treasury Board Travel Directives must be followed. Payments for travel and living expenses will be made under the terms and conditions of payment and in accordance with the Treasury Board Travel Directives.

**4. PROJECT TIMELINE****4.1. Expected Start and Completion Dates**

The services of each consultant will be required for a period of three years commencing upon Contract award.

**5. Required Resources or Types of Roles to Be Performed**

In total, twelve (12) consultants are being sought to analyze appeals and issue recommendations.

**6. APPLICABLE DOCUMENTS AND GLOSSARY****6.1. Applicable Documents**

During the first week after the Contract takes effect, a member of the Secretariat will make the following documents available to consultants, for the duration of the Contract:

- Appeals process policy
- Administrative procedures
- Relevant information on Jordan's Principle, including the CHRT rulings.
- Forms
- Privacy policy
- Any other relevant documentation for the appeal review.

**6.2. Relevant Terms, Acronyms and Glossaries**

CHRT: Canadian Human Rights Tribunal  
FNCFS: First Nations Child and Family Services

**Commented [A7]:** Add links to CHRT rulings pertaining to Jordan's Principle



<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle.html>  
<https://www.canada.ca/en/indigenous-services-canada/services/jordans-principle/boy-behind-jordans-principle.html>  
<https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805>



**Integrated Jordan's Principle & FNCFS\_The new appeals process\_Timeline\_Updated February 2019**

## Anick Roberge

[illegible]



[illegible]



This is Exhibit “U” mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



## Jordan's Principle February Compliance Report

### Key Messages

- Number of requests ready for assessment is defined as number of approved requests, denied requests, escalated requests and requests pending decision. Requests pending more information are excluded from the requests ready for assessment.
- Requests referred to existing programs are excluded from the calculation of compliance because the outcome of the decision, and the date and time of the decision are unknown.
- Requests referred to existing programs are also excluded from the requests ready for assessment to avoid double counting. Going into the new Fiscal Year, requests refer to existing programs will be factored into the calculation since all regions have merged (RO and FNIHB offices), with the exception of Manitoba, merge date unknown, and Saskatchewan is merging in April.
- Compliance, however, cannot be calculated on referred to existing program, if regions do not track the outcome of the decision, and the date and time of the decision.
- No urgent request was ready for assessment for Group request.

Individual Requests: Jordan's Principle Regional Reporting													
February 1, 2019 - February 28, 2019													
Region	Number of requests ready for assessment	Number and % approved		Number and % denied		Number and % of requests pending a decision		Number and % of urgent requests evaluated and determined within 12hrs		Number and % non-urgent requests evaluated and determined within 48hrs		Number and % of requests Escalated to NRC	
Atlantic	285	268	94.0%			0	0%	2	100%	257	98.5%	17	6.0%
Québec	90	88	97.8%			0	0%	1	100%	79	90.8%	2	2.2%
Ontario	527	431	81.8%			21	4.0%	N/A	N/A	304	71.4%	75	14.2%
Manitoba	137	137	100%			0	0%	59	80.8%	60	100%	0	0%
Saskatchewan	58	53	91.4%			0	0%	11	64.7%	17	47.2%	5	8.6%
Alberta	99	91	91.9%			0	0%	16	94.1%	68	93.2%	8	8.1%
British Columbia/FNHA	81	28	34.6%			49	60.5%	1	100%	12	46.2%	4	4.9%
Northern/Yukon	50	46	92.0%			0	0%	N/A	N/A	42	91.3%	4	8.0%
Regional total	1327	1142	86.1%			70	5.3%	90	81.1%	839	82.7%	115	8.7%

NRC	115	3	2.6%	106	92.2%	6	5.2%	3	100%	0	0%		
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NATIONAL	1327	1145	86.3%	106	8.0%	76	5.7%	93	81.6%	839	74.8%		
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Group Requests: Jordan's Principle Regional Reporting											
February 1, 2019 - February 28, 2019											
	Number of requests ready for assessment*	Number and % approved		Number and % denied		Number and % of requests pending a decision		Number and % non-urgent requests evaluated and determined within 7 days		Number and % of requests Escalated to NRC	
Atlantic	4	3	75%			0	0%	3	100%	1	25%
Québec	11	11	100%			0	0%	11	100%	0	0%
Ontario	1	1	100%			0	0%	1	100%	0	0%
Manitoba	N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	N/A
Saskatchewan	2	2	100%			0	0%	2	100%	0	0%
Alberta	N/A	N/A	N/A			N/A	N/A	N/A	N/A	N/A	N/A
British Columbia/FNHA	4	1	25%			2	50%	1	100%	1	25%
Northern/Yukon	9	6	67%			0	0%	6	100.0%	3	33%
Regional total	31	24	77%			2	6.5%	24	100.0%	5	16.1%

NRC	5	N/A	N/A	5	100%	N/A	N/A	1	20%	
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NATIONAL	31	24	77%	5	16.1%	2	6.5%	25	86.2%	
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This is Exhibit "V" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



**From:** Ward2, Jennifer (SAC/ISC) **On Behalf Of** Gillis, Leila (SAC/ISC)

**Sent:** 2019-04-09 9:30 AM

**To:** 'Cindy Blackstock'; 'jonthompson@afn.ca'; Wendy Trylinski; 'tracy@coo.org'; Emily.King@coo.org

**Cc:** Buckland, Robin (SAC/ISC); Gideon, Valerie (SAC/ISC); Conn, Keith (SAC/ISC); Wilkinson, Joanne (AADNC/AANDC); Livadiotakis, Georgia (SAC/ISC); Ward2, Jennifer (SAC/ISC); Liversidge, Doug (SAC/ISC)

**Subject:** Jordan's Principle Call Centre Statistics for Apr 1 - Apr 07, 2019

Good morning,

Please find below the latest statistics for the Call Center for the period ending Sunday Apr 07, 2019 @23:59:59.

**Special notes:**

- The total number of calls received for the week increased by 1.5% compared to the previous week of 269.

**Call volume for the month: April 2019**

Period	Total Number of Calls	Number of Calls during Office Hours	Number of Calls After-Hours	Number of Calls Generating Service Request	Number of Calls for General Inquiries	Number of Urgent Calls	Number of Non-urgent Calls
**Apr 01 - Apr 07	273	247	26	85	188	0	273
***	273	247	26	85	188	0	273

**Note:**

- \*\* Apr 01 – Apr 07 was a 7 day week
- ^ Period ends @ 23:59 on the last day of period.
- \* After-hours: Call Centre Statistics for Apr 1 - Apr 07, 2019
  - Monday to Friday : 00:00 to 07:30 and 17:29 to 23:59 ;
  - Saturday and Sunday: 00:00 - 23:59
- All times are Eastern Standard Time
- + All totals do not include test calls



**Grand Total (from Feb 1, 2018 to Apr 7, 2019)**

<b>Grand Total</b>	<b>Total Number of Calls</b>	<b>Number of Calls during Office Hours</b>	<b>Number of Calls After- Hours</b>	<b>Number of Calls Generating Service Request</b>	<b>Number of Calls for General Inquiries</b>	<b>Number of Urgent Calls</b>	<b>Number of Non- urgent Calls</b>
<b>Feb 1, 2018 - Apr 7, 2019</b>	<b>5890</b>	<b>4695</b>	<b>1195</b>	<b>1979</b>	<b>3911</b>	<b>24</b>	<b>5866</b>

Thank you,

Leila Gillis RN MN

A/ Director / Directrice

Jordan's Principle/ Principe de Jordan

First Nations and Inuit Health Branch/Direction Générale de la Santé des Premières Nations et des Inuit

Indigenous Services Canada/ Services aux Autochtones Canada

Government of Canada /Gouvernement du Canada

613-960-4480

PIN 2C075B44



This is Exhibit "**W**" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019

A handwritten signature in dark ink, appearing to read 'B. Hanssens', is written above a horizontal line.

A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



### Indicators and Data Collection – Jordan's Principle

Data elements	Individual	Group
Number of requests	Nationally and regionally reportable.	Nationally and regionally reportable.
Number of children	Not currently reportable. Could work with regions to get child level counts.	Estimates at the funding stage for most requests Not currently reportable. Data Collection Instrument (DCI) reports by activity received 6 months from the end of fiscal year. Format of reports not standard, counts cannot be summed
Number of communities	Community data are on intake forms held in region. Currently, we cannot report on this indicator, but are working with Synergy in Action to improve tools for data collection and can provide as it becomes available.	Number of communities making requests directly are reportable. Communities represented by organizations (e.g. tribal councils) are not identified and are not reportable.
Outcome of requests (i.e. adjudication decision)	Numbers of requests by outcome reportable (approved, denied).  Note: Requests referred to an existing program are not tracked nor are the outcomes (approved/denied). Some programs (e.g. NIHB) do independent tracking, but this is not linked to Jordan's Principle tracking.	Number of requests by outcome reportable. Estimated number of children used to report the scope of that approval.
Expenditures and commitments	Expenditures and commitments tracked as O&M or G&C. These categories do not align with individual or group, as individual requests may be funded by CA with community.	
Age of applicant	Age distribution of children making requests is nationally and regionally reportable. Distribution reflects age by request, not by child.	Information on specific children not generally provided by community. Regions do not report this to the national office.
Status of applicant	First Nations status currently reportable. Historically, periods of data collection excluded this variable.	Information on specific children not generally provided by community. Regions do not report this to the national office.



Services by category	Requests are tracked and reported with reason and product/service as 'free text'. Generating categories requires assessing each requests according to a system of categorization and re-coding into standard format.	Requests are tracked and reported with reason and product/service as 'free text'. Generating categories requires assessing each requests according to a system of categorization and re-coding into standard format. Possible where a single service is identified. More challenging are group requests for a suite of services that do not fit into a single category (e.g. neonatal circle of care and mental health supports).
Services ordinarily in the Federal domain	Not currently reportable. Description of services could be retrospectively reviewed and compared to currently available federal services	
Services ordinarily in the P/T domain	Not currently reportable. Identification and description of services in the P/T domain not available for assessment	
Services ordinarily in neither Fed or P/T domain	Not currently reportable. Description of services could be retrospectively reviewed and compared to currently available federal services, but identification and description of P/T services is not available.	
Services not normally eligible in any other program	Not currently reportable. Description of services could be retrospectively reviewed and compared to any other program.	
Rationale for decision	Historical requests are tracked and reported as 'free text'. Rationale for decisions have now been standardized and going forward we can report on them.	
Number of appeals; outcome of appeal	Currently reported.	
Compliance data • Urgent/non-urgent	Currently reported.	Currently reported.
Documentation	Track reason for application, but do not have indicator for professional assessment. Lack of documentation is tracked as "pending more information" or "suspended" for requests where there was follow-up, but no response from the requestor.	



This is Exhibit "X" mentioned and  
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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



**Actions taken by Canada to Respond to Orders in 2018 CHRT 4 – MENTAL HEALTH RELATED ORDERS<sup>1</sup>**

Order		Para.	Deadline	Steps Taken & Evidence
Canada to analyze all its programs that fund mental health for First Nations on reserve and in the Yukon and clearly establish which ones fund what in order to identify gaps in services to First Nations children by April 2, 2018.		425	April 2, 2018	<p><i>For a detailed overview of actions taken to implement this order between February 1, 2018 and May 24, 2018, see Valerie Gideon's May 24, 2018 affidavit (p. 2-3).</i></p> <p><b>OVERVIEW OF PROGRESS-TO-DATE:</b></p> <ul style="list-style-type: none"> <li>• FNIHB conducted a gap analysis on federal mental health programming for First Nations children on reserve and in the Yukon (see document: "Gap Analysis: Federally Funded Mental Wellness Services for First Nations Children").</li> <li>• This report has been shared with the parties and other partners, including the First Nations Mental Wellness Continuum Framework Implementation Team and the AFN Mental Wellness Committee. The document was revised based upon feedback and comments, and remains evergreen.</li> <li>• Beyond the development of the Gap Analysis report to comply with order 425, FNIHB has committed to supporting the work of one or more Indigenous organizations to undertake a broader examination of the gaps in mental health services for First Nations and First Nations children. Once this broader examination is completed, together with the Parties Canada will work to identify changes needed to federal services in order to address these gaps and similarly seek opportunities to work collaboratively with provinces and territories.</li> </ul> <p><b>DETAILED ACTIONS:</b></p> <p>May 24, 2018:</p> <ul style="list-style-type: none"> <li>• The March 23, 2018 version of the gap analysis was shared with the Tribunal as part of Valerie Gideon's affidavit report on mental health.</li> <li>• To complement the completed gap analysis, a draft grey literature review was completed, and will be shared with partners, including the CCCW.</li> </ul> <p>June 27, 2018</p> <ul style="list-style-type: none"> <li>• A preliminary scoping proposal for the broader gap analysis on mental health was completed and feedback requested from partners.</li> </ul> <p>July 13, 2018:</p>

<sup>1</sup> Note: this chart contains an overview of information as of April 12, 2019. There are additional actions taken by Canada to comply with this order not reflected in this chart.



Order		Para.	Deadline	Steps Taken & Evidence
				<ul style="list-style-type: none"> <li>An updated gap analysis report was sent to the parties, requesting feedback.</li> <li>A Party noted limitations in the report, and recommended undertaking a national data collection effort to support the broader mental health gap analysis work.</li> </ul> <p>July 15, 2018:</p> <ul style="list-style-type: none"> <li>Dr. Gideon responded to the parties via email and additional options were subsequently discussed at the August 2, 2018 CCCW meeting.</li> </ul> <p>October, 2018:</p> <ul style="list-style-type: none"> <li>Following the CCCW meetings in August, ISC is exploring mechanisms to establish better evidence on the mental wellness needs of First Nations children. ISC is beginning the process by reviewing current data collection processes, studies, and other evidence gathering tools currently in use, to establish a baseline of current practices.</li> </ul> <p>October 29, 2018:</p> <ul style="list-style-type: none"> <li>Valerie Gideon shared a draft letter to the Tribunal with the Parties for comment. The letter highlighted how data limitations have undermined efforts to complete a satisfactory mental health gap analysis, and confirms next steps.</li> </ul> <p>October 30-31, 2018:</p> <ul style="list-style-type: none"> <li>On the 30<sup>th</sup> and 31<sup>st</sup> of October, in her cross examination before the Tribunal, Dr. Gideon updated the Tribunal on the plans to develop research alongside the Parties on First Nations child mental wellness, drawing on ACES studies and other longitudinal studies on wellness. The Tribunal will be updated on major milestones on this activity going forward.</li> </ul>
Canada to fund actual costs of mental health for services to First Nations children and youth in Ontario with CFI or otherwise retroactively to January 26, 2016, by February 15, 2018.		426	February 15, 2018	<p><i>For a detailed overview of actions taken to implement this order between February 1, 2018 and May 24, 2018, see Valerie Gideon's May 24, 2018 affidavit (p.3-7), including Exhibits C and D.</i></p> <p><b>OVERVIEW OF PROGRESS-TO-DATE:</b></p> <ul style="list-style-type: none"> <li>7 proposals received, all approved, as of January 18, 2019.</li> <li>\$3,515,952.52 total approved funding</li> <li>all paid within 15 days (1 Family Service Agency submission was paid together with Order 427 submission)</li> </ul>



Order		Para.	Deadline	Steps Taken & Evidence
				<p><b>DETAILED ACTIONS (Feb to October 2018):</b></p> <p><b>February 1, 2018</b> ISC advised First Nations that the Department would fund the actual costs of mental health services for First Nations children and youth from Ontario, moving forward, and retroactively to January 26, 2016.</p> <p>March 2, 2018: Jordan's Principle and CFS teams met and discussed shared process for supporting Band submissions – work together to discuss submission and make one payment.</p> <p>May 24, 2018</p> <ul style="list-style-type: none"> <li>• A summary of the number of submissions for retroactive youth mental health services, along with an analysis, was provided in Valerie Gideon's May 24, 2018 affidavit on mental health.</li> </ul> <p>June 7-8, 2018:</p> <ul style="list-style-type: none"> <li>• The Caring Society requested further information related to Valerie Gideon's May 24, 2018 affidavit.</li> </ul> <p>June 21, 2018: ISC submitted to the Tribunal Valerie Gideon's responses to Parties' questions related to her May 24, 2018 affidavit.</p> <p>Aug 1: Meeting and presentation in Toronto with Ontario Association of Native Children and Family Service Agencies; presented the Forms and the Order</p> <p>Sept 12: Sault Ste Marie: Presentation by Amanda and Catherine Thai, Order 426</p> <p><u>Three sessions of the Ontario Joint Gathering Technical Table</u></p> <ul style="list-style-type: none"> <li>• Presentation by the Ontario Director responsible for Jordan's Principle. Every First Nations community in Ontario was invited to the three sessions. <ul style="list-style-type: none"> <li>○ Sept 11-12 - Thunder Bay (presentation given)</li> <li>○ Sept 19-20 – Sudbury (presentation given)</li> <li>○ Sept 25-26 – Brantford (presentation was circulated)</li> </ul> </li> </ul>



Order		Para.	Deadline	Steps Taken & Evidence
				<p>Sept 25 : meeting with service provider (Anderson's ) services over 13 Far Northern communities/ spoke about mental health services for children via Art Therapy, and how to apply</p> <p>Sept 26: call with the CFS agencies / forms distributed (have been distributed and presented to the Association of Native Children and Family Service Agencies several times since Feb 1, 2018)</p> <p>September 12, 13: Winnipeg, AFN summit - Focal Point spoke with several families about how to apply for mental health actuals / applications services for children's mental health unmet needs</p> <p>Oct 5: Walpole island community visit. Discussion on how to apply for children's mental health services / retro and future / as well as other unmet social, education and health needs in community</p>



This is Exhibit "Y" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019



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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



# Indigenous Services Canada Consultation with Parties to the Canadian Human Rights Tribunal Complaint

## Common Secretariat Functions and Implementation

### 1. Background

Since 2016, the Government of Canada has committed to the full implementation of the Canadian Human Rights Tribunal (CHRT) decision and orders pertaining to the First Nations child and family services program (FNCFS) and to Jordan's Principle. In this context, a Consultation Protocol has been signed among the Parties and various fora have been established to maintain ongoing consultation on the Government of Canada's actions, mandated to ISC. These fora include: the Consultation Committee on Child Welfare (CCCW), the National Advisory Committee on Child and Family Services (NAC), the Jordan's Principle Operations Committee (JPOC), the Jordan's Principle Action Table (JPAT) reporting to NAC and the Expert Advisory Committee on Policy Lens and Training reporting to CCCW.

In addition to meetings, materials are regularly shared with the Parties for review and comment. Recognizing the importance of maximizing the opportunity of the Parties to provide meaningful feedback based on discussions with their own membership/leadership, ISC is committed to providing a common secretariat to support the Parties' participation on policy, program and/or operational matters outside of legal proceedings or counsel-to-counsel communications.

### 2. Purpose

ISC Common Secretariat will exercise the following functions:

- Coordinate ISC meeting invitations for the Expert Advisory Committee on Policy Lens and Training and the Jordan's Principle Operations Committee;
- Coordinate ISC participation in CCCW, NAC, JPAT where the secretariat is hosted by AFN;



- Create with AFN and obtain other Parties' input in a 6 month meeting calendar evergreened as required;
- Broaden the use of the JPOC Google DropBox to host all materials shared by ISC with the Parties or other materials the Parties wish to provide;
- Maintain a log of materials shared by ISC with the Parties, date sent, date where feedback is requested, feedback received when and by whom and ensure this log is available in the DropBox;
- Establish an ISC Secretariat email that will be used for meeting invitations, sharing of materials etc. regardless of staff changes etc.

The ISC Common Secretariat will not be engaged in legal proceedings or counsel-to-counsel discussions.

### 3. Implementation

In light of recent organizational shifts, FNIHB will host the Common Secretariat (CS) within its ADMO at this time. The following next steps and timelines will be undertaken:

- Broaden use of Google Dropbox – March 2019 – CS to liaise with Lorna Martin at AFN and resend link to DropBox to CCCW members. Ensure materials for CCCW, JPOC, Expert Advisory Committee are included [AFN to determine if it wishes to use this for NAC and JPAT];
- Present a draft 6 month calendar for the CCCW April 2<sup>nd</sup> meeting with AFN;
- Establish CS email address – April 2019 – CS to share with all members of CCCW, JPOC, Expert Advisory Committee;
- Staff a full-time administrative assistant to focus on this work – May 2019.



This is Exhibit "Z" mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019

A handwritten signature in black ink, appearing to read 'Bernard Hanssens', is written above a horizontal line.

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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



# FIRST NATIONS CHILDREN'S RIGHTS – MANDATORY TRAINING CURRICULUM and POLICY LENS ADVISORY GROUP

## DRAFT TERMS OF REFERENCE

### Background

In January 2016, the Canadian Human Rights Tribunal found the Government of Canada had discriminated against First Nations children in the manner in which it provides child welfare funding to communities. It ordered Canada to cease discriminatory practices including the way in which it defined and applied Jordan's Principle (see January 2016 CHRT decision).

Jordan's Principle is a child first principle in Canada intended to address the needs of First Nations children with government services. The Principle applies to all First Nations on and off reserve. As stipulated in the May 26, 2017 ruling by the Canadian Human Rights Tribunal, Jordan's Principle does not require that the request align with the normative standard of care. All requests shall be considered to ensure "substantive equality".

Parties to the CHRT identified as necessary remedies the importance of training of public servants and other measures such as performance evaluations and joint policy development to prevent the perpetuation of systemic discrimination against First Nations children. This Committee is being struck in order to support this work.

### Purpose

The purpose of the Advisory Group is to provide expertise that will inform the development of measures to create knowledge and understanding of the developmental needs of First Nations children; ensure knowledge and understanding of the impact of policy and program decisions on the development of First Nations children from both an historical and current day perspective; and, entrench a rights based approach grounded in substantive equality to address the needs of First Nations children and their families in policy and program development.

With this in mind, the Advisory Group will provide expertise and direction on the development of:

- curriculum and training modules (including webinars); and ,
- a First Nation Children's Policy Lens that will inform policy and program development, as well as funding and operational decision-making.



The training modules will seek to raise awareness and equip learners with knowledge and understanding of the impact of discriminatory practice on First Nations children while promoting anti-discriminatory practice focused on the following key modules:

1. Early Childhood Development (including the Adverse Childhood Experience score);
2. Jordan's Principle;
3. The Canadian Human Rights Tribunal complaint and process (what we have learned);
4. Truth and Reconciliation Commission – Calls to Action related to children's health, social and education;
5. Pursuit of Equity (including the United Nations Convention on the Rights of the Child and Sustainable Development Goals).

The Policy Lens will be proposed to guide the development of federal policies and programs, ensuring that deliberate action are taken to include and reflect the unique needs of First Nations children in program and policy development.

### Membership

The Advisory Group will be co-chaired by the Senior ADM of FNIHB and the Caring Society. Membership will include:

- Assembly of First Nations
- ISC-ESDPP
- Chiefs of Ontario
- Nishnawbe Aski Nation
- Subject matter experts (see attached)

Indigenous Services Canada will provide all secretariat support of the Committee. Experts will be offered remuneration for their time. Webinar production support will be provided by ISC.

### Timeline

The Advisory Group will commence in October 2018 through to the finalization of the curriculum and policy lens in the late Spring 2019. Meetings will occur largely by teleconference every two to four weeks through to the completion of the project.

### Accountability

FNIHB and the Caring Society will collaborate to provide regular updates of the Advisory Group's work to the Consultation Committee on Child Welfare. The final products of the Advisory Group will be presented to the CCCW for approval.

These products will be presented to the Indigenous Services Canada Senior Management Committee (ISC-SMC) for consideration in implementation across the Department. Subject to the ISC-SMC approval, opportunities to implement these works across the public service would be explored.



This is Exhibit “AA” mentioned and  
referred to in the affidavit of Valerie Gideon

Affirmed or Sworn before me this 15<sup>th</sup> day of April 2019

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A Commissioner for taking affidavits

(Bernard Hanssens LSO #185510-7)



## Indigenous Services Canada Performance Agreements 2019/2020

### Performance objectives for Executives:

Within the overarching framework of the United Nations Declaration on the Rights of Indigenous Peoples and the Truth and Reconciliation Calls to Action, all Indigenous Services Canada Executives:

- guide all decisions concerning First Nations children in full compliance with the Canadian Human Rights Tribunal orders related to the First Nations Child and Family Services Program and Jordan's Principle;
- Support the Government's implementation of the CHRT orders including:
  - Ensure all staff have read the orders and are supported to meet the timeframes;
  - Support culturally-safe service delivery and act in the best interests of Indigenous children;
  - Demonstrate actively how their work has improved the quality of life of Indigenous children.

Please note:

Executive performance objects are the basis for the development of work objectives for staff.