



FSIN First Nations Service Coordinators Virtual Forum (Sep 28, 2021)

FINAL REPORT

EXECUTIVE SUMMARY

On September 28, 2021, the Federation of Sovereign Indigenous Nations Health and Social Development Secretariat (FSIN HSDS) hosted a Virtual Forum with the Saskatchewan First Nations Service Coordinators (FNCS). About 75 attended (number does not include the others in the rooms with those online). The meeting provided an important opportunity for the service coordinators to get updated and share information and recommendations on Jordan's Principle.

Following the opening prayer by Elder Leona Tootoosis, opening remarks by FSIN Vice Chief Pratt, and introduction and welcome by HSDS Executive Director – Kyle Prettyshield, HSDS Jordan's Principle Director - Charmaine Pyakutch and Shirley Bighead, Sturgeon Lake First Nation, the morning consisted of guest speakers providing information and updates on Jordan's Principle from a regional and national basis. This included representatives from Indigenous Services Canada (ISC) Jordan's Principle, SK Region, Indigenous Services Canada (ISC) Non-Insured Health Benefits (NIHB), the Assembly of First Nations Social Development (AFN SD) and the First Nations Child & Family Caring Society (FNCFCS). The afternoon consisted of the First Nation Service Coordinators selecting and meeting in three break-out rooms organized into three broad regional areas (north, south, central).

Key Findings:

All the groups stressed that the First Nation Service Coordinators were vital for advocating and directly helping First Nations children and families get the help they needed with Jordan's Principle. They advocate, assist with applications, and work with families through initial contacts, home visits, and other support help. It was also stressed that the FSIN Jordan's Principle office is essential for supporting service coordinators and individuals with applications, files, appeals and obtaining documentation. The assistance, advocacy and information sharing from the FSIN was found to be crucial to ensure children and families are receiving the support and services in addition to having their concerns raised at the national level. The ISC needs to engage with the service coordinators more meaningfully and respectfully in its implementation and support their work for the First Nation families.

Among the many concerns, those highlighted included the following:

- The ISC implementation of Jordan's Principle and the barriers caused by its administration and changing information requirements for getting applications approved. For instance, requiring overly detailed letters written by health professionals (doctors, others) to support Jordan's Principle applications were found to be time consuming with a slow turnaround. It was suggested the application process needs to be streamlined and timelier for families. Other professionals should be allowed to write letters, such as Day Care/Early learning staff and FN Service Coordinators. There also needed to be less documentation requirements to prove diagnosis for children's needs. Covid was a big factor with offices closed.

- The point of Jordan's Principle was to support First Nation children achieve higher and positive outcomes. All children should not need to be sick to qualify for Jordan's Principle. The ISC focal points (staff) should also be educated on cultural competency and sensitivity training to better address the individual and community health-related needs of First Nations children and families. Accountability and service standards were needed to cover the entire process and its associated elements. It was also suggested that health, social and educational program, and service providers also needed more education on Jordan's Principle to better understand its mandate.
- The generic responses being sent out now by ISC should be specific to the applications. It was suggested ISC needs a long-term plan for review/approval/denial of applications, and that it should better engage with the FN Service Coordinators in doing so.
- Other gaps include access issues for unregistered children, lack of mental and therapist health supports, underfunded coverage for childcare – it should match the needs of the child, - technology (laptops) for children in higher grades should be covered, the jurisdiction coordination between provinces needs improvement, and the aging out issue at 18 years of age should be extended to age 21 years to allow for transition.

Recommendations and Next Steps:

- Annual First Nations Service Coordinators Forums
- Leadership Forum for Jordan's Principle update and direction
- Regional First Nation Ombudsperson for Jordan's Principle
- Follow up on the FNCS recommendations

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Acknowledgment: Many thanks to elder Leona Tootoosis, FSIN Vice-Chief Pratt, the First Nation Service Coordinator participants, the guest speakers, the FSIN HSDS Executive Director – Kyle Prettyshield, HSDS Jordan's Principle Director – Charmaine Pyakutch, HSDS staff, and others who helped with the FNSC virtual forum. It was a good turnout (75+) and the zeal of everyone was evident to help First Nation Jordan's Principle children and families in Saskatchewan get a better quality of life with full services and support at all levels. Teniki all, Dr. Bonita Beatty, facilitator.

INTRODUCTION

On September 28, 2021, the Federation of Sovereign Indigenous Nations Health and Social Development Secretariat (FSIN HSDS) hosted a Virtual Forum with the Saskatchewan First Nations Service Coordinators (FNCS) to update and share information on Jordan's Principle, and for the Service Coordinators to discuss their experiences working through its implementation (benefits and challenges) and get their recommendations for addressing key gaps and next steps.

The opening prayer was done by Elder Leona Tootoosis, followed by opening remarks by FSIN Vice Chief Pratt, and introduction and welcome by HSDS Executive Director – Kyle Prettyshield, HSDS Jordan's Principle Director – Charmaine Pyakutch, and Shirley Bighead, Sturgeon Lake First Nation. The rest of the morning had feature guest speakers from regional and national organizations providing information and updates on Jordan's Principle.

Speakers

Indigenous Services Canada (ISC) Jordan's Principle Senior Advisor SK Region - Maureen Sebastian & Service Coordination Liaison, Jordan's Principle, SK Region - Hannah Haydt. The presentation provided extensive quantitative detail on 2020-2021 Jordan's Principle approved products and services and expenditures for the SK region. They noted a 205% increase (76,520) in approved requests compared to the prior year - individual (most common – education, respite, medical transportation) and group (most common-mental wellness, social, health child development), and a 4% decrease in expenditures in the same period. Over half (57%) of the individual requests were based on-reserve. Over 282 products and services (8.2%) for individual requests were escalated and denied at national headquarters (HQ) and 75 group requests (25%) were similarly declined at HQ. Denial emails generally note above normative standards, insufficient information, and insufficient link of the request to the identified needs of the child. The appeals process indicates response time variations with time sensitive and regular appeals.

Indigenous Services Canada (ISC), Kelly Ulrich, Non-Insured Health Benefits (NIHB) A/Director and Carrie Gaskin, A/Senior Advisor for NIHB SK. The speakers gave a Sask. NIHB program overview and its key elements. Temporary benefits for Covid 19 include extended coverage of unregistered infants up to 24 months of age, and the use of existing prescriptions on file with suppliers for certain supplies and equipment. Dental benefits, managed through the NIHB national office in Ottawa, were also listed, along with pharmacy benefits. The appeals process was reviewed. The NIHB Jordan's Principle liaison is the main contact for children under 18years of age. All child requests are taken to NIHB first and if the application is found ineligible, the NIHB liaison works with Jordan's Principle Focal Points for resolution.

Stephanie Wellman, Associate Director of Social Development and Jessica Quinn, Senior Policy Analyst, Social Development, Assembly of First Nations (AFN). The AFN presentation provided an update on the Jordan's Principle Action Table (JPAT) and its recommended policy options for the long-term implementation of Jordan's Principle and First Nations jurisdiction over Jordan's Principle. It included an overview of the new Canadian Human Rights Tribunal rulings on eligibility and compensation, Bill S-3 amending the Indian Act, and Bill C-92 legislation respecting First Nations, Inuit and Metis children, youth, and families. The AFN's next steps

include more presentations to regional organizations, a survey of key stakeholders, analysis, and development of policy solutions.

Jennifer King, First Nations Child & Family Caring Society Reconciliation and Policy Coordinator. The presentation provided an update on the Canadian Human Rights Tribunal Orders (CHRT) & Jordan’s Principle. Since the January 2016 ruling, the CHRT issued 20 procedural and non-compliance orders against the federal government, of which nine related to Jordan’s Principle. The Jordan’s Principle Order includes the main principles of “substantive equality, the best interests of the child, be needs based and account for distinct community circumstances” (King ppt). Other details on Canada’s judicial reviews relating to confirmation of eligibility, compensation, and capital assets are ongoing. (As an update on Oct 29, 2021, the federal government filed an appeal to overturn the CHRT order of compensation for First Nations children, with further plans to settle the dispute outside of court)

After the speakers, the afternoon consisted of the Service Coordinators meeting in 3 break-out rooms to discuss their Jordan’s Principle work experiences, key concerns, and recommendations for next steps. The groups were broadly organized into regional areas (north, south, central).

METHOD

The FSIN FNCS agenda set out the format for the Virtual Forum (zoom) to facilitate pertinent information sharing, engagement, and to get advice from the participants on how to address key challenges relating to Jordan’s Principle in Saskatchewan and ideas on moving forward with next steps. The method used for information sharing and gathering was through guest speakers (Q/A) and through breakout group discussions.

The groups were broadly organized into northern, southern, and central sections to capture the main issues facing the First Nation Service Coordinators and the First Nations people they work with living in the various regions. A small set of open-ended guiding questions were provided to organize the group dialogue and to ensure flexibility for participants to bring out other issues they wanted to discuss. The findings provided insight into overall common themes and issues faced by all Service Coordinators across the province, and it also identified their more specific regional north, south, and central issues.

ALL GROUPS - COMMON THEMES (from the break-out rooms)

BENEFITS by all Groups

- All the groups stressed that the Service Coordinators are extremely beneficial and vitally important for helping and advocating for First Nations children with disabilities and their families get the help they need with Jordan’s Principle. Their advocacy, application assistance and follow-up work with families includes initial contacts, home visits, helping, and supporting families with Jordan’s Principle applications from start to finish. They are motivated by seeing tangible results for work that supports a better quality of

life for Jordan’s Principle children. Advocacy is crucial for connecting families with needed services.

- Service coordinators can advocate for urgent services like occupational therapists coming to the communities, need for home assessments, respite and getting home care services for parents having children with multiple needs. The acceptance of verbal consent on applications due to Covid considerations was helpful.
- It is considered as a vehicle for change and brings light to gaps and discriminatory practices in services and products for children. Families are provided hope with a positive change for their children to have access to needed services and long-term benefits. They can have goals for them.
- It made it possible to provide programs in the community such as youth mentors, organizing activities, listening, and sending referrals for help in areas like mental health. And it also provided opportunities for youth engagement – different workshops can have positive impacts on youth
- Medical transportation is available but is often caught between Jordan’s Principle and the Non-Insured Health Benefits program. A liaison is available to assist.
- It fosters collaboration between professionals. Service Coordination built capacity in FN Schools. FN’s have capacity to communicate with South school divisions. Collaborating with schools has been beneficial identifying needs for the children.
- It provides good opportunity to advocate within schools and bring cultural supports. Cultural resources are now available, accessible, and approved. Private assessments help individual applications get approved, like family respite services. E.g., Alvin Buckwold will do private assessments to avoid long waiting lists. It provides much quicker access to letters of support. It opens doors for children with special needs

COMMON CHALLENGES by all groups	RECOMMENDATION(S) by all groups
<p>Changing information requirements for Jordan’s Principle and the administrative barriers with the approval systems is an onerous burden.</p> <p>The added burden involved in getting the required detailed letters written by professionals (doctors, others) to support Jordan’s Principle applications can be time consuming and confusing. For example: Sometimes service coordinators advise doctors what the Focal Point people (ISC) need for information – and the turnaround is slow. Getting letters of support can hold up applications for caregivers – so many strings attached for grandparents applying, missed</p>	<p>The application process needs to be streamlined and timelier for families. There seems to be insufficient staff to respond in a meaningful way. Need guidelines for new staff to facilitate the applications and ensure more consistency with contact people.</p> <p>Service Coordinators should be able to provide support letters as opposed to those only with credentials (registration numbers) presently working in the field Requiring detailed letters from professionals should be changed to allow other professionals to write the letters, such as Day Care/Early learning staff.</p>

<p>signature by therapist had to lead to an appeal to resolve.</p> <p>Some professionals also do not want to write letters. ISC is requesting too much specific information on the letters of support. The challenge is getting the right wording for the letters of support that will be acceptable by ISC.</p> <p>It is also sometimes <u>difficult to get information required</u> to complete applications, especially historical information. E.g., requesting services like good security for the community as a group request. ISC Jordan’s Principle requested more information for this request, and they required a letter from the Band regarding how much money was received from Covid Dollars. There was no response.</p>	
<p>Physicians/professionals do not have time to write support letters. There are costs associated with obtaining support letters. Although costs for the letters will be approved in an application, the letter cannot be obtained until payment is made. Families often cannot afford the letters.</p>	<p>Costs for support letters should be automatically covered.</p>
<p>The application process with its additional required letters of support for the applications are a <u>cultural and language barrier</u>, and can be traumatic for many, placing <u>an undue burden on families</u> to provide the right wording and information. Families fear the system and often do not follow through with completing the applications. Having to prove financial hardship is difficult due to lack of trust by families fearing any information provided will be used against them. They are also unsure how to prove financial hardship. The ISC is requesting sensitive information (e.g., banking) before an application is approved. Dental applications, medication applications are causing more work for parents (professional referrals, equipment approvals, price changes not considered).</p>	<p>There needs to be less documentation requirements to prove diagnosis for children’s needs – too time consuming and overwhelming for families. Covid was a big factor with offices closed.</p> <p>There needs to be education on cultural competency and sensitivity training for focal points. They are not sensitive to the needs of the children and communities.</p> <p>Children that are not registered as Status should be covered under Jordan’s Principle – they are suffering gaps in services – e.g., no dental treatment.</p>

<p>Ongoing repetitive requests can also frustrate service providers. No reasons are provided when applications are escalated. E.g., Fencing items – additional information required of the health professional to describe the required product and get quote from a contractor can be frustrating. With Band houses, an agreement with public works is also requested.</p>	
<p>The application process is <u>time consuming</u> with a slow response turnaround. There is no confirmation of receipt of application other than a generic email and Service coordinators do not know about issues until weeks after.</p>	<p>The generic responses should be specific to the applications.</p> <p>Develop templates. Share information on how to get applications approved.</p>
<p><u>Proving substantive equality – what does this even mean?</u>¹ It gives a feeling that Jordan’s Principle assumes one is lying about an application and must prove an application is valid by providing professional support. It often leads to delays in communication and <u>generic responses</u> that just adds to their data.</p>	<p>There should be a check list for Substantive Equality. It seems Substantive equality standards are changed for every application.</p> <p>There needs to be accountability and service standards to cover the entire process and its associated elements. The generic responses should be specific to the applications. Service standards are needed for non-urgent applications.</p>
<p><u>Barriers to timely processing of applications due to delays caused by queues and bureaucracy</u> make it difficult for Service coordinators. It is especially difficult for children who need urgent care. Approval times for applications were long for many - sitting at regional or national office for weeks (staffing issues). Some medical and dental are approved in timely manner.</p>	<p>Diagnoses do not go away. There should be a renewal not a whole new application. Approvals by professionals should cover the school year or be renewed automatically rather than having to go through a new application process every time. Approvals should be good for a couple years.</p>
<p>The Jordan’s Principle administrative process creates an adversarial relationship with applicants and the advocacy by Service coordinators is treated like a detriment. In one example, a service coordinator experienced lateral violence from a focal point worker.</p>	<p>Service Coordinators should have more authority to speak on behalf of the family. Regional level is ignorant of what people go through in a Reserve.</p>

¹ **Substantive equality** (ISC website) is a legal principle applied across Canada to guide Jordan’s Principle implementation. It seeks to address inequalities arising from individual circumstances to put them in the same position with the same opportunities. Requests are assessed against normative standards. See: <https://sac-isc.gc.ca/eng/1583698429175/1583698455266#chp2>

<p>Why are we being forced to align with both normative and provincial standards? The point of Jordan’s Principle was to support FN children achieve higher and positive outcomes. Do all children need to be sick to qualify for Jordan’s Principle? Children without diagnoses are not getting approved or approved in a timely manner and it should not be the service coordinators job pressure parents to get medical assessments completed to get services they need.</p>	
<p>The applicants must spend the approved funds in prescribed time limits and often cannot afford to address higher cost needs that arise, e.g., COVID – 19.</p>	<p>Proactive planning and budgets that are based on the life-span needs of the child are necessary to appropriately meet the needs as they arise.</p>
<p>Insufficient coverage for childcare. Jordan’s Principle has a list of amounts - \$27 for 2 children which is not sufficient. Referrals are more challenging to get in the north. They are too low (\$20 day, \$27 for 2 children) (NIHB travel rates 20 cents/km).</p>	<p>Childcare coverage should cover costs to match the needs of the child. The rates approved for childcare and travel need to be revised and raised especially in the north with its higher costs.</p>
<p>Technology needs for Jordan’s principle children in higher grades are not being appropriately addressed. Eg. When schools (PS) accessed laptops through Jordan’s Principle, the rules around access and sign-outs were not conducive to student’s home needs. There is no recommendation letter from school/university for technology for child to use. Internet access costs are not covered and should be.</p>	<p>The technology issues for kids in higher grades needs to be addressed</p>
<p>Access issues are a major gap – limited services in the communities, therapists etc.</p>	<p>There needs to be more professional service providers (speech therapy etc.). Occupational therapists, physiotherapists, speech and language therapists should come to the community to see the families and their home conditions. Access to special needs vehicles and wheelchairs need to be part of wrap-around child approach and should be approved.</p>

	A home for special needs kids/adults is needed in communities (like Ronald McDonald house in saskatoon). There needs to be a family friendly system.
Mental health counselling or mental health recommendations should be covered by Jordan’s Principle; and NIHB should cover mental health services like specialized counselling	Mental health coverage should match the needs of the child and family
Jurisdictional issues – Jordan’s Principle respite family only receives \$500 and cannot apply anymore, yet the needs are high. The inconsistent application of Jordan’s Principle across the country is needed – families living on borders sometimes caught between jurisdictions.	Jurisdictional issues need to be better coordinated especially for children residing near and in border cities and towns (AB and MB).
The Aging out issue when child reaches 18years is a problem – no transition help	The Aging out of Jordan’s Principle is a serious issue and needs to be raised to 21 years of age – respite services – transition
Clear information needs to be shared for quotes (e.g., beds). Capped costs are an issue– must apply for product in piece range and often the amount approved is only half the request. Capital issues also include denial of housing applications, with its limit on minor modifications. There is often mold in houses where kids with respiratory issues live. How can these be addressed?	ISC needs to follow either provincial or federal guidelines for costs. When online estimates are sent, approvals cover only half – half a crib, half a chair. There should not be a cost cap on needs.
Generic Rationales for denials and appeals make it challenging for applicants to engage in time consuming appeals. The process appears to favor and protect the federal government. Appeal times are too lengthy – sitting for 6 months for e.g., frustrating and discouraging for both Service Coordinators and the families.	ISC needs a long-term plan for review/approval/denial of applications. On Reviews - define the role of reviewers, what can they review at regional level as opposed to the national level? How can we challenge the process? Why is government doing the reviews and not an independent reviewer? There should be an appeal process in place for an independent reviewer if you do not agree with the decision.
Some felt the 1-833 number was not useful or helpful for getting answers– they changed the policy of contacting focal points directly.	The policy of contacting focal points directly should be restored to better address specific

	details of the applications and not through generic emails.
When the Sask. TIPS guideline booklet for applications was pulled by the national office, more documentation was required for letters and there were longer wait times. For example, requiring occupational therapists to do home and yard assessments.	Develop templates. Share information on how to get applications approved.
Lack of awareness is a challenge, especially with Covid. Remote areas cannot access or reach Service coordinators where there is no telephone or internet.	Better communication is needed. Social media for e.g., to inform on changing policies and inform the public on the challenges with Jordan’s Principle
Service Coordinators need better training. Policy language needs to be clear to ensure the applications are fully completed.	Advocate for annual meetings for the Service Coordinators to share information and best practices.
Group meetings were useful for sharing information and more effective, as opposed to regional systems.	More Training - orientation from ISC for new Coordinators - Need training for filling out the applications.
It was noted that the ISC - FNIH failed to uphold responsibilities and implement treaty right to health in services, such as sufficient coverage for medical transportation, youth cultural programs, midwifery teachings, equipment and supplies, housing and home renovations, respite, mental health therapists	The First Nations should take care of the funding regionally.

REGION-SPECIFIC THEMES - NORTH, SOUTH, CENTRAL (by question)

NORTH – Q1 - Benefits of Jordan’s Principle

- Personal contact with parents and children needing Jordan’s Principle services was considered very important. For example: Home visits, visiting, listening, personal stories, laughter, tears, and listening to parents taking care of children with disabilities and getting the support they needed.
- It made it possible to meet needs not covered by NIHB by helping with applications and proper documentation.
- Made it possible to provide programs in the community such as youth mentors, organizing activities, listening, and sending referrals for help in areas like mental health.
- It provided opportunities for youth engagement – different workshops can have positive impacts on youth

- There is time sensitive response to urgent applications, such as FASD support of children and youth, vehicles, ramps, house application, and dental surgery.
- Service coordinators able to advocate for urgent services like occupational therapists coming to the communities, need for home assessments, respite and home care services for parents having children with multiple needs.
- Service coordinators note ISC - FNIH failure to hold to their responsibilities and implement treaty right to health in services, including sufficient coverage for medical transportation, youth cultural programs, midwifery teachings, equipment and supplies, home renovations, respite, mental health therapists
- Service coordinators can advocate and urge timely response for group proposals – some have waited 3-4 months for response.
- Accepting verbal consent on applications due to Covid factors was helpful.

NORTH – Q2 - Challenges

- Getting the detailed letters required for applications from professionals (doctors, lawyers, educational staff, other professionals) is problematic - sometimes must advise doctor what the focal point people need for information. Challenging to get letter written.
- Approval times for applications are long for many - sitting at regional or national office for weeks (staffing issues). Some medical and dental are approved in timely manner.
- Insufficient coverage for childcare. Jordan's Principle has a list of amounts - \$27 for 2 children which is not sufficient. They should cover costs to match the needs of the child.
- Clear information need to be shared for quotes (e.g., beds).
- Capital issues include denial of housing applications, with its limit on minor modifications. There is often mold in houses where kids with respiratory issues live. How can these be addressed?
- Appeal times are too lengthy – sitting for 6 months for e.g., frustrating and discouraging for both Service Coordinators and the families.
- When the Sask. TIPS guideline booklet for applications was pulled by the national office, more documentation was required for letters and there were longer wait times. For example, requiring occupational therapists to do home and yard assessments. The changing information requirements for Jordan's Principle and the administrative barriers with the approval systems is an onerous burden. The letters of support hold up applications for caregivers – so many strings attached for grandparents applying, missed signature by therapist had to lead to an appeal to resolve.

NORTH – Q3 – Recommendations

- The application process needs to be streamlined and timelier. There seems to be insufficient staff to respond in a meaningful way. Need guidelines for new staff to facilitate the applications and ensure more consistency with contact people.
- The issue of requiring detailed letters from professionals needs improvement to facilitate the process for families. It should be changed to allow other professionals to write the

letters, such as Day Care/Early learning staff. Perhaps, should get a co-signer for the letter in a community that know the child – eg. mental health and teacher

- There needs to be less documentation requirements to prove diagnosis for children’s needs – too time consuming and overwhelming for families. Covid was a big factor with offices closed.
- There needs to be more professional service providers (speech therapy etc.). Occupational therapists, physiotherapists, speech and language therapists should come to the community to see the families and their home conditions.
- Service Coordinators need better training. Policy language needs to be clear to ensure the applications are fully completed.
- Group meetings were useful for sharing information and more effective, as opposed to regional systems.
- Mental health counselling or mental health recommendations should be covered by Jordan’s Principle; and NIHB should cover mental health services like specialized counselling
- Dental applications, medication application is causing more work for parents (professional referrals, equipment approvals, price changes not considered).
- Referrals are more challenging to get in the north. The rates approved for childcare and travel need to be revised and raised. They are too low (\$20 day, \$27 for 2 children) (NIHB travel rates 20 cents/km).
- The technology issues for kids in higher grads needs to be addressed. Eg. When schools (PS) accessed laptops through Jordan’s Principle, the rules around access and sign-outs were not conducive to student’s home needs. There is no recommendation letter from school/university for technology for child to use. Internet access costs are not covered and should be.
- Jurisdictional issues – Jordan’s Principle respite family only receives \$500 and cannot apply anymore, yet the needs are high. The inconsistent application of Jordan’s Principle across the country is needed – families living on borders sometimes caught between jurisdictions.
- Access issues are a major gap – limited services in the communities, therapists etc.
- Access to special needs vehicles and wheelchairs need to be part of wrap-around child approach and should be approved.
- The Aging out of Jordan’s Principle is a serious issue and needs to be raised to 21 years of age – respite services – transition
- A home for special needs kids/adults is needed in communities (like Ronald McDonald house in saskatoon). There needs to be a family friendly system.

SOUTH – Q1 - Benefits of Jordan’s Principle

- It provided a space for dealing with crisis management. It’s a vehicle for change and brings light to gaps and discriminatory practices in services and products for First Nations children.

- Service coordinators are very beneficial for families that are being affected. They provide advocacy, support and direct assistance for children and families.
- It fosters collaboration between professionals. Service Coordination built capacity in FN Schools. FN's have capacity to communicate with South school divisions. Collaborating with schools has been beneficial identifying needs for the children.
- Jordan's Principle provided a vehicle and benefits for children to access better quality services, such as medical and dental.

SOUTH – Q2 - Challenges

- Proving substantive equality – what does this even mean? ² It gives a feeling that Jordan's Principle assumes one is lying about an application and must prove an application is valid by providing professional support. It often leads to delays in communication and generic responses that just adds to their data.
- Barriers to timely processing of applications due to delays caused by queues and bureaucracy make it difficult for Service coordinators. It is especially difficult for children who need urgent care. The process creates an adversarial relationship with applicants and the advocacy by Service coordinators is treated like a detriment. A Service coordinator provided an example of experiencing lateral violence from a focal point worker.
- Why are we being forced to align with both normative and provincial standards? The point of Jordan's Principle was to support FN children achieve higher and positive outcomes. Do all children need to be sick to qualify for Jordan's Principle? Children without diagnoses are not getting approved or approved in a timely manner and it should not be the service coordinators job pressure parents to get medical assessments completed to get services they need.
- Proactive planning and budgets that are based on the life-span needs of the child are necessary to appropriately meet the needs as they arise.
- The applicants must spend the approved funds in prescribed time and often cannot afford to address higher cost needs that arise, e.g., COVID – 19.
- Generic Rationales for denials and appeals make it challenging for applicants to engage in time consuming appeals. The process appears to favor and protect the federal government.
- Some felt the 1-833 number was not useful or helpful for getting answers– they changed the policy of contacting focal points directly.

SOUTH - Q3 – Recommendations

² **Substantive equality** (ISC website) is a legal principle applied across Canada to guide Jordan's Principle implementation. It seeks to address inequalities arising from individual circumstances to put them in the same position with the same opportunities. Requests are assessed against normative standards. See: <https://sac-isc.gc.ca/eng/1583698429175/1583698455266#chp2>

- There needs to be education on cultural competency and sensitivity training for focal points. They are not sensitive to the needs of the children and communities.
- There needs to be accountability and service standards to cover the entire process and its associated elements. The generic responses should be specific to the applications. Service standards are needed for non-urgent applications.
- There should be a check list for Substantive Equality. It seems Substantive equality standards are changed for every application.
- On Reviews - define the role of reviewers, what can they review at regional level as opposed to the national level? How can we challenge the process? Why is government doing the reviews and not an independent reviewer? There should be an appeal process in place for an independent reviewer if you do not agree with the decision.
- Better communication is needed. Social media for e.g., to inform on changing policies and inform the public on the challenges with Jordan's Principle.
- Advocate for annual meetings for the Service Coordinators to share information and best practices.

CENTRAL – Q1 - Benefits of Jordan's Principle

- Jordan's Principle gives families hope that their children will get the services they need and long-term benefits. They can have goals for their children.
- It provides good opportunity to advocate within the schools and bring cultural supports. Cultural resources are now available, accessible, and approved. Private assessments help individual applications get approved, like family respite services. E.g., Alvin Buckwold will do private assessments to avoid long waiting lists. It provides much quicker access to letters of support. It opens doors for children with special needs.
- Service coordinators help support families directly by being accessible via telephone. Advocacy plays a big role connecting families with needed resources.
- Medical transportation is available but is often caught between Jordan's Principle and the Non-Insured Health Benefits program. A liaison is available to assist.

CENTRAL – Q2 - Challenges

- Lack of awareness is a challenge, especially with Covid. Remote areas cannot access or reach Service coordinators where there is no telephone or internet.
- It is difficult to get information required to complete applications, especially historical information. E.g., requesting services like good security for the community as a group request. ISC Jordan's Principle requested more information for this request, and they required a letter from the Band regarding how much money was received from Covid Dollars. There was no response.
- The application process with its additional required letters of support for the applications are a cultural and language barrier, and can be traumatic for many, placing an undue

burden on families to provide the right wording and information. Families fear the system and often do not follow through with completing the applications. Having to prove financial hardship is difficult due to lack of trust by families fearing any information provided will be used against them. They are also unsure how to prove financial hardship. The ISC is requesting sensitive information (e.g., banking) before an application is approved.

- Some professionals also do not want to write letters. ISC is requesting too much specific information on the letters of support. The challenge is getting the right wording for the letters of support that will be acceptable by ISC.
- There is no reason provided when applications are escalated. Example: Fencing items – additional information required of the health professional to describe the required product and get quote from a contractor- which can be frustrating. With Band houses, an agreement with public works is also requested. Service coordinators have lost service providers due to ongoing repetitive requests from ISC.
- The application process is time consuming with a slow response turnaround. There is no confirmation of receipt of application other than a generic email and Service coordinators do not know about issues until weeks after.
- Capped costs are an issue– must apply for product in piece range and often the amount approved is only half the request.
- Physicians/professionals do not have time to write support letters. There are costs associated with obtaining support letters. Although costs for the letters will be approved in an application, the letter cannot be obtained until payment is made. Families often cannot afford the letters.

CENTRAL – Q3 – Recommendations

- Service Coordinators should have more authority to speak on behalf of the family. Regional level is ignorant of what people go through in a Reserve.
- Service Coordinators should be able to provide support letters as opposed to those only with credentials (registration numbers) presently working in the field.
- The applications should have a quicker turnaround time on decisions -ISC hire more staff?
- ISC needs a long-term plan for review/approval/denial of applications.
- ISC needs to follow either provincial or federal guidelines for costs. When online estimates are sent, approvals cover only half – half a crib, half a chair.
- Children that are not registered as Status should be covered under Jordan’s Principle – they are suffering gaps in services – e.g., no dental treatment.
- Costs for support letters should be automatically covered.
- Diagnoses do not go away. There should be a renewal not a whole new application. Approvals by professionals should cover the school year or be renewed automatically rather than having to go through a new application process every time. Approvals should be good for a couple years.

- The First Nations should take care of the funding regionally.
- Develop templates. Share information on how to get applications approved.
- Assistance, advocacy and information sharing from the FSIN was found to be crucial to ensure children and families are receiving the support and services in addition to having their concerns raised at the national level.
- More Training and orientation from ISC for new Coordinators - Need training for filling out the applications.

DISCUSSION and CONCLUSION

The First Nations Child and Family Caring Society of Canada presentation described the key elements of Jordan's Principle as being "*based on substantive equality, the best interests of the child, be needs-based, and account for distinct community circumstances. These principles also apply to the First Nations Child and Family Services Program*" (J. King, FN Caring Society, Sept 28,2021, slide 3). It was evident from the discussions by the SK First Nations Service Coordinators that the administrative implementation of Jordan's Principle, while having many benefits, also created additional barriers for First Nation families trying to apply for the services needed by their children. The onerous proving of the need is one of the most identified hurdles by the Service coordinators and many wonder why First Nations children need to prove that need given their population demographic.

The Service Coordinators identified significant positive benefits of Jordan's Principle helping and supporting parents and children access the services they needed. They also identified many of the challenges, most attributed to ISC implementation policies and administration across the country. These are identified in detail above. It is evident the FSIN Jordan's Principle office plays an important role by ensuring service coordinators are supported and the grass roots voices are heard at the national level. The ISC application and approval process needs to be reviewed considering the concerns brought forth. It was stressed that the application process with its additional required letters of support for the applications created a cultural and language barrier, and could be traumatic for many, placing an undue burden on families to provide the right wording and information. It was stated that many families fear the system and often do not follow through with completing the applications.

There also continue to be many gaps in relation to community-based health, social and education support services. First Nation children with special needs and families may not have local access to the required therapists that they need without having to go out of their community. Jordan principle is intended to help access needed services when they are needed through funding supports for health, social and educational needs. While many more were identified, some of the continuing gaps included the need to address issues with unregistered children, the lack of mental and therapist health supports in the communities, the underfunded coverage for Childcare to match the needs of the child, the technology coverage for children in higher grades (personal laptops), the improvement of the jurisdiction coordination between provinces to remove barriers to access for those living close to border cities, and it was considered important to address the aging out issue to extend it beyond 18 years of age to age 21, and thus allow for transition.

NEXT STEPS

The next steps

- Leadership Forum (Jordan's Principle update, FSIN position, C92 implications on FN children, coverage for all First Nation Jordan's Principle children regardless of status or residency)
- Annual First Nations Service Coordinators Forums
- Regional First Nation Ombudsperson for Jordan's Principle
- Follow up on the FNSC recommendations

ATTACHMENTS



FSIN First Nations Service Coordinators Virtual Forum

AGENDA

September 28, 2021

10:00 am – 4:00 pm

Link: <https://us02web.zoom.us/j/89680413109?pwd=dEVHdjBXNmE3aXcrVDR1NWtlUXhrdz09>

- 10:00 am Opening prayer – Elder Leona Tootoosis
- 10:05 am Introduction & Welcome – FSIN HSDS Executive Director – Kyle Prettyshield, Director Jordan’s Principle - Charmaine Pyakutch, Sturgeon Lake First Nation - Shirley Bighead, Facilitator – Dr. Bonita Beatty
- 10:15 am Indigenous Services Canada Jordan’s Principle Senior Advisor SK Region - Maureen Sebastian & Service Coordination Liaison, Jordan’s Principle, SK Region - Hannah Haydt
- 10:35 am Indigenous Services Canada Non-Insured Health Benefits A/Director - Kelly Ulrich, A/Senior Advisor for NIHB SK - Carrie Gaskin
- 10:55 am AFN Director of Social Development - Stephanie Wellman, Senior Policy Analyst - Jessica Quinn
- 11:25 am Caring Society Reconciliation and Policy Coordinator - Jennifer King
- 11:55 am Overview for the afternoon
- 12:00 pm – 1:00 pm **Break for lunch**
- 1:00 pm Breakouts - Gaps/challenges/successes
- 2:30 pm Health Break
- 2:45 pm Breakouts - continued
- 3:45 pm Closing remarks Dr. Bonita Beatty / Charmaine Pyakutch
- Closing Prayer – Elder Leona Tootoosis

GUIDING QUESTIONS FOR GROUPS

**FSIN First Nations Service Coordinators Virtual Forum, Sept 28/21
Guiding Questions for Breakout Rooms**

Benefits and Challenges of Jordans' Principle	
Q1	In your experience, what are some Key benefits of Jordan's Principle for First Nations? (3)
Q2	In your experience, what are some Key challenges that you see accessing health, social and/or educational needs under Jordan's Principle? (3)
Recommendations	
Q3	What are your priority recommendations for addressing the major challenges and barriers? (3-6)

FSIN Service Coordinator Virtual Forum - Key Group Themes (N, S, C) Sept 28,2021

Benefits and Challenges of Jordans Principle:

Q1 BENEFITS: IN YOUR EXPERIENCE, WHAT ARE SOME KEY BENEFITS OF JORDAN’S PRINCIPLE FOR FN’S? (3)

North	South	Central
<p>Home visits, engaging, visiting, listening to parents with child disabilities, personal stories, tears, laughter, caregivers lack support services & getting support for them</p> <p>Making it possible to meet needs through Jordan’s Principle with grants, not covered through NIHB, inform, help with applications and follow-up documents</p> <p>Youth mentors approved (OL), programming out of community center, activities, listen and send referrals to mental health, successful.</p> <p>Youth accessing through Jordan’s Principle – different workshops have huge impact on youth</p> <p>Time sensitive response to urgent applications – application approved for FASD support for children & youth in OL, 3 vehicles approved, a ramp, first house application, dental surgery done in a week thru Jordan’s Principle, tutoring applications</p> <p>Occupational therapists very important to come to communities, Delay with occupational therapy, working on home assessments, Respite services & home care services utilized for parents with multiple needs</p> <p>FNIH failure to implement treaty right to health – transportation. ISC needs to hold up to their responsibilities.</p>	<p>A space provided for dealing with crisis management.</p> <p>It’s a vehicle for change - brings light to gaps & discriminatory practices when it comes to services & products for our children.</p> <p>Service coordination very beneficial for families that are being affected; they always wanted their children to be advocated for and service coordinators have been able to assist families advocate for their own children. Role is to support families to advocate for their own children.</p> <p>Collaboration between professionals. Service Coordination built capacity in FN Schools. FN’s have capacity to communicate with South school divisions. Collaborating with schools has been beneficial identifying needs for the children.</p> <p>Jordan’s Principle provided a vehicle and benefits for children to access better quality services re: medical and dental – many doctors, dentists and other professionals are more willing to work with children and families once they are aware Jordan’s Principle is available.</p>	<p>Gives families hope</p> <p>Long-term Benefits for children</p> <p>Hope for families when they did not know the services were available. Have goals for kids.</p> <p>It is good to advocate within the schools and bring cultural supports. Cultural resources are now available, accessible, and approved. Private assessments help individual applications get approved, like family respite services.</p> <p>Alvin Buckwold will do private assessments to avoid the long waiting lists. This provides much quicker access to letters of support. It opens doors for children with special needs.</p> <p>Service coordinators help support families being accessible via telephone.</p> <p>Advocacy plays a big role with connecting families with the resources.</p> <p>Medical Transportation is caught between Jordan’s Principle and NIHB. There is a Liaison Person available to assist with these requests.</p>

<p>Youth cultural programs, medical vans, teachings, Mid-wifery teachings, equipment & supplies, home renovations, respite, 4 mental health therapists, Community Group proposals waited on 3-4 months for response Verbal consent on applications (accepted due to covid and pandemic)</p>		
<p>Q2. Challenges: In your experience, what are some Key challenges that you see accessing health, social and/or educational needs under Jordan’s Principle? (3)</p>		
<p>North</p>	<p>South</p>	<p>Central</p>
<p>Detailed letters required for applications from professionals (doctors, lawyers, educational staff, other professionals), sometimes have to advise doctor what the focal point people need for information. Challenging to get letter written. Amount of time for approval of applications sitting at regional or national office for weeks (staffing issues) – (June – August @ national office) Medical & dental approved in a timely response OL has data when it is sent and approved. Letter from nurse practitioner, set their own amounts or information on childcare rates, follow tips coordinator. Jordan’s Principle Have their own list of amounts that they follow, \$27 for 2 kids –not</p>	<p>Proving substantive equality – what does this even mean? ³ Feeling that Jordan’s Principle assumes one is lying about an application and must prove that an application is valid by providing professional support. The experience is very challenging and many times there are delays in communication or generic responses for them to add to their data. It’s difficult for service coordinators to get applications done due to delays, and bureaucracy. It’s an adversarial relationship with applicants and SC advocacy seen as detriment. Delays in applications in queue is way too long especially for children who require urgent care. The queues need to be addressed – how was this not anticipated?</p>	<p>Lack of awareness - Covid has been a challenge. Remote areas do not have access to reach coordinators due to no phone or internet. Applications are like doing a proposal requiring historical information. It is difficult to get information required to complete applications. Example: requesting services like good security for the community as a group request. ISC Jordan’s Principle requested more information for this request, and they required a letter from the Band regarding how much money was received from Covid Dollars. Information was requested from the Band and there was no response. Families fear the system and do not follow through with completing the applications.</p>

³ Substantive equality (ISC website) is a legal principle applied across Canada to guide Jordan’s Principle implementation. It seeks to address inequalities arising from individual circumstances to put them in the same position with the same opportunities. Requests are assessed against normative standards. See: <https://sac-isc.gc.ca/eng/1583698429175/1583698455266#chp2>

<p>sufficient. Allow costs on needs for the child Clear information needs to be shared for quotes i.e., beds House application denied, they do minor modifications. Do not do capital & very challenging – mold in houses where kids with respiratory problems live - where do we go from here? Timeframe for appeals – sitting for 6 months – frustrating for coordinators, discouraging for families. Occupational therapists for home and yard assessment – need to be a requirement? TIPS book taken away – require more info for letters, wait times, (SK tips guidelines document for applications was pulled by National office) Grandparent raising grandson assistance thru CW – only way to get assistance from Jordan’s Principle – misinformation given Jordan’s Principle is a process with changing information requirements, and chains in command increasingly creating barriers. Ie. Letters of support hold up applications and tough for caregivers, eg. grandparent application with so many strings attached, another eg. A Missed signature of therapist held up application & had to appeal. Common sense in filling out application – signatures Contacting, listening and did all steps and not getting same person</p>	<p>A coordinator shared experiencing lateral violence and professional misconduct by a Jordan’s Principle focal point but feels he must take it so that the families he works with get their products and services. Some wondered if there is a performance bonus for cost control measures for the senior managers. Another asked, why are we being forced to align with both normative and provincial standards? The point of Jordan’s Principle was to support FN children achieve higher and positive outcomes. There is always a need for the child to have a diagnosis, and if a diagnosis is present in an application, then those applications are usually approved faster. Do all children need to be sick to qualify for Jordan’s Principle? Children without diagnoses are not getting approved or approved in a timely manner. It shouldn’t be a service coordinators job to sway a parent’s decision to get an assessment of any kind unless they want to. Parents should not have to feel pressured to getting medical assessments completed to get services they need. Need Proactive planning to address needs that come up so there is no lull in providing service to a child when needs arise. Budgeting should follow life span to ensure that sufficient dollars are available to get services. The funds being released for an applicant must be used in</p>	<p>Request for letters of support from families - families are in fear when having to prove financial hardship, fearing any information provided will be used against them – Lack of trust. Cultural barrier. Some professionals not wanting to write letters. Families feel they failed as a parent, retraumatizing when asking for financial assistance Unsure how to prove financial hardship – Do they apply to SS to prove it? Challenge getting the right wording for the letters of support that will be acceptable by ISC. Service coordinators have lost service providers due to ongoing repetitive requests from ISC. Escalation of Files. No rational is given when applications are escalated. Example: Fencing items – additional information required of the health professional to describe the required product and get quote from a contractor- which can be frustrating. With Band houses, an agreement with public works is also requested. ISC is requesting too much specific information on the letters of support Language barriers – parents/families have a hard time writing support letters for their applications. ISC is requesting sensitive information before an application is even approved – eg: banking information. The application process with its many requirements is</p>
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	<p>prescribed amount of time – which includes not using it in a timely manner ie: COVID-19, but there is a need for more funding in a lot of cases.</p> <p>Denials and appeals always have same generic rationale and make it hard for applicants to revise their appeals. Child specific requests are being denied with generic rationale and appeals are time consuming. Focus seems to favor protecting the fed government.</p> <p>Some mentioned that the 1-833 number is not useful or helpful for getting answers– they changed the policy of contacting focal points directly</p>	<p>traumatizing for many First Nations applicants. It is time consuming, and the turnaround is slow.</p> <p>No Confirmation of receipt of application – applications received by ISC are not always completed or they require more information but do not let the coordinators know for weeks after. Only a generic email of receipt is given when applying.</p> <p>Capped costs – must apply for product in piece range and often the amount approved is only half the request.</p> <p>Physicians/professionals do not have time to write support letters. There are costs associated with obtaining support letters. Although costs for the letters will be approved in an application, the letter cannot be obtained until payment is made. Families cannot afford the letters.</p>
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Q3 RECOMMENDATIONS: What are your priority recommendations for addressing the major challenges and barriers? (3-6)

North	South	Central
<p>Timely and streamlined process for applications needed. Number of channels to speak to someone is long– not enough staff to respond in a meaningful way Letters – more responsive in accepting proposals</p> <p>Lack of professional service providers i.e speech, etc. Applications not fully completed, better training for service coordinators</p>	<p>There is a lack of education on cultural competency and sensitivity training from focal points. Colonial thinking. They are not sensitive to the needs of the children and communities.</p> <p>There needs to be accountability and service standards to cover the entire process and its associated elements. The responses should</p>	<p>Service Coordinators should have more of a voice to speak on behalf of the family. Regional level is ignorant of what people go through in a Reserve.</p> <p>Service Coordinators should be able to provide support letters as opposed to those only with credentials (registration numbers) presently working in the field.</p>

<p>Policy Language needs to be clear to make it easier Timeline for mental health workers, letter from professionals due to covid Policy requirements Recommendation who can do support letters, open it up for other professionals to write letters ie day care/early learning Guide for new staff for successful applicants – no lists for families to apply for More information linked to staff in regina – consistency in contact persons Co-signer for letter in community mental health & teacher that know child Group meetings very helpful, relied on other service coordinators information Less impersonable with region Systems a lot more effective than they are now. Mental health, counselling or MH recommendations should be covered or approved through Jordan’s Principle – specific letter required from professional MH services should be covered through NIHB – specialized counselling Dental applications; medication applications More work for parents, professional needs to see parent for referral Equipment for approval, price changes, only receive for approval – North more challenging for referrals, The rates they pervade for childcare and travel should be looked at the rates are really low – approving \$20.00/day. OL</p>	<p>be specific not generic. We need service standards for non-urgent applications; change the non-generic responses; make the responses more specific to the applications. Seems that Substantive equality standards are changed for every application. There should be a check list for Substantive Equality. Some focal points maybe want to approve applications but are told from higher that they cannot do certain things. Define the role of reviewers, what can they review at regional level as opposed to the national level? How can we challenge the process? The Jordan’s Principle has become another federal government bureaucracy and the true mission has been diverted from. The needs of the child must be met first and billing be determined after service provided. Why is government doing review and not an independent reviewer? There should be an appeal process in place for an independent reviewer if you do not agree with the decision. Need Better communication. Using social media to inform and change policies. Informing society on the challenges in Jordan’s Principle so that people become aware of them Advocate for gatherings of Service Coordinators annually</p>	<p>Turnaround time on decision should be quicker -ISC hire more staff? ISC needs a long-term plan for review/approval/denial of applications. ISC needs to follow either provincial or federal guidelines for costs. When online estimates are sent, approvals cover only half – half a crib, half a chair. Children that are not registered as Status are suffering gaps in services – no dental treatment and they need it under Jordan’s Principle. Costs for support letters should be automatically covered. Diagnosis do not go away. There should be a renewal not a whole new application. Approvals by professionals should cover the school year or be renewed automatically rather than having to go through a new application process every time. Approvals should be good for a couple years. Let us take care of the funding ourselves – regionally Resource sharing – we are not competing for dollars. Develop templates. Share information on how to get applications approved. More Training /orientation from ISC for new Coordinators - Need training for filling out the applications.</p>
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<p>\$27.00 for 2 children. Mileage based on NIHB rate 20 cents/km.</p> <p>Technology issues on higher grades – Students going to another school to access technology</p> <p>grade 12 students couldn't get computers, went to different school and reapplied for computer for higher education – school rec'd funds from Jordan's Principle to purchase laptops – had to sign out to use (PA)</p> <p>No Recommendation letter from school/university for technology for child.</p> <p>Internet access – would not approve</p> <p>Jurisdiction issues – Jordan's Principle respite family receives \$500 on reserve and cannot apply for anymore. CDLSD intellectual diagnosis – high needs for respite</p> <p>Less documentation requirements needed – prove of diagnosis for child needs – time consuming and time sensitive – overwhelming – COVID offices closed</p> <p>Occupational Therapists to come to community & physio therapist, speech and language – to see family and conditions face-to-face, beneficial – what is available for changes around the home.</p> <p>Access issues – major gaps – having services in communities, OT – what chairs/equipment are available in communities – Sask Abilities</p> <p>Diaper sizes – services available thru ISC – more access to show families (catalogue)</p> <p>Delivery by mail for medical supplies</p>	<p>for information sharing and best practices</p>	
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<p>Inconsistent application of Jordan’s Principle across the country. Families on Alta side apply with Jordan’s Principle Alta, same with Man. Jordan’s Principle Approval in Sask and no success with Alta</p> <p>Houses approved in Man with Jordan’s Principle and not in Sk.</p> <p>Special Needs vehicle access – wheelchairs heavy – quotes from Regina & Moose Jaw</p> <p>Wrap around child approach is needed</p> <p>Aging out of Jordan’s Principle – raise to 21 yrs of age – respite services – transition</p> <p>Off reserve can apply to SAID</p> <p>Hey speaking to the van applications. I talk to Golden Mobility in Saskatoon and Prairie Heart Mobility for quotes for the few vans we’ve gotten approved. Golden Mobility is well known to Jordan’s Principle for ramps as well! Just for other options for future quotes.</p> <p>do they get training to handle and care medical equipment for safety for them and kids at individual and group setting? any support from FNIHB or Jordan’s Principle? Yes Alvin Buckwold training for every equipment for children.</p> <p>Ronald McDonald – very convenient – 18 yrs. See peers, adults with special needs, access to everything. Home for special needs kids/adults in communities.</p> <p>Not a family friendly system.</p>		
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