

DRAFT ONLY

Federation of Sovereign Indigenous Nations
(FSIN) HSDS
Jordan's Principle Forum Report
January 23-24, 2019

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FSIN Jordan's Principle Forum, Saskatoon, SK. January 23-24, 2019

Executive Summary

FORUM OBJECTIVES

- 1) To hear the Saskatchewan First Nation voices as the federal government embarks on a renewed way forward for Jordan's Principle on April 1, 2019. The forum will allow a SK First Nations voice on what Jordan's principle should and could look like.
- 2) Develop a SK First Nations regional position on Jordan's Principle beyond March 31, 2019

Acknowledgements to Participants and Speakers

FSIN Health and Social Development Secretariat would like to thank and acknowledge the over 390 participants (parents, grandparents, workers and managers from various First Nation agencies, leaders and others) who attended the Jordan's Principle Forum, as well as the hard work by the HSDS staff. Special thanks to the Speakers including Elder Maria Linklator, FSIN Chief Bobby Cameron, FSIN First Vice-Chief Morley Watson, Saskatoon Tribal Council Chief Mark Arcand, the FNIHB Regional Director, and representatives from the AFN (2), Manitoba Chiefs (1), Onion Lake Cree Nation, First Nations Caring Society, Action Table SK rep., SK Advocate for Children and Youth, Senator Sol Sanderson; and the Special Guests of honour - the Family of Jordan River Anderson.

KEY THEMES (from group sessions, questionnaire, sticky notes)

- Focus on the needs of Jordan's Principle child and their family including extra support and resources to overcome daily challenges— example, timely assessment, transportation, trained community helpers, housing/home modifications, respite care, mental health and wellness.
- Community-based services should be framed on First Nation Inherent Rights to Self-Determination and Treaty Rights approaches. Fostering Nation-to-Nation relations include fiscal sustainability and effective service coordination between jurisdictions.
- Continuation of Funding needed for ongoing supports and service to cover immediate needs for First Nations children, families and communities; and for further engagement and planning to continue to ensure long-term sustainability and coordination, Fiscal year should match school yr.
- Need for local service Coordinators for each First Nation community to help families access the full range of services and supports they need for their children (Band level, Tribal Council levels, Regional Jordan's Principle Coordinator(s) in central area).
- More information and help needed on criteria and forms for those living on and off reserves
- Many issues on registration for babies that need to be resolved
- Continuum of Care Approach needed – before, during and after.
- Interagency coordination across service providers and jurisdictions, culturally sensitive supports
- Address 'Aging out' of services for children, transition needs, ongoing care
- Training and education needed especially for those working with high needs children, for example, educate more people on special education (speech specialist, OT)
- Timely Services and Supports needed especially with issues of 'wait times' for special services like Alvin Buckwold Child Development Centre, speech therapists, referral issues)
- Capital Supports and Recreation needed. Youth centers, organized recreation programs, land-based culture programs, appropriate and accessible school playground equipment
- Communications needed, and a data base system can support that
- Access to health services and barriers with NIHB policies need to be addressed, including hospital to hospital transfers, regardless of jurisdiction, province or territory

FSIN HSDS Jordan's Principle Forum

Introduction

Jordan's Principle was intended to cover all the needs of First Nations children for publicly funded health services, or social services, or other supports, regardless of residency or social status. According to Health Canada,

“Jordan's Principle is meant to prevent First Nations children from being denied essential services or experiencing delays in receiving them. It applies to all First Nations children. It involves all jurisdictional disputes, between federal departments or between federal and provincial governments, and it provides payment for needed services by the government or department that first receives the request (Government of Canada, Jordan's Principle, 2017).”

While the House of Commons approved Jordan's Principle in 2007, it was narrowly construed and not much happened. In 2016, the Canadian Human Rights Tribunal (CHRT), following up on a complaint by the First Nations Child and Family Caring Society and the Assembly of First Nations, ordered the federal government to fully implement the full meaning and scope of Jordan's Principle. With that ruling, the implementation of Jordan's Principle in its broadest sense is now law.

In implementing Jordan's Principle, Health Canada started by provided funding in each region to First Nations, and other groups or provincially mandated organizations to provide service coordination to help children and families. A *Child-First Initiative* was set up in July 2016 committing \$382.5M over 3 years for enhanced coordination, ongoing engagement with First Nations, provinces/ territories, data reporting, and funding the unmet and inaccessible health or social needs of First Nations Children. That 3-year funding initiative is nearing its end date. This was the context leading to the FSIN Health Forum.

The FSIN Jordan's Principle Forum in Saskatoon on January 23-24, 2019 had several objectives:

- 1) To hear the Saskatchewan First Nation voices as the federal government embarks on a renewed way forward for Jordan's Principle on April 1, 2019. The forum will allow a First Nations voice on what Jordan's principle should and can look like from a Saskatchewan First Nations perspective.
- 2) Develop a SK First Nations regional position on Jordan's Principle beyond March 31, 2019

There was a strong consensus at the end of the Forum to advocate support for continued long-term funding for Jordan' Principle for the current and future needs of First Nations children and families in the communities. The forum was seen as an important step, but “only a first step” as noted by the father of the late Jordan Anderson. More regional and community forums are needed to ensure that more First Nations are aware about Jordan's Principle funding and to discuss and develop long-term plans that ensure equitable regional coordination and community control. Many communities still need to apply for funding for community-based, trained Coordinators. Many indicated that it was difficult and costly for parents or grandparents caring for children with high level needs to navigate the application processes without help, and there was some frustration that responses to applications often took a long time. Other key concerns involved the care those children with high level needs who would soon be ‘aging-out’ of the program. A grandparent carrying for a high needs teenager worriedly commented, “after that, who will take care of him?” The need to accommodate for a transition-phase was identified, as well as a long-term plan to support children with high level needs, not just for now, but also for life.

GENERAL RESPONSE TO JORDAN'S PRINCIPLE IMPLEMENTATION SO FAR

Some Strengths:

- Jordan's Principle is about children. Funding needs to continue for their future needs.
- It directly helps the child with high level needs and their family
- It is a law and not a program thanks to Jordan, his family and all those that helped get it through

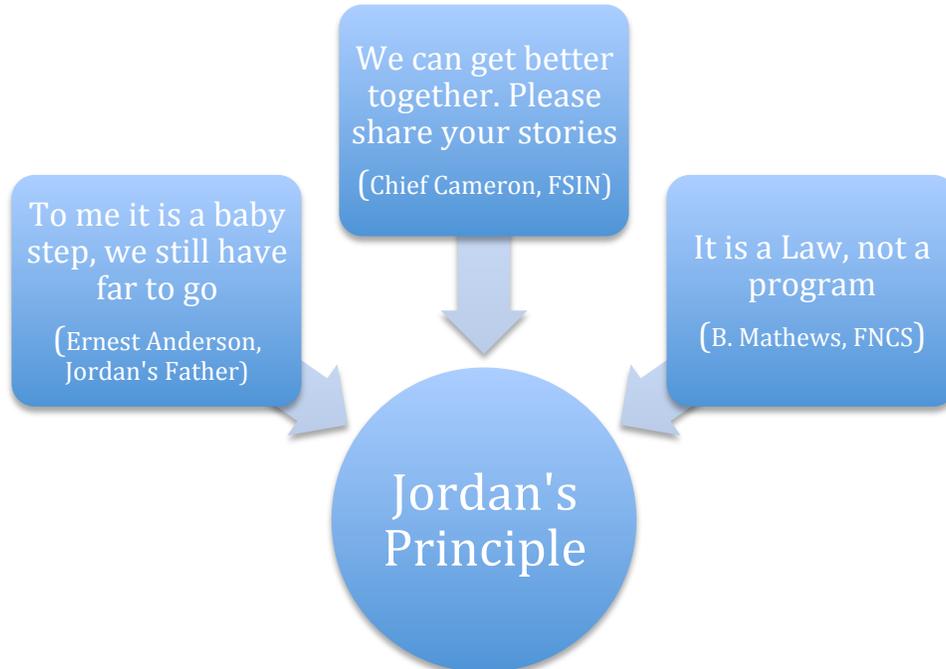
Some Weaknesses:

- Reimbursement is a disadvantage for those who cannot afford to pay out of pocket.
- Too much paperwork - parents are overburdened and need more help, Advocacy needed. NIHB policies are barriers. Each First Nation community needs a Jordan's Principle coordinator.
- Fails to address aging out (after age 18) for children with disabilities. It should be lifetime Care.

Communication Suggestions.

- More information sessions are needed for First Nations
- A long-term regional plan for SK First Nations is needed
- Each First Nation needs to develop their own Jordan's Principle Action Plans

SPEAKERS' KEY IDEAS



The Speakers' key messages reflected many common themes in the Forum.

We can get better together...we have much to do. The FSIN Chief Bobby Cameron thanked everyone for attending the forum and encouraged community people to tell their stories and share their ideas. He indicated that they will be establishing their own Children's Advocate in Saskatchewan and would be making an announcement at the upcoming Yorkton Assembly.

A child had to sacrifice his life because of the government. We're going to lose everything, we already pay for some medicine, my little grandson was sick and his medicine was \$200. We are losing lots and before we lose anymore a little boy had to lose his life to bring us together. We must not forget about that, we have to think about children and our elders (Elder Maria Linklater)

One of our children had to be called home for us to wake up and really something has to be done. Cindy Blackstock took on the feds and said they were discriminating against First Nations children. On march 31 this year the tribunal loses Jordan's principle and we have to have something in place and if we don't they will and it won't be for the benefit of our children, we have to have a better plan in place and if we don't we've let our children down again. We have to have confidence in ourselves we have to do this, children in our communities are counting on us. We always had to do things for ourselves and this isn't any different (Vice-Chief Watson, FSIN)

We need to make sure this funding continues for future needs. I support the Jordan's Principle Program. My own child needs it. We need it (Tribal Chief Arcand, Saskatoon Tribal Council).

We had kinship plan systems that were the modern concepts of government and democracy...we need to get our control back in every sector, remember our sovereignty and Treaty Rights are portable, and the legal frameworks for inherent rights and Title are recognized...we better get a social safety net in place to get the funding that we need (Senator Sol Sanderson).

I would encourage you to think about things like the data needs, any ideas about provincial involvement, disabilities program on reserve, basket of services, but there needs to be time for discussions (S.Wellman, AFN)

Our vision is no longer working in silos, centralizing all the services under one roof to establish efficiency. Timeline and goals, short term, identified service gaps in wide range of sectors, in addition to looking at funding mechanism options. Long term, we are looking at a proposed JP enhancement centre, where all services are housed and getting rid of silos (J.Hart, AMC)

As Onion Lake Health Jordan's Principle Coordinator for about a year, I meet lots of families. I meet with them and discuss their needs and help them put in an application and do all the necessary information to get it approved... Some examples of requests: Respite, typical funding is 500/month. So families need care 24 hours and they put in applications for home care hours, funding to pay staff. I've gotten communication devices recommended, therapists, speech therapists, car seats for disabilities, information sessions, travel needed for that, dental surgeries for those without treaty numbers, Sweats, play therapy, massage therapy. I gathered the numbers and information to show we needed a full time FASD support worker. We also got funding for full time speech therapist, new accessible van for wheel chair needs to be transported to appointments, treatment centre for youth. We also got 2 positions for JP, one in the health centre and one in education in the schools. These are services that should have been in place a long time ago (A. Urban, Onion Lake First Nation)

Lived Experience – A Community Case Story similar to Jordan's

(Erica Wahoben, Mosquito First Nation): *Good day everybody, Growing up I was taught that the Creator sends down special people for a reason and I believe that God sent Jordan down here for a good reason and he's seen what the governments been doing to us for years. I want to read you something that relates to my story, it says Jordan spent more than 2 years unnecessarily in a hospital while the federal government argued over who should pay for his at home care, Jordan died at 5 years old never spending a day in his home, I know the pain. I've experienced it myself. I have a son. God has been so good to me. I had the best year in 2015. I gave birth to my son on Dec 25, he was Christmas baby from the Creator but when Michael was born he had a heart disease. He was one of 25000 born in Canada with this rare disease, it's not very known, no kids serviced and doctors were telling me to prepare myself. I grew up in a spiritual family, my dad was a pipe man, and my mom is a well-known elder and I grew up knowing about the Creator. When my son was born I was the only one there, when he was born with this heart disease everyone questioned how long he would survive, and I prayed to the Creator. Even during ultra sounds they detected nothing. There were no signs until he was born. My son was diagnosed post-nataly, he had vein drainage, and my son's heart was upside down, missing a valve. The doctors told me to prepare myself but I said no, and my son survived, and after 3 weeks, he had open heart surgery, and then again they said prepare for the worst. Things were getting complicated, he was just sick. In Saskatoon they were so surprised because with his heart problem, how did he survive? They wanted to do a clinical study. We had a big appointment here in July in 2016 and experts were coming to meet him and doctors said he was a prodigy, he went through two surgeries in one week, and yet he came out, he was a tough little guy. I would ask if he would be able to play sports and they said they fixed everything. They told me it's going to take 8 hours for the surgery. I was by myself and to this day I stand by myself. They told me 8 hours and it took two and a half and the doctor said he couldn't believe it, successful surgery in minimal time with minimal bleeding. So they sent us home and we always had doctor visits. Then his family from Ontario wanted to see him.*

I was worried If he would be ok and I asked the doctor. They said he can enjoy life and we were able to travel across the country. Two days into Windsor Ontario and my son got sick and then the hospital refused to admit my son, regardless of all the papers, everything was valid, they denied us. I asked, 'My sons' a cardiac baby are you sure, you can't do nothing for him?' So the nurse came running after me and said on Monday call SK health and get a letter. And I showed them my treaty card, 'doesn't this mean anything?' it didn't matter, so that morning I called SK health and they sent a letter and the long story short, my son got sick again with influenza B. My son was deteriorating, when he finally got admitted I had to argue to keep him in there. He's sick and I know it, I argued with him and said 'if I leave and something happens are you willing to give up everything for being negligent to my son?' I said 'please just observe my baby for 6 hours and tell me I'm wrong,' and he said fine, we'll give you 6 hours. We stayed three days and from taking my son to the second floor, they told me he's deteriorating and we're going to transport him to children's hospital.

As soon as my husband and I walked out of the ICU, my son stopped breathing and I knew something was wrong, but we left and went to London. My son wasn't there, and we got a call that he was on life support and stopped breathing. They told me to prepare myself, they said he's swollen and puffed up. Can you make sure my baby gets here? So we waited and they came, long story short, we spent 3 weeks there and during that time they told me to be prepared and yet again he came out of influenza B and survived it. They refused to touch my son because he was that complicated and my son woke up on his own and the doctors didn't believe me. The next time he woke up, I didn't say anything so I could be with him for a while. The doctors still didn't believe me. They said there's no way he should be up. I was asking what they did to him and when he woke up he showed signs of improvement. So we spent 3 weeks in the critical care unit and then transferred to the 6th floor where we were supposed to get

home. After that he was fine for weeks, perfectly recovering.

Then they asked me if I had coverage to get flown home, we had Hope AIR, Air Canada, who was willing, the STARS ambulance was willing. We waited and waited and every day they said we were going to get you home, we got to get some funding and do this and do that and nothing worked so we had to stay in the hospital and a lot of things happened. My boy was mistreated and this is something I suffer from. I was diagnosed with PTSD and with my son being so special, they seemed like they didn't care. And I think if only we had someone to pay for our flight to get back home. He caught two viruses in the hospital and those viruses took my baby down and there's no way that should have happened. But he suffered everyday until the day he died.

My story could go on forever but I want to ask every one of you, I need help, I stand alone with this problem and no one's there to help me, and I want to call on everyone in FSIN to help, was it right we stayed there all those weeks? My son would have had a better chance if we had funding. Yesterday the head people were saying we have 10 months for this election, see if his words are true, how will he (government) reconcile with us, after every option to get home, there was not one person that was willing to pay for my sons trip. A lot of things happened during this time and I want to ask for help. I don't want my sons life to go down like this, there should have been something done. My son's autopsy report is so questionable, they said I waited 5 days; I waited a day and was denied. I had to call SK health to get him in there and in the report it makes it sound like I didn't care. I think anyone involved in this ordeal should speak for themselves, there's a lot of mistreatment within us with the government. Why do we continue to be mistreated, don't take no for an answer, I don't want to, I need someone to help me. I don't want to profit off my son's death, I want justice for my son. My son ended up dying because we couldn't get travel in time. We have a right as native people to get a right to transportation and because I wasn't entitled to it, I lost my son and there wasn't anything anyone could do about it. I thank you for listening and that something comes from what I say and that nothing ever happens like this to any kids that are sick. I do believe he could have still been alive to this day if there was something done.

Look at how far FSIN has brought it, I'm so proud of everyone here, with their stories, and thank you for listening to me, and I feel better.

There were other community stories that were shared in the group discussions and in table conversations, but the above was exceptionally detailed with the speaker asking to share her story with everyone. A small sample of other stories included various issues that have been identified in the common themes. These included concerns with access to health services and barriers put up by NIHB policies. It was recommended that Hospital-to-hospital transfers for children should be automatically approved regardless of jurisdiction and province or territory.

Other concerns included Aging out issues for children with disabilities. It should be lifetime care. There are No programs for First Nations beyond 18 years of age. Proactive programs are needed like Community living for Jordan's Principle children after school. A few more examples included:

- Grandparents looking after autistic child wonder what they will do once he is finished school. There is no transportation when he goes to and from school because he is only comfortable with family and routine. They need help and are worried about him especially after he ages out of Jordan's Principle.
- FAS children in Group homes. Are they prepared for the real world after they leave?
- A couple with a disabled son who cannot read and had to do oral exams. He cannot go to school, short attention span. Both parents need to care for him fulltime. Lack of Income is very stressful

SUMMARY of COMMON THEMES

SK First Nations Priority Service Needs for Jordan's Principle (Group Notes, Questionnaire and Sticky Noted Combined)

This summary of common themes came from the Individual Questionnaires, Group Notes and sticky notes (pasted on wall) that were submitted at the end of the forum relating to peoples' ideas on the priority service and program needs for Jordan's Principle. (The Results were combined)
See Group and Questionnaire Charts in the appendix for details).

Participants were asked to identify the programs and services that they saw as being essential in their communities. Specifically:

- a) Those seen as most urgent - at least 5, and
- b) Those seen as essential long-term programs and services - at least 3

There was general agreement that prioritizing needs in order of urgency was not a good idea given the depth of the community needs. All the needs were deemed urgent and interrelated as far as supporting the health and wellness of every First Nations child and their families wherever they resided.

With that context in mind, the lists below capture the themes most commonly identified in the Group reports and the individual questionnaires that were submitted at the end of the forum, and they do not necessarily reflect a particular order of priorities.

A) Emerging Common Themes from Groups, Questionnaires

The foundational theme running throughout the conference was the need to maintain focus on the needs of the children and families in the communities and in the urban areas. The Treaties were concerned about the future of First Nations children and wanted to guarantee that they would have a good life. All First Nations children in need of Jordan's Principle services should therefore have access to all the needed health and support services wherever they reside. It was considered absolutely essential that Jordan's Principle Programs and Services continue and be sustainably funded and accessible for the long-term and into the future.

The common themes included:

- **Seamless, Continuous, Community-based Funding needed (sustainable, ongoing, accountable, based on data).** The funding for Jordan's Principle should be in funding agreements. Financial accountability is key to prevent potential misuse of funding. First Nations should take full control of Jordan's principle. Services currently differ from First Nation to First Nation and between Tribal Councils and are creating gaps for Jordan's Principle children. This is not a program, it is the law, and it needs to be sustainable, accessible and equitable for all families. Reimbursement is a disadvantage for those who cannot pay out of pocket. There should be no gap on Jordan's Principle services. This should be basic automatic funding and it should not be capped. The program should go back to the year of Jordan River's first involvement. The fiscal year should match the school year.

- **Focus on children and family in the homes, not agencies. Services need to be accessible to children living both on and off-reserve/urban,** parents unaware of the program so need to backdate implementation of Jordan's Principle program. Need to have an accessible organized way to deliver Jordan's Principle with community frameworks to be at arms length and not political. A community-based service delivery model. **Respite services, family-healing retreat,** summer camps, need for youth facilities. Difficult for non-working parents to access. Disability and Personal living allowances are too little or non-existing.

- **Full Time Jordan's Principle Service Coordinator/case manager in Each Community and in the urban areas – with local, trained, advanced childcare experience**
 Need for local service Coordinators/case managers for each First Nation community to help families and caregivers access the full range of services and supports they need for their children. Eliminates service silos. Handles needs assessments for children and families, sets up focus/support groups for updates and guidance, coordinates training for front-line staff and families, ensures accountability of financing (work plan, budgets, reporting) and facilitates timely services.
 - There was also need for a **Regional Coordinator**, maybe in Saskatoon, and a Regional implementation task team (communication strategy-implementation standards, staffing requirements, medical system access). Regional advocates in all sectors were needed (education, health, child welfare) to help parents and children; summer student employment.

- **Address Gaps and denials with Current Jordan Principle implementation:**
 - Too Bureaucratic, need to simplify the process for common needs & to access services– speech, language pathology, mental health/counseling. Some services should be automatic without lengthy applications like therapeutic services.
 - Too much paperwork - some parents are overburdened and need more help, Advocacy needed.
 - Timeliness needed. Response times too slow. Access. Coordination – more needed with community staff overworked. Decision-making needs to be improved - 48 hrs. Is not realistic. Forms are time consuming, reimbursement process is complex (paying up front is hard for many, gathering receipts) and need direct billing with companies connected with Jordan's Principle (care seats, communication devices). Faxing issues – need alternative ways of accepting applications besides faxing that is prone to error, Referral letters to support application process are onerous.
 - NIHB benefits being denied and being referred to Jordan's Principle is an issue.
 - Also there is an urban community disconnect and need to work with FSIN and tribal councils to address this. Need support systems for families that come to cities – to access services, eg. Transitional assistance employment program denied women – a benefit program to assist applicants until they are employed or get other income supports.
 - Accountability is needed – who monitors, reports, database, lost applications in system,
 - Need information on Pilot and core funding sources
 - Need supports to address Federal-Provincial Policy and coordination gaps in services. Use Manitoba model and streamline Jordan's Principle applications at least in the prairie region.
 - Post Secondary Education service needs not accommodated under Jordan's principle and need to be.
 - Specialized clothing for children important.
 - Need to have a plan for palliative care.
 - Dental or medical care coverage for non-status Indians waiting to be approved

- **Help babies get registered** so can access benefits. Eligibility rules exclude Indian status 6.1, 6.2 children
- **Transportation locally (other than bus), and nationally (hospital to home, hospital to hospital).** Should have an accessible taxi or Health Van that is only for Jordan's principle children. Geographical regions not addressed – north has higher travel costs, therapy costs, service costs. Need emergency transportation on reserves, and more First Nation emergency responders. Need a Jordan's Principle medical plane for medivacs.
- **Access to medical specialists and other needed support services.**
 - SLC Occupational therapy, OT, SLP, Physiotherapy
 - Need Training for First Nations community people to work in our care systems
 - Training of professionals, EA
 - Mental health supports, therapy, addictions, core issues.
 - Diagnostics team in the community for testing disabilities
 - Monitoring with consistent home visits
 - First Nation addictions workers to be utilized
 - First Nation mental health supports with access 24 hours as crisis can occur at any time
 - Counselors for mental health in every school
 - Need to educate medical professionals that work with our kids
 - Medical professionals should know about the history of Jordan and how the principle evolved.
- **Training needed for Professional, paraprofessional staff on Jordan's Principle.** Education, cross cultural training in medical profession, and awareness, education on disabilities, land-based learning, need educated front line workers (eg. teach sign language to children who need it), also need training for parents and communities. Communities need to better understand medical needs so they can help each other. Different policies among agencies ask for different respite rates.
- **Need trained First Nation specialists** (therapeutics services, mental health, medical specialties). Should also train non-complex therapists at community level. SIIT should develop training programs in specialized or speech audio
- **Mobile specialists are needed** like the Kinsmen mobile services, especially in the north (north of 54) that do not have easy access to programs – often over 5 hours to reach nearest urban center; stress of appointments, long wait lists for specialist
- **Wait times a problem** for First Nations children. Access to Alvin Buckwold/Kinsmen Child Development Program 2-3 yrs. Wait time. Speech therapist Wait times. Referral processes delay services, (eg. Dentist can refer to Mental health for children but why; it's not an addiction issue). Perhaps network with the UofS to look into wait lists for meeting the required medical assessments. Look into Indigenous wellness research and wellness wheel and clinic programs.
- **Apply holistic Health Continuum of Care Approach with aftercare. (Prevention, Immediate Services, Aftercare)**
 - **Interagency Collaboration approach** needed with all networks and support services who need to be involved.
 - **Case management** that is client/family driven and community-based should be used.

- **Caregiving Parents, grandparents looking after Jordan Principle child at home need supports** – some quit job to support child full time, need resources, income supports, Mental health supports,
 - **Coordination of Care and Support teams** – Care-team, case management, Early intervention – development screening and early childhood development, Assessments, culturally responsive, diagnostics team, weekly progress reporting, support groups, Mobile crisis supports, Access respite through health centers
 - Improve Communication and Information sharing** between agencies, agencies, specialists to families, community awareness on Jordan's Principle is needed for families, schools. Also need interpreters. Communication strategy.
- **Aging out issues** for children after 18 yrs. of age, age restrictions, Provincial school age eligibility was 21, extended to age 30. Cognitive age needs to be recognized. Transition and Continuity Care plan and Policy needed, long-term programs, assisted living, transition from high school to common living (ramps, accessibility, programs for special needs, sports and recreation); also as they age – elders supports and services especially for those with disabilities. life skills training for young adults. Special needs do not have an age limit – so do not age these children out.
 - **Health Services in the Community**– Acute and primary care services needed – many communities lack medical services and refer patients to urban centers, training for workers, Maternal child health training supports, HIPA workers, early childhood intervention programs; and families and communities need awareness of human resources available, homecare workers to help in home, medical rooms to help workers and family work together, also need patient navigators to help families in acute care facilities, expand clinics to accommodate different therapies to accommodate special needs, Also medical issues – pre-op issues in northern areas where there are no doctors, no trained pharmacists, services inconsistent. Need to have interpreters in the hospital and liaison workers; need to have elders paid to be part of support staff; need a plan to get palliative care funding. Parent programming to support early childhood development. Integrate Doula and helpers. Keytayak/elders and experienced Knowledge Keepers in communities traditionally played key roles in helping young parents and need to be part of the healthcare supports for children.

Gaps in community-based health services create extra stress on families with high needs children.

Medical needs example: SA client - single mom with 6 month, baby on feeding tube at home, seizures daily, no resources in community, baby tugs on feeding tube at home, special needs infrastructure at the home to meet the needs of feeding tube, lack of 24/7 services in case of emergencies, hi-flow oxygen tank, transportation, location of home-geo area hours of travel, not easily accessible services, mental health issues with mom, child care needed with other children, counselling,

- **Data base, data control, accessible**, regional coordinators should have access to a central system of all SK Jordan's Principle clients to assist in moving issues (leaving reserve to be near city).
- **Children in Care** need Jordan's Principle supports (Child welfare, ICFS). Funding for facilities in communities for children in care (special needs, medical). Access to Jordan's principle supports needed, monitoring, safety issues. Help children in care deal with trauma, PTSD, and grief. Staff to have trauma training. More research needed on effects of children in the foster care

system. Kinship adoptions needed. Children in care should get access to lifetime supports under Jordan's Principle because they have so many gaps in their lives already. More culturally friendly training needed, not so policy based. Prevention services – keep children out of care by issuing PO's for children to have food in the house. Provide respite care to parent (1 week to 10 days) to prevent children from leaving community. Parents fear apprehension. Section 9 CFS Act (age 15 and under) and section 10 (over age 18) needs to be understood and what is offered to support the caregiver and child.

- **Education, Schools.** Accessible Funding for School modifications, special needs equipment (hammocks for autism, wheelchairs), playgrounds, technology, to equip schools and classrooms to include all students, resource rooms specific to children's needs, Food services and health snacks in schools needed. Need to help elders help the youth, **Elders Advisory Network**, Youth advisory from school, Cultural programming in schools, Federal funds for elders lounge in schools, healthy diets - green houses in the school, take the services to the child. Increase advocacy and awareness to stop bullying and labeling. Many families are afraid to speak out. Stigma of labels, reality of poverty.
Education – staffing. Educational assistants needed, specialists in schools, need workshops to educate peers in school, need to break down silos, continued support programming and resources for students with special needs – Teacher assistants, speech, PT, OT, ED Psych, sign-language programming. **Mental health** therapists full time in schools that are culturally sensitive, age appropriate, student wellness therapy
- **Disabilities** – needs do not change, approvals should not be restricted. (Example: one child applied in March, approved in June for 6 months). Develop a system for families with disabilities.
- **Housing. Accessible housing and flexible policy rules** needed – many reserves do not have the renovations needed for wheelchairs, disability friendly, housing modification and repairs, equipment and resources in homes, overcrowding in homes, black mold, wheelchair access.
- **Long-term Jordan's Principle facilities in the communities**, need Special Needs homes or centers (like Kinsmen child development Centre) on reserve close to family and culture, to have our own facility with our own support (OT's, Doctors, speech and language therapists), assisted living,
- **Culture and Comprehensive land-based learning** needed to help teach the whole child (focus on mental health). Kinship systems, Traditional healing, ceremonies, retaining language, culture. **Integrate cultural teaching** by elders (Keytayak), forum, knowledge keepers, *the Creator gave us our identity and trusted us with certain knowledge*. Lived experience, language, guided by value system, integrity, positive role models. Identify traditional knowledge on how to raise children, birthing, parenting, create systems based on our Cree, Nakota, Dene Knowledge – *all of us have elders and can inform local systems and initiatives*.
- **First Nations have a strategic way informed by Elders.** *We used the wisdom of the elders to inform us to teach the young about how to live good lives based on our knowledge system.*
- **A Keytayak/Elders guiding document for communities is needed for those who cannot do this kind of work to create the knowledge base.** They need to have representation with policymakers. Task Force – should involve 4 Keyteyak (2m, 2f). **Elders and knowledge**

keepers funding should be integrated to support staff/program. **A forum** is needed to work on this document.

- **Youth engagement.** Engage youth by positive opportunities in recreation, sports, cultural programming, language, sensory /accessible playgrounds, prevention activities and programs, suicide prevention, addictions counseling, youth conference, **Addictions getting worse** and need to be addressed. A long-term youth addiction program needed – prevention, life skills, confidentiality by workers, support services, play therapy, Indigenous wellness, accreditation of institutions and referrals needed, take the services to the child/youth
 - **Environment.** Address climate change impacts, address healthy food supplies with project for sustainable community garden run by sustainable energy, alternatives to access Healthy foods, community garden
 - **Establish Family support groups for Jordan's Principle parents and care givers** to give opportunity to share information and resources. Include families when talking about solutions – they have the lived experience. There should be a representative to meet with policy makers. There should be parent support for parent to be with the child even if child cannot be brought back to the community. Personal stories need to be heard – health, social, education
 - **Strategic Planning** – hire local people to do needs assessments and strategic planning over multiple years. Become a charitable organization, develop community action plans, and move toward flexible long-term funding agreements. Explore different service models with our own people trained. Some say flow through education, others to health, Alberta FN Health Consortium has a good program and knows how to pressure the government to get what you need.
 - **Taking control over First Nations services.** We need to plan for the future – facilities, services. Local community-based control, maintenance of culture, accommodate 24/7 care issues – needs are not 8am-4pm, decolonize our systems, discrimination in communities; need supports to ensure equitable delivery of services. It is all about bringing our kids home to receive services they need in the community. One center for all services. Long-term care for children with specialized needs. Need to plan for Single mothers with other children who have difficulties affording the proper care for high needs child and need extra support.
-

B) ESSENTIAL LONG-TERM JORDANS' PRINCIPLE PROGRAMS AND SERVICES NEEDED IN COMMUNITIES

Continue needs-based funding in First Nation communities, sovereign treaty-based, comprehensive continuum of care services, autonomy and sustainable.

Community service Coordinators in each First Nation community and in the urban areas.
Regional Coordinator in SK needed to work with Jordan's Principle coordinators.

Interagency collaboration and communication across community service agencies needed, including health, children and family services, schools, and others. All sectors have specific needs relating to caring for Jordan's Principle children.

Need Long-term plan and programs for children aging out (after 18 yrs.).

Registering children at birth should be a priority

Advocacy and Access needed. FSIN the loudest voice to advocate for all First Nations, easier access for help

Building Accessible housing and Facilities. First Nations Respite homes, shelter homes, long-term care

Long-term capacity building and training for workers, families, schools. **Integrate Keytahyak (elders)** in all aspects for cultural training and knowledge sharing.

Need a First Nation program like the Alvin Buckwold Child Development Program
Kinsmen Children's Centre, early diagnosis; and Jordan's Principle should have Alvin Buckwold **Mobile program** of traveling doctors and therapists to accommodate certain isolated geographical areas.

More information sessions, workshops on Jordan's Principle

Comparative equitable Access organization is an idea. Establish non-profit organization with autonomy and its own acts and regulations; too many forms and applications to access services right now, create a system for our needs of intergenerational trauma, improve diagnosis process for approvals, data base that is regularly updated

SK Network of Jordan's Principle professionals needed

Establish Family support groups for Jordan's Principle parents and care givers and utilize the experience and knowledge of Keytayak/Elders.

A Keytayak/elders guiding document for communities is needed for those who cannot do this kind of work to create the knowledge base. Keytayak need to have representation with policymakers. Task Force – should involve 4 keyteyak (2m, 2f). **Elders and knowledge keepers funding** should be integrated to support staff/program. A forum is needed to work on this document.

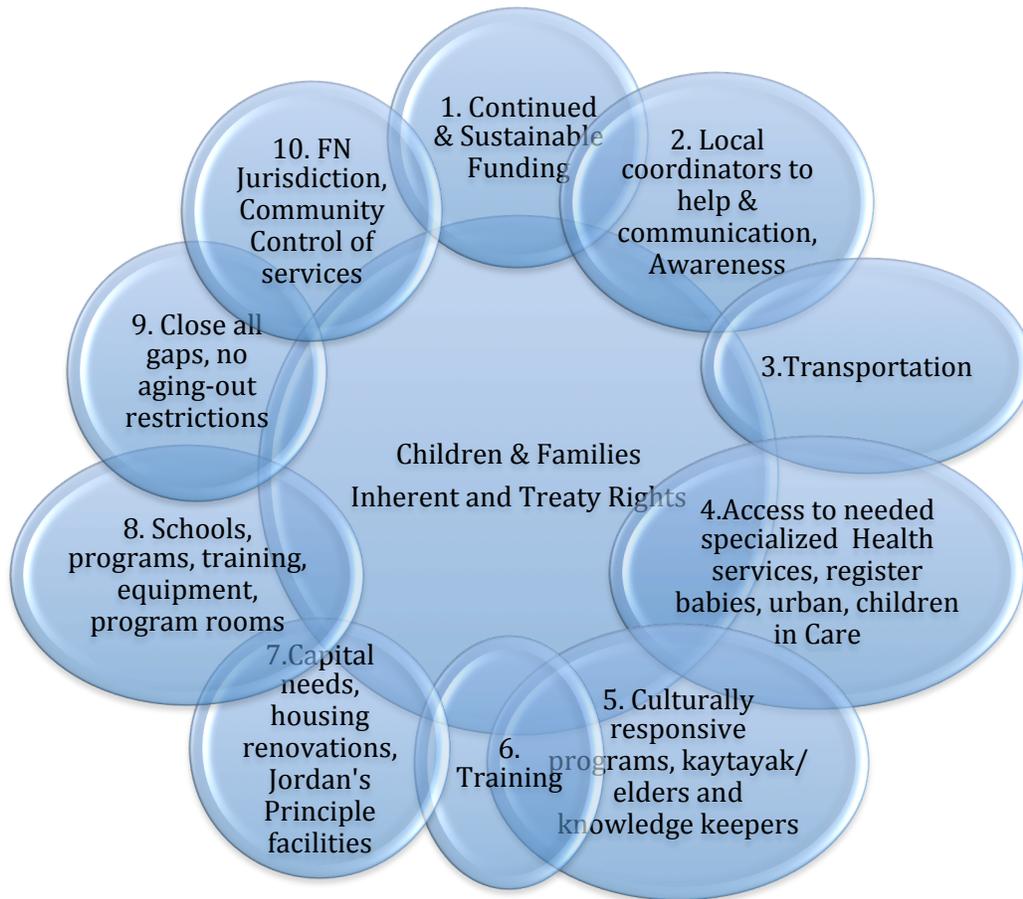
Strategic Planning – hire local people to do needs assessments and strategic planning over multiple years. Become a charitable organization, develop community action plans, and move toward flexible long-term funding agreements. Explore different service models with our own trained people.

Take jurisdiction and control over First Nations services. We need to plan for the future – facilities, services. Local community-based control, maintenance of culture, accommodate 24/7 care issues – needs are not 8am-4pm, decolonize our systems. For example, the duties of governments to fulfil the rights of First Nations children was raised as guiding context in relation to Treaties, Inherent and Aboriginal Rights in the Canadian Constitution, UNDRIP and the UN Convention on the Rights of the Child (UNCRC). Another example is FSIN's plans for their own First Nations' Child Advocate.

Address current Jordan's Principle Denials and Implementation issues:

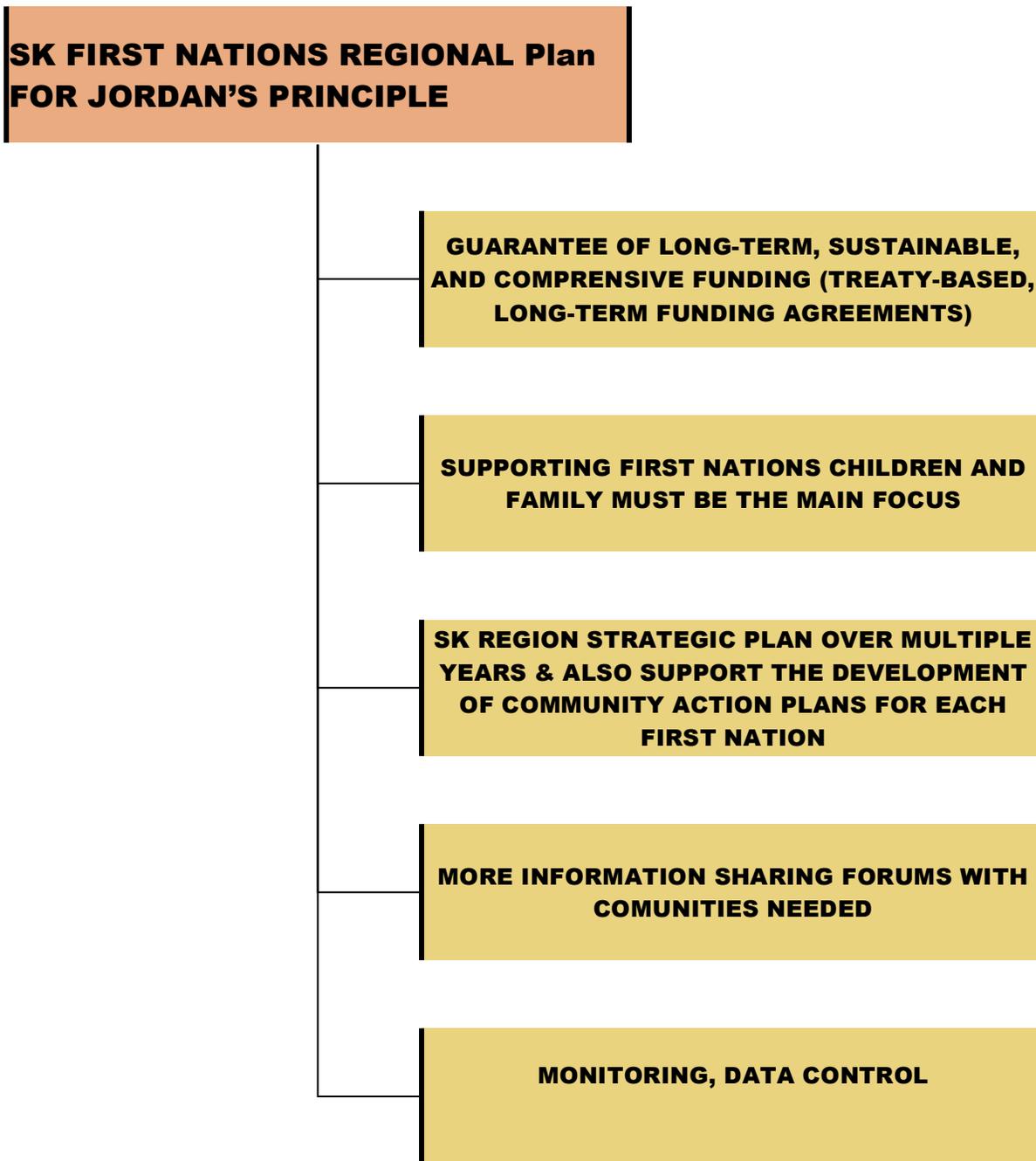
- Focus Jordan's Principle in the best Interests of the child and family providers
- Approve needed health services and supports for high needs child regardless of jurisdictions across the country
- Review Denial of Jordan's Principle applications need advocacy, accessibility
- Concerns over ongoing funding and jurisdiction barriers for children health services and supports at all levels,
- Address urban children, aging out, child registrations, disabilities, mental health supports
- Gaps in Standards and Coordination (application and approval issues)
- Financial Structure and reporting requirements are too onerous
- Communication gaps
- Management of the program needs to be more timely and responsive
- Records retention needed, data base system
- Equitable and statutory funding base (to ensure long-term funding)
- Uphold First Nation jurisdiction (Inherent and Treaty Rights, Self-Determination)
- **Address Structural Gaps in Services that put children at risk including:**
 - Respite care
 - Mental health services
 - Rehabilitative therapies
 - Services for children in care (ICFS)
 - Transportation to appointments
 - Medical supplies and equipment
 - Special education supports and opportunities
 - Accessible playgrounds, equipment, school
 - Supports and services
 - Long-term care for children with specialized needs

An Illustration of the Common themes from the Forum



Strategic Options or Ideas Raised for Jordan's Principle in SK

Identifying SK First Nation Framework Principles is a first step (DRAFT ONLY)



Other Emerging Guiding Principles/ideas from the Forum

- The focus must always be on the First Nation child and families not organizations.
- Integrate Keytahyak (elders) in all aspects for cultural training and knowledge sharing
- First Nation Inherent Rights to Self-Determination and Treaty Rights are the foundation. Take jurisdiction and control over First Nations services. Plan for the future – facilities, services, local community-based control, maintenance of culture, accommodate 24/7 care issues (needs are not 8am-4pm), decolonize our systems
- Nation-to-Nation relations to include fiscal sustainability and effective service coordination between jurisdictions. FSIN strongest advocate for all First Nations in SK. (at first/context)
- First Nation collective and individual Rights include essential services such as Jordan's Principle
- The Concept of a long-term sustainable First Nations child and social safety net was important to consider. This would include the whole bundle of government programs and services, including transportation, accessible recreation programs, school programs, full continuum of healthcare services, child welfare, income, aging out services, and other essential supports.
- The delivery of programs and services need to reflect the holistic traditional and cultural values of a total continuum of care model
- First Nations Regional Plan is needed that will ensure equity, accountability, accessibility, timeliness, be culturally responsive, and ensure focus on the needs of children and family
- First Nations communities need help in developing their own Jordan's Principle strategies. Strategic Planning – hire local people to do needs assessments and strategic planning over multiple years. Become a charitable service organization, develop community action plans, and move toward flexible long-term funding agreements. Explore different service models with our own trained people.
- Saskatchewan Network of Jordan's Principle professionals

Some Service Delivery Ideas for later discussions

Clearly, there was not enough time for the Forum participants to get into detail about service delivery or governance mechanisms, apart from a few ideas that were mentioned, including:

1. Enhance existing First Nation Health Transfer Agreements to accommodate Jordan's Principle
2. First Nation Jordan's Principle Regional organization, arms length, equitable, accessible, timely, fiscally accountable, culturally responsive, accountable to First Nations, Regional Coordinator, Community Service Coordinators
3. Saskatchewan First Nation Jordan's Principle Child Development Center (like Alvin Buckwold Centre in Saskatoon) to leverage the expertise of needed specialists, and to provide mobile specialist teams for remote and northern regions, and be a place for training, counselling & other supports.

APPENDIX – documents attached

The Appendix includes the Following:

1. Agenda
2. Group Findings (common themes)
3. Questionnaire/Sticky Note Findings combined
4. Forum Evaluation

FEDERATION OF SOVEREIGN INDIGENOUS NATIONS (FSIN) Jordan's Principle forum Agenda

Details

DATE: January 23 & 24, 2019

LOCATION: Travelodge Hotel
106 Circle Drive West, Saskatoon, Saskatchewan S7L 4L6

FACILITATOR: Dr. Bonita Beatty

Forum objectives

1. To hear the Saskatchewan First Nation voices as the federal government embarks on a renewed way forward for Jordan's Principle on April 1, 2019. The forum will allow a First Nations voice on what Jordan's principle should and can look like from a Saskatchewan First Nations perspective.
2. Develop a Saskatchewan First Nations regional position on Jordan's Principle beyond March 31, 2019

*Breakfast and lunch provided both days

Agenda Day 1 – January 23, 2019

7:30 am **Pipe Ceremony**

8:00-9:00 am **Breakfast - Provided**

8:45 am **Welcoming Remarks** – Saskatoon Tribal Council-Tribal Chief Mark Arcand
Elder's Address - Elder Maria Linklater

Review of Jordan's Principle Forum Objective / Survey Overview

- Dr. Bonita Beatty, Shirley Bighead, Co-facilitator / Jordan's Principle
 - Action Table Sk regional representative

Welcome – Opening Comments

- FSIN – Chief Bobby Cameron
- FNIHB Regional Director – Alexander Campbell
- AFN Director of Social Development - Jonathan Thompson
- AFN Director Of Health - Addie Pryce

Honouring of Jordan River Anderson - Drum Group – 7 Nations

- Honored Guests - Family of Jordan River Anderson

Jordan's Principle Best Practices

- Manitoba Chiefs – Jaron Hart / Marcel Balfour
- Onion Lake Cree Nation – Karla Bird & Arlene Urban

12:00-1:00 pm **Lunch - Provided**

- Key Note Speaker - Brittany Mathews, First Nations Caring Society

1:00 pm **Breakout Sessions**

- Health
- Education
- Social
- Personal Stories/ Lived Experience

Summary of breakouts to larger group - Group Recorders

Day 1 Closing - Dr. Bonita Beatty / Shirley Bighead

4:30 pm **Closing Prayer** – Elder Maria Linklater

7:00pm **Meet and Greet / Entertainment**

- **Roland Corrigan**
- **Emery Burninggrass**

Agenda Day 2 – January 24, 2019

8:00-9:00am **Breakfast - Provided**

9:00am **Opening Prayer** – Elder Maria Linklater

Recap of Day 1 - Dr. Bonita Beatty / Shirley Bighead

- Summary of Survey

Jordan's Principle beyond March 31, 2019 Discussion on regional position

- Health
- Education
- Social
- Personal Stories/ Lived Experience

Summary of breakouts to larger group - Group Recorders

12:00-1:00pm **Lunch - Provided**

Jordan's Principle beyond March 31, 2019 regional position (cont'd)

- Health
- Education

- Social
- Personal Stories/ Lived Experience

Summary of breakouts to larger group - Group Recorders

Recap of regional position discussions - Dr. Bonita Beatty

**Closing Comments - Dr. Bonita Beatty / Shirley Bighead /
FSIN Executive Director of HSDS – Kyle Prettyshield**

4:30 pm

**Summarized GROUP RESPONSES on Priority Services Needs for
Jordan's Principle**

FOCUS ON CHILDREN & FAMILIES		
<i>A. List the 5 most urgent (priority) Services needed relating to Jordan’s Principle?</i>	<i>B. What do see as essential long-term programs and services in your community related to Jordan’s Principle? - Identify at least 3</i>	<i>C. If during the day, you get an idea, go and Pin your idea on the Priority Needs sheet on the wall</i>

QUESTIONS A. B. C. Responses by Groups are grouped together under themes, not necessarily by priority. It was felt that all were important.

5 Common Themes
Seamless Continuous Funding (sustainable, ongoing, based on data), long-term, Community-based funding , include funding for Jordan’s Principle in funding agreements. First Nation should take full control of Jordan’s principle. Services currently differ from First Nation to First Nation and between Tribal Councils and are creating gaps for Jordan’s Principle children. This is not a program, it is the Law, and it needs to be sustainable for families. There should be no gap on Jordan’s Principle. The program should go back to year of Jordan River’s first involvement. There should be basic automatic funding. The fiscal year should match the school year.
Focus on children and family in the homes, not agencies; needs to be accessible to children living both on and off-reserve/urban , parents unaware of the program so need to backdate implementation of Jordan’s Principle program. Need to have an accessible organized way to deliver Jordan’s Principle with community frameworks to be arms length not political
Apply holistic Health Continuum of Care Approach with aftercare. Interagency Collaboration approach needed with all networks and support services who need to be involved. Integrate case management that is client/family driven and community-based, integrate Doula and helpers,
Service Coordinators for each First Nation community, and in the urban areas - Full time, Local, trained, advanced childcare experience. Families need to know who to approach for help and where and how to apply. Provincial, Regional Coordinator , Advocate in Saskatoon, Regional implementation task team (communication strategy-implementation standards, staffing requirements, medical system access). Regional advocates in all sectors (education, health, child welfare) to help parents and children; summer student employment. Jordan’s Principle Coordinator – focus/support group for updates and guidance training for front-line and families-proper financing (work plan, budgets, reporting)-celebrate yearly as a community.
Gaps and denials with Current Jordan Principle implementation: Too Bureaucratic, need to simplify the process for common needs – speech, language pathology, mental health/counselling, too much paperwork, some parents are overburdened and need more help, Advocacy needed. Timeliness. Response times. Access. Coordination – more needed with community staff overworked. Decision-making needs to be improved, 48 hrs. Not realistic. Forms are time consuming, reimbursement process is complex (paying up front, gathering receipts) and need direct billing with companies connected with Jordan’s Principle (care seats, communication devices). Faxing issues – need alternative ways of accepting applications besides faxing that is prone to error, Referral letters to support application process onerous. NIHB benefits being denied and being referred to Jordan’s Principle. Also an Urban community disconnect (work with FSIN and tribal councils), Accountability – who monitors, reports, database, lost applications in system, pilot and core funding sources, Need supports to address Federal-Provincial Policy gaps in services. Post Secondary service needs not

accommodated under Jordan's principle and need to be. Specialized clothing for children important. Need support systems for families that come to cities – to access services, eg. Transitional assistance employment program denied women – a benefit program to assist applicants until they are employed or get other income supports. Need to have a plan for palliative care. Use MB's model and streamline Jordan's Principle application at least in the prairie region.

Transportation locally (other than bus), and nationally (hospital to home, hospital to hospital).

Should have an accessible taxi that is only for Jordan's principle children.

Geographical regions not addressed – north has higher travel costs, therapy costs, service costs,

Coordination of care needs – Care-team, case management, Early intervention – development screening and early childhood development, Assessments, culturally responsive, diagnostics team, weekly progress reporting, support groups, Mobile crisis supports- access respite through health centre

Help babies get registered so can access benefits. Eligibility rules exclude Indian status 6.1, 6.2 children.

Children in Care (Child welfare, ICFS). Funding for facilities in communities for children in care (special needs, medical). Access to Jordan's principle supports needed, monitoring, safety issues. Help children deal with trauma and grief. Staff to have trauma training. More research needed on effects of children in the foster care system. Kinship adoptions needed. Children in care should get access to lifetime supports under Jordan's Principle because they have so many gaps in their lives already. More culturally friendly training needed, not so policy based. Prevention services – keep children out of care by issuing PO's for children to have food in the house. Provide respite care to parent (1 week to 10 days) to prevent children from leaving community. Parents fear apprehension. Section 9 CFS Act (age 15 and under) and section 10 (over age 18) needs to be understood and what is offered to support the caregiver and child.

Aging out issues for children after 18 yrs. of age, age restrictions), Provincial school age eligibility is 21. Transition and Continuity Care plan and Policy needed, long-term programs, transition from high school to common living (ramps, accessibility, programs for special needs, sports and recreation); also as they age – elders supports and services especially for those with disabilities. Life skills training for young adults. Special needs do not have an age limit – so do not age these children out.

Mental health, MH therapists full time in schools that are culturally sensitive, age appropriate, student wellness therapy

Health Services– Acute and primary care services – many communities lack medical services and refer patients to urban centers, training for workers, Maternal child health training supports, HIPA workers, early childhood intervention programs; and families and communities need awareness of human resources available, homecare workers to help in home, medical rooms to help workers and family work together, also need patient navigators to help families in acute care facilities, expand clinics to accommodate different therapies to accommodate special needs, Also medical issues – pre-op issues in northern areas where there are no doctors, no trained pharmacists, services inconsistent. Need to have an interpreters in the hospital and liaison workers; need to have elders paid to be part of support staff; need a plan to get palliative care funding. Parent programming to support early childhood development. Need interpreters in hospitals. Gaps in community-based health services create extra stress on families with high needs children. **Medical needs example:** SA client - single mom with 6 month, baby on feeding tube at home, seizures daily, no resources in community, baby tugs on feeding tube at home, special needs infrastructure at the home to meet the needs of feeding tube, lack of 24/7 services in case of emergencies, hi-flow oxygen tank, transportation, location of home-geo area hours of travel, not easily accessible services, mental health issues with mom, child care needed with other children, counselling,

Caregiving Parents, grandparents looking after Jordan Principle child at home need supports –

<p>some quit job to support child full time, need resources, income supports, Mental health supports,</p> <p>Need access to speech therapists, shortage in SK Access/Diagnosis an issue – wait lists too long, Affordable assessments needed - each First Nation Health should do the assessments and maintain database for Jordan's Principle children</p>
<p>Respite services, family healing retreat, summer camps, need for youth facilities. Difficult for non-working parents to access. Disability and Personal living allowances are too little or non-existing.</p>
<p>Training, professional development training for staff including doctors. Also education, cross cultural training in medical profession, and awareness, education on disabilities, land-based learning, need educated front line workers (eg. teach sign language to children who need it), also need training for parents and communities. Communities need to better understand medical needs so they can help each other. Different policies among agencies ask for different respite rates.</p>
<p>Improve Communication and Information sharing between agencies, agencies, specialists to families, community awareness on Jordan's Principle is needed for families, schools. Also need interpreters. Communication strategy.</p>
<p>Housing. Accessible housing needed – many reserves do not have the renovations needed for wheelchairs, disability friendly, Housing modification and repairs, equipment and resources in homes, overcrowding in homes, black mold, wheelchair access,</p>
<p>Education, Schools. Accessible Funding for School modifications, special needs equipment (hammocks for autism, wheelchairs), playgrounds, technology, to equip schools and classrooms to include all students, resource rooms specific to children's needs, Food services and health snacks in schools needed. Need to help elders help the youth, Elders Advisory Network, Youth advisory from school, Cultural programming in schools, Federal funds for elders lounge in schools, healthy diets - green houses in the school, take the services to the child.</p>
<p>Education – staffing. Educational assistants needed, specialists in schools, need workshops to educate peers in school, need to break down silos, continued support programming and resources for students with special needs – Teacher assistants, speech, PT, OT, ED Psych</p>
<p>Long-term Jordan's Principle facilities in the communities, Special Needs homes or centers (like Kinsmen child development centre) on reserve close to family and culture, to have our own facility with our own support (OT's, Doctors, speech and language therapists), assisted living</p>
<p>Disabilities – needs do not change, approvals should not be restricted. (Example: one child applied in March, approved in June for 6 months). Develop a system for families with disabilities.</p>
<p>Culture and land-based learning needed to help teach the whole child (focus on mental health). Traditional healing, ceremonies, retaining language, culture</p>
<p>Data base, data control, accessible, regional coordinators should have access to a central system of all SK Jordan's Principle clients to assist in moving issues (leaving reserve to be near city).</p>
<p>Need trained First Nation specialists (therapeutics services, mental health, medical specialties). Should also train non-complex therapists at community level. SIIT should develop training programs in specialized or speech audio</p>
<p>Mobile specialists are needed like the Kinsmen mobile services, especially in the north (north of 54) that do not have easy access to programs – often over 5 hours to reach nearest urban center; stress of appointments, long wait lists for specialist</p>
<p>Wait times a problem for First Nations children. Access to Alvin Buckwold/Kinsmen Child Development Program 2-3 yrs. Wait time. Speech therapist Wait times. Referral processes delay services, (eg. Dentist can refer to Mental health for children but why; it's not an addiction issue). Perhaps network with the UofS to look into wait lists for meeting the required medical assessments. Indigenous wellness research and wellness wheel and clinic (Dr. Jolee Saskaamoose).</p>
<p>Jurisdictional and silo policies by different agencies within the community and outside. Need better communication. The provinces need better coordination to accommodate Partnerships to enhance</p>

Jordan's Principle. Families need to be aware that each agency has a mandate (for example, had to get epilepsy surgery in Toronto, but denied assistance are fundraising).

Strategic Planning – hire local people to do needs assessments and strategic planning over multiple years. Become a charitable organization, develop community action plans, and move toward flexible long-term funding agreements. Explore different service models with our own people trained. Some say flow through education, others to health, Alberta FN Health Consortium has a good program and knows how to pressure the government to get what you need.

Taking control over First Nations services. We need to plan for the future – facilities, services. Local community-based control, maintenance of culture, accommodate 24/7 care issues – needs are not 8am-4pm, decolonize our systems, discrimination in communities; need supports to ensure equitable delivery of services. It is all about bringing our kids home to receive services they need in the community. One center for all services. Need to plan for Single mothers with other children who have difficulties affording the proper care for high needs child and need extra support.

Integrate cultural teaching by elders (Keytayak), forum, knowledge keepers, “the Creator gave us our identity and trusted us with certain knowledge.” Lived experience, language, guided by value system, integrity, positive role models. Identify traditional knowledge on how to raise children, birthing, parenting, create systems based on our Cree, Nakota, Dene Knowledge – all of us have elders and can inform local systems and initiatives. Respect everyone and their belief systems. Relationship teachings, teach-ins, strength-based and positive language. Need to recover our systems and teachings. **We have a strategic way informed by our elders.** We used the wisdom of the elders to inform us to teach the young about how to live good lives based on our knowledge system. **A guiding document for communities is needed for those who cannot do this kind of work – ie. To create the knowledge base.** They need to have representation with policymakers. Task Force – involve 4 keyteyak (2m, 2f). **Integrate Elders/knowledge keepers funding** to support staff/program. Each community should have a coordinator to facilitate input, history, memory work, philosophy, traditions, cultural knowledge on child rearing and relationships, kinship Wakohtowin, birthing and rites of passage, naming ceremonies. Need family input as well. No more tokenism of elders. Go back to language – use Keyteyak not elders to back ownership and lead by compassion, all teaching. Help provide guidance, genealogy, language training facilitated by Keyteyak for programs. Keyteyak are our philosophy. **Keytahyak guiding document is needed** based on sacred teachings, ceremonies, laws bestowed by Creator, roles and responsibilities of parent, family, written in our language where original instructions lie, connect back to mother earth for traditional medicines, healers, herbalists, need to ground culture in community values-Cree, Dene. **A forum is needed to start working on this document.** Looking at medicine wheel, we are missing our spiritual needs and teachings. We need common vision and unity. Topics to teach – roles and responsibilities, genders, surrogate role, rites of passage, broken families, miscarriages/abortions, teaching across timelines-creation, conception, sharing stones. Also need to teach doctors about protocols/teachings when women are pregnant, sharing about midwife stories,

Increase advocacy and awareness to stop bullying and labeling. Many families are afraid to speak out. Stigma of labels, reality of poverty

Addictions getting worse and need to be addressed. A long-term youth addiction programs needed – prevention, life skills, confidentiality by workers, support services, play therapy, Indigenous wellness, accreditation of institutions and referrals needed, take the services to the child/youth

Personal stories. Health, social, education

Establish Family support groups for Jordan's Principle parents and care givers to give opportunity to share information and resources. Include families when talking about solutions – they have the lived experience. There should be a representative to meet with policy makers. There should be parent support for parent to be with the child even if child cannot be brought back to the community.

Environment. Address climate change impacts, address healthy food supplies with project for sustainable community garden run by sustainable energy, alternatives to access

3 Essential Long-term Priorities

Continue needs-based funding, sovereign treaty-based, comprehensive continuum of care services, autonomy and sustainable. All of us that work at the First Nation community level should meet with our leadership to advocate and lobby for ongoing sustainable funding. If we cannot do it at the community level then we go to the tribal council and up the political level.

Community service coordinators, not enough coordinators, need day-to-day advocates especially for special needs

Long-term plan and programs for children aging out (after 18 yrs.). Jordan’s program need consistency, aging-out Jordan’s Principle children are not covered and have to pay for therapy \$200 themselves. Example, younger son got benefits but older son was late diagnosis

FSIN the loudest voice to advocate for all First Nations, easier access for help,

Accessible housing, First Nations respite homes, shelter homes

Long-term capacity building training for workers, families, schools. Integrate Keytahyak (elders) in all aspects for cultural training and knowledge sharing.

Need a First Nation program like the Alvin Buckwold Child Development Program

Kinsmen Children’s Centre, early diagnosis; and Jordan’s Principle should have Alvin Buckwold program of traveling doctors and therapists to accommodate certain isolated geographical areas.

More Workshops on Jordan’s Principle

Comparative equitable Access organization. Establish non-profit organization with autonomy and its own acts and regulations; too many forms and applications to access services right now, create a system for our needs of intergenerational trauma, improve diagnosis process for approvals, data base that is regularly updated

Make registration a priority at birth (a band of 11000 is only given 50 status cards per year and that’s not enough for new babies),

Holistic approach, mental health, spirituality,

Denial of Jordan’s Principle applications needs advocacy, accessibility. Eg. One family denied service had to pay postage for meds, had to travel to SKTN. Clients need proper information - person got respite but was cut off and did not know they could reapply. Go back and review cases of those applications denied.

SK Network of Jordan’s Principle professionals needed

Fallout from NIHB denials need to be addressed. One had NIHB services denied for medical transportation from sending clients from SK to AB or MB but they needed the special services. Taxis are not safe from cities-fears of missing and murdered FN people. C

More information sessions on Jordan’s principle needed. The next information session should have option to go live online webinar to provide opportunity for parents without childcare to participate. Band town-hall meetings on Jordan’s principle, more one-to-one with families, government should be providing information as well,

INDIVIDUAL QUESTIONNAIRES on Priority Services Needs for Jordan’s Principle

FOCUS ON CHILDREN & FAMILIES

A. List the 5 most urgent (priority) Services needed relating to Jordan's Principle?	B. What do see as essential long-term programs and services in your community related to Jordan's Principle? - Identify at least 3
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QUESTIONS A. B. Responses by Individual Questionnaires are grouped together in themes, not necessarily by priority. It was felt that all were important.

A. 5 Common themes

1. **Access to medical specialists**
 - SLC Occupational therapy, OT, SLP, Physiotherapy
 - Training for our people, our care
 - Training of professionals, EA
 - dental or medical care coverage for non-status Indians waiting to be approved
 - mental health supports, therapy, addictions, core issues,
 - access to professional – ongoing services
 - diagnostics team in the community for testing disabilities
 - monitoring with consistent home visits
 - Native addictions workers to be utilized
 - Native mental health supports with access 24 hours as crisis can occur at any time
 - counsellors for mental health in every school
 - need to educate medical professionals that work with our kids
 - medical professionals should know about the history of Jordan and how the principle evolved
 - kids in care dealing with trauma/PTSD
 - Autistic Nephew – doesn't have resources needed at home, or proper resources to learn at school. Supports, family, caregivers do not know about Jordan's Principle
 - reaching all levels of people, off reserve, on reserve
 - Interpreters
 - bring outside agencies in on a full time regular basis
 - culturally friendly mental health workers

2. **Full Time Jordan's Principle Representative in Each Community**
 - works and assists local members, caseworkers, set up workshops and forums for awareness.
 - Timely access to assessments and someone to explain it in language
 - support to ensure getting all outreach workers and family coordinators the things needed to work with all departments.
 - Support for the care givers
 - Navigators
 - Service Coordinator/Case Manager to handle needs assessments and house to house needs
 - networking and sharing information
 - eliminate silos

- some services should be automatic with-out lengthy applications to prove that a child needs SLP/OT services, it should be automatic payout for %20 of school enrolment and if more is needed apply in schools.
- Improved access to funds (less red tape)
- in house training for community members to keep the programs sustained.
- Prevention services
- early detection screening for childhood development
- research into children in care and the effects on mental, physical and spiritual health
- the services between 6.1 and 6.2
- realigning all programs with common vision to avoid duplicate for children and families grounded with our culture, beliefs, values
- the need for full support from families and community members to work together
- develop data base
- regional office in Saskatoon, no province, feds, INAC involved
- criteria forms – keep the program informed of any changes
- telemiracle style fundraising for Jordan's Principle
- develop First Nations policies to erode identified gaps in current system
- someone who will really advocate for our first nations people
- fix the corruption and toxicity within communities and organizations
- resource person, with knowledge of JP and the processes
- inter-agency relationships so that they work together instead of trying to out-do each other
- co-ordinator for proposals
- break the red tape cycle of on-going bureaucracy Provincial-Federal versus FNIHB-JP
- local authorities be informed of Jordan's Principle philosophy
- community based service delivery model

3. **Facilities**

- programs, professional advice, support groups,
- home accessibility, housing modifications
- needs based equipment
- housing (black mold, renovations)
- Buildings, youth centre, disabilities programs, school modifications
- capital –have facilities on reserve for resource supports
- mobile crisis
- need sidewalks and ramps for wheelchair students and
- retro fit housing for the needs of patients
- fully equipped
- schools access to computers
- larger rooms and hallways for students with special needs
- build capacity in each first nation so that the can collect and analyze data/info that is relevant and meaningful to them.

- Community gym
- community garden

4. **Transportation**

- vehicles equipped for handicapped access
- networking resources
- out of province hospital care
- taxis too expensive and not effective
- the issues of wait times
- each First Nation should have their own van /taxi equipped to store wheelchairs, walkers
- emergency transportation on reserves
- more emergency responders on reserve
- get a Jordan's Principle medical plane

5. **Equipment**

- is expensive, special clothing, government regulations companies that supply special needs equipment, wheelchairs, dental, braces, strollers,
- playground equipment
- fencing
- built by qualified journeymen
- more areas to play for positive mental health/socializing ie: spray park, skate park, outdoor rink

6. **Respite**

- parenting classes and traditional parenting classes (from victim to warrior)
- parental self-care
- support groups to encourage family members to be more comfortable and open
- conferences
- support for high risk families
- financial help for parents that have to stay with children in hospital
- travel for families to take children to appointments for special assessment
- support for families Before, During and After
- living allowance beyond welfare
- social programs for families and individuals that is culturally relevant and promises, promotes and enhances cultural awareness.
- Follow up on families that suffer from drug and alcohol abuse, went to treatment

7. **Core Funding Advocacy**

- advocate for special needs teachers in our schools
- support our own people to become special needs
- Constant financial accountability
- Funding to be based on school year instead of fiscal
- approval lists for supplies/capital so it's easier to apply for
- misuse of Jordan's Principle funds, need trained coordinators and to have a paper trail of where the money goes

- everything should be approved then find out who pays for it
- direct billing for needed equipment
- proper financial designation
- no spending cap on funding
- better mechanism for access to group funding
- knowledge systems properly funded
- reimbursement is a disadvantage for those who cannot pay out of pocket

8. **Aging Out**

- Cognitive Age should be taken into consideration, ie: 19 year old with the maturity of an 11 year old.
- Advocates
- education system allows up to 21 years
- extended to 30 years
- assisted living program

9. **Comprehensive Land Based Learning**

- cultural traditions, our ways, knowledge keepers
- traditional healing for children and parents, ceremony, culture and language
- hands on experience
- culture immersion for parents, day to day immersion at daycare and head start
- Kinship
- Elder traditional knowledge supports (direct cultural teachings with followed supports)
- bring elders into the classroom for traditional knowledge and Cree teachings for students
- indigenous language retention
- ceremonial rites of passage for children with disabilities and cognitive brain issues
- establishment of curriculum, guiding documents for our staff to follow consistently and include land base
- sweat lodge
- healing, talking, sharing circles

10. **Awareness**

- News, Social Media, networking, posters, data base, public announcements
- education and information sharing /training for family
- effective communication of dissemination
- not everyone has knowledge of Jordan's Principle
- Updated directory
- Communication (trouble with process, what are the services?)
- Provincial action committee
- First Nation to First Nation Interagency
- develop data base
- advocate for First Nations people coming to the cities who will fight on their behalf
- focus group, strategic plan and asset mapping

11. Status Registration

- need to advocate for newborns to be registered
- assisting young parents in registering children
- Identity, children need ways to find who they are, their history

12. Autonomy – more autonomy and more empathy will help address some of the gaps families and children are facing

- no case managers on reserve to do JP applications
- JP coordinators in each first nation

13. Youth Engagement

- recreation, sports, culture
- cultural programming, ceremonies, language for children and youth
- training for young girls who are near their moon cycle but lack mental capacity to know this ie: cerebral palsy
- high positivity training for youth
- whole family therapy
- suicide prevention worker
- addictions counsellor
- grief recovery team
- sensory /accessible playgrounds, updates to play structures
- social workers in the school
- proper one on one education for children who are FAS/other disability
- dealing with obesity
- prevention activities
- funding for a youth conference
- homelessness

B. What do you see as essential long-term programs and services in your community related to Jordan's Principle?

Identify at least 3.

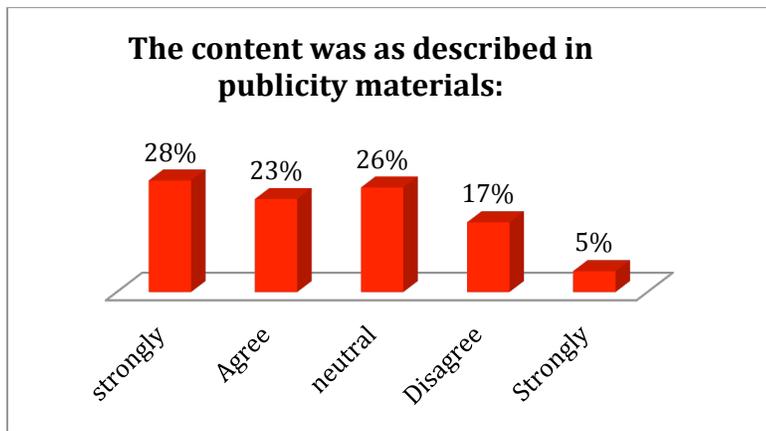
- Fulltime Counsellor in all schools
- Establish respite homes
- Growing food, healthy food activity programs
- Offer life skills and traditional parenting
- Speech language pathologist
- Cultural programming and land based learning for staff
- Healing lodge for families
- Trained staff that genuinely care about disabled people
- Provide training and workshops for the communities with disabled children
- Pre and post-natal assessment
- Easier application process

- Ongoing training for staff
- Long term funding for special need, aged out members
- Sports training program for disabled children
- Transportation for disabled children
- Easier access to treaty numbers and applications
- Age appropriate mental health resources and counsellor
- Awareness
- ECIP, Hippy, MCH, early intervention development screening
- Our own first nations people getting certification to become resource people
- On reserve centres, hospitals
- Long term vehicle for Jordan's Principle kids
- Implementing culture and religion through programs brought in by JP
- Jordan's Principle ID cards for each child
- Have a Jordan's Principle day
- First nations care homes
- Coordinators on each reserve
- Want the leadership involved, chief and council to be involved and be very serious
- Automatic funding for schools, %20 for speech therapy
- Home environment modifications to keep mold out, safe drinking water from cisterns, additional funding to keep cisterns clean
- Cross fit gym, focus on high energy to having healthy body
- Addiction worker classes
- Staffing at ground level where it is needed
- Knowledge centres
- Early detection
- JP government department with own mandate
- 24/7 staff in community to deal with medical and mental crises
- Work with youth to prepare them for university and gaining support academically
- Elimination of "check into" or "denial" Services provided and funders negotiate who funds after
- Land based culture camp between neighbouring reserves
- Community engagement
- Case workers should be lived experience to understand what people go through
- Help for urban kids (with autism)
- Medication to be accessible and dispensed freely
- No need to have so many reports/recommendations to access the funds
- Aging out to extend to 30 years old
- We are being forced to label our kids, what effect will these labels have on them, as they get older?
- Sensory rooms for autistic children and more programs for ADHD/Autism
- Allow funding to go through First Nations versus ECIP
- Gap from years 18 – 30, transition from full time care and assistance to none
- Teaching of hunting, fishing, trapping, snaring, berry picking

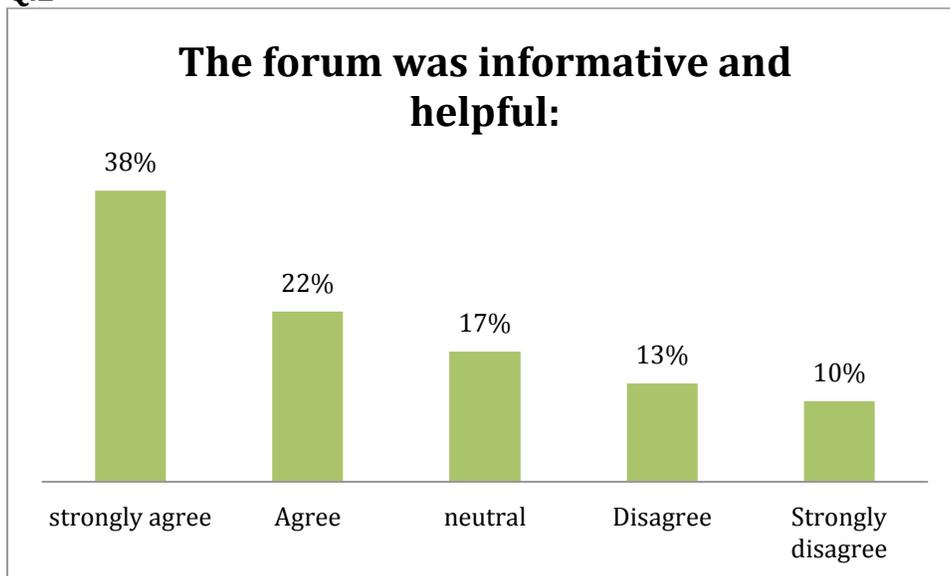
- Funding structures, how will JP be funded in the future
- Some concern in JP Usurping the treaty right to health, FNIH – NIHB
- For those communities who choose to remain with ECIP services there needs to be an accountability mechanism implemented so they are accountable to a FN managed and directed service delivery model
- Second level services
- Children having mentors
- Bring resources offered in urban cities on reserve to a full time basis
- Centre for Homeless
- Community garden
- Private school
- Education is our new buffalo
- Computer operators that respond to email cause not everyone has a phone
- Grievance support
- Increase social integration
- PTSD approval within the school system
- Make it so families don't have to run from department to department
- Extend education for sign language learning for families
- No capped programming

Jordan's Principle Forum Evaluation

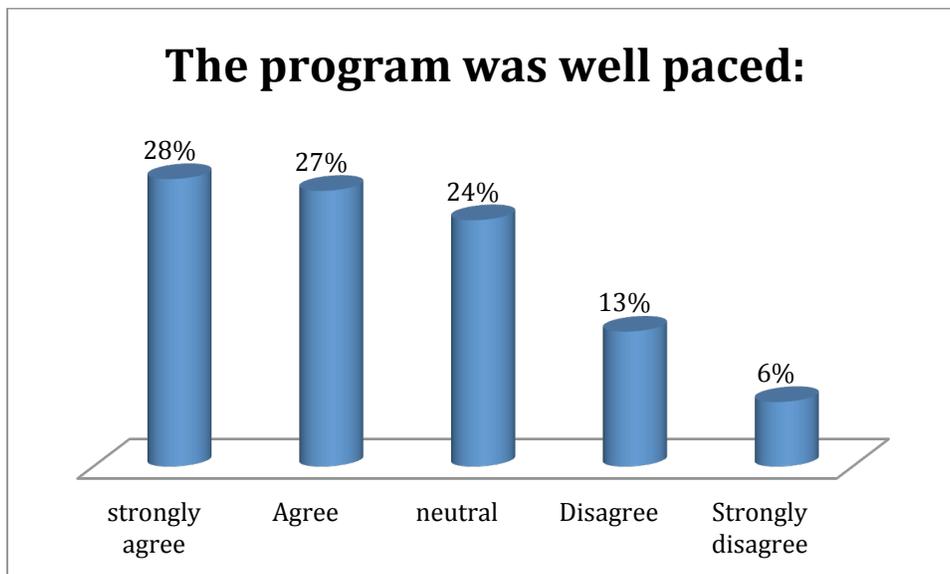
Q.1



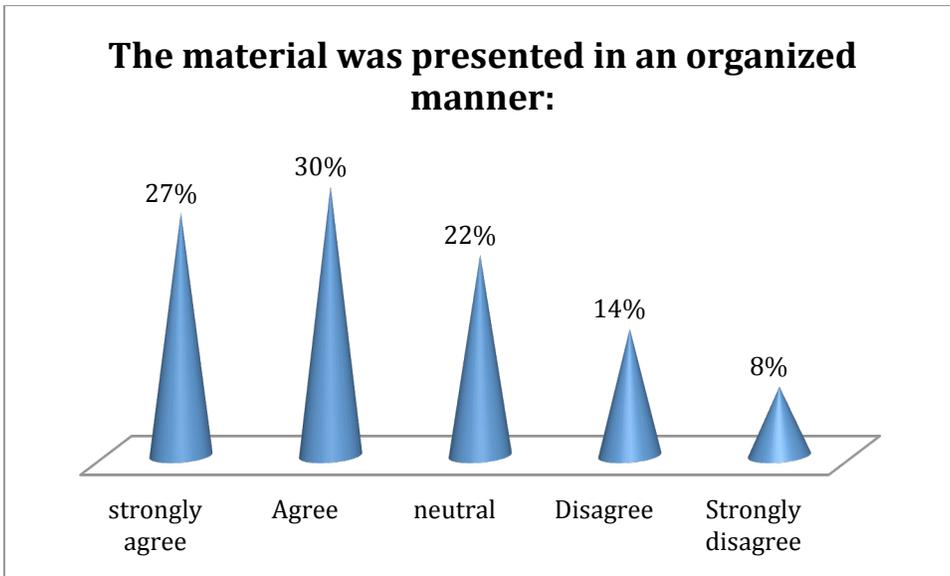
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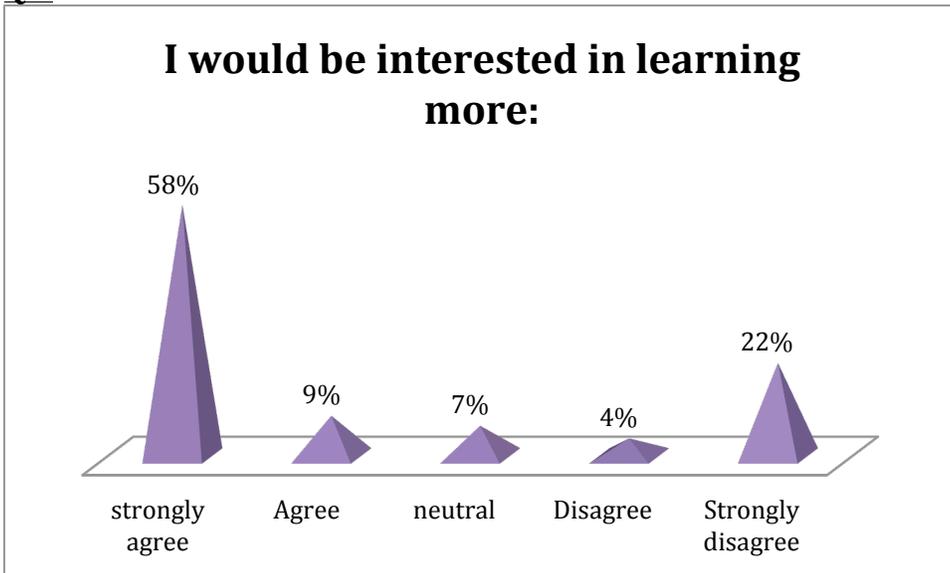
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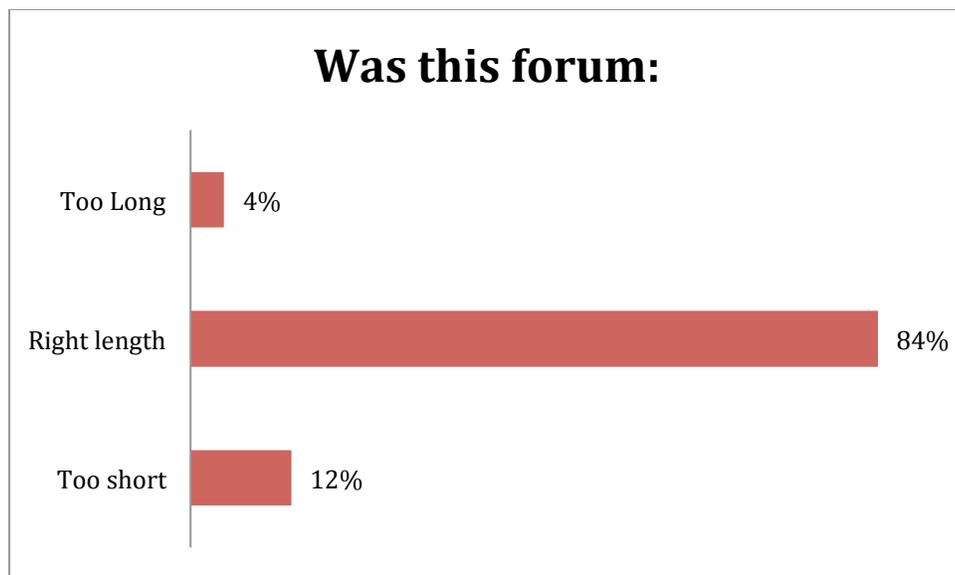
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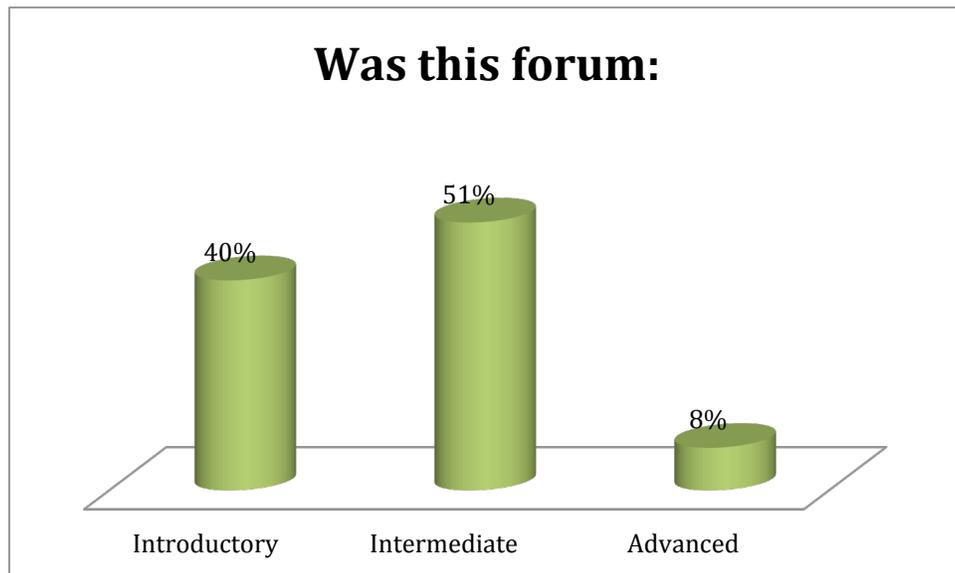
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Q.9

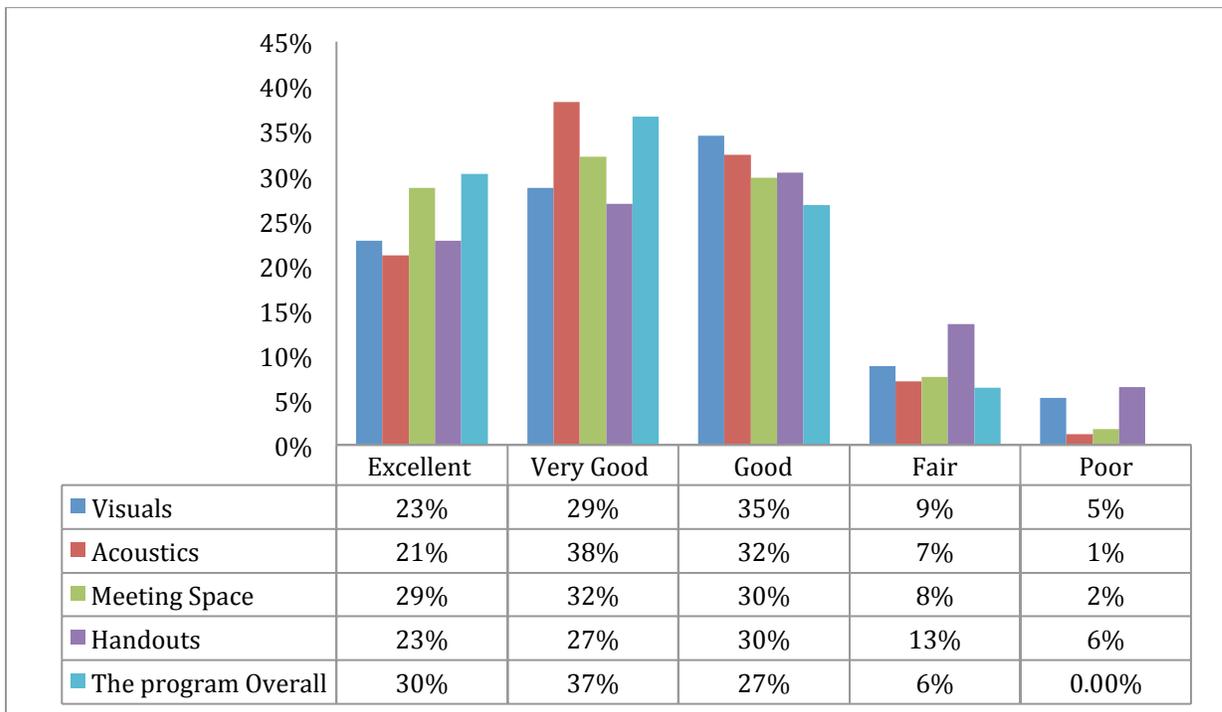


Q.10



Question 11.

Please rate the following:



Or

