

CANADIAN HUMAN RIGHTS TRIBUNAL

B E T W E E N:

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

Complainants

- and -

CANADIAN HUMAN RIGHTS COMMISSION

Commission

- and -

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

Respondent

- and -

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

Interested Parties

REPLY AFFIDAVIT OF CINDY BLACKSTOCK

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

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

2. I have reviewed the Affidavit of Dr. Valerie Gideon, affirmed on March 14, 2024, the Affidavit of Candice St-Aubin, affirmed on March 14, 2024, filed on behalf of the Respondent Indigenous Services Canada (“ISC”); and the Affidavit of Craig Gideon, affirmed March 22, 2024, filed on behalf of the co-complainant, the Assembly of First Nations (“**the AFN**”). I have also reviewed ISC’s Notice of Cross Motion, dated March 15, 2024. This affidavit is filed in response to ISC’s Notice of Cross Motion and in reply on the Caring Society’s motion.

3. In this affidavit, I discuss the following main issues:
 - (a) Canada’s request to extend or eliminate timelines for determining Jordan’s Principle requests;
 - (b) Urgent requests;
 - (c) Backlogs;
 - (d) The National and Regional Contact Centres;
 - (e) Payment delays;
 - (f) Accountability and the Role of the Appeals Secretariat;
 - (g) ISC Staff Mobility and Retention; and
 - (h) Clarification to Statements in Mr. C. Gideon’s Affidavit.

CANADA'S CROSS-MOTION REGARDING TIMELINES AND URGENT REQUESTS

The Caring Society's Position Regarding Canada's Proposal to Extend or Eliminate Timelines for Determining Jordan's Principle Requests

4. I am concerned about the relief sought in Canada's cross-motion, particularly as it relates to the request to extend the Tribunal-ordered timelines for determining Jordan's Principle requests.
5. To my knowledge, First Nations, First Nations service providers, Jordan's Principle Navigators and First Nations families across the country who are accessing Jordan's Principle were not notified of Canada's intention to seek to extend or eliminate these timelines, other than through the official filing of Canada's Notice of Cross-Motion with the Tribunal. Moreover, Canada's affidavits in support of its cross-motion (with redactions) were not made public until March 18, 2024. The Caring Society posted Canada's redacted affidavits (without exhibits) on March 19, 2024. The AFN's affidavit was not made public until March 26, 2024 and, as indicated by the Tribunal, a full decision regarding Canada's request for a confidentiality order will be made shortly.
6. Moreover, to my knowledge, none of the issues raised in Canada's cross-motion have been brought to the Jordan's Principle Operations Committee ("JPOC") or the National Advisory Committee ("NAC"), of which I am a member.
7. Jordan's Principle has and continues to be important on the national stage. For example, in March 2024, the AFN hosted a national Jordan's Principle gathering in Montreal (*Jordan's Principle Service Coordinator Gathering: Our Future, Our Children*). I was one of the keynote speakers on March 5, 2024. There were hundreds of participants at this conference, including Jordan's family. As far as I am aware, ISC did not attend and at no time did Canada raise the possibility of asking the Tribunal to extend or eliminate the Tribunal-ordered timelines.

8. In addition, the Federation of Sovereign Indigenous Nations (“FSIN”) held a national gathering in Saskatoon on March 13-14, 2024 (*Jordan’s Principle Long-Term Reform Leadership Forum*). Ms. Mathews and I both presented on March 13, 2024, and I was honoured to present after the attendees heard from Jordan’s Family. As far as I am aware, at no time during the FSIN gathering was any information circulated regarding the relief sought by Canada. In fact, I am advised by Ms. Mathews, and do believe, that on March 4, 2024, she was advised by Charmaine Pyakutch at FSIN that Canada had cancelled its participation in the conference due to the non-compliance motion and, as far as I know, Canada did not attend.
9. Canada’s lack of consultation on its relief sought in the cross-motion is of great concern to me given the adverse impacts for children, youth and families and in light of the Supreme Court of Canada’s recent ruling on the *Act respecting First Nations, Inuit and Métis children, youth and families*, a proceeding in which the Caring Society participated as a respondent, alongside Canada and the AFN.
10. Paragraphs 9 and 12 of Ms. St-Aubin’s affidavit suggest that delays in determining Jordan’s Principle requests are generally related to ISC’s inability to review incoming email correspondence and determine requests entered into the Jordan’s Principle Case Management System. She further says that most requests are determined without unreasonable delay. In response and reply, the Caring Society disagrees with Ms. St. Aubin’s assessment of the current situation. Canada has repeatedly chosen to not take measures to address the increase in cases that was predicted as early as 2016 as successive Tribunal orders and the proper implementation of Back to Basics gave effect to Jordan’s Principle.
11. The Caring Society was not consulted regarding Ms. St. Aubin’s request to change the reasonable time frames set out in the Tribunal’s orders and intends to vigorously oppose it. These timelines are essential to meeting children’s needs. Based on my over 35 years of social work experience at the community, regional,

national and international levels with Jordan's Principle, the operational challenges that Canada is now facing could reasonably be overcome with good management practices. Based on my experience with the past eight years of Canada's implementation of the Tribunal's orders regarding Jordan's Principle, extending Jordan's Principle timelines, including to an indefinite and undefined timeline for non-urgent requests, will not improve delays, particularly as those delays are most closely linked to Canada's inaction in the face of increasing demand. Based on my experience, First Nations children, youth and families will be further disadvantaged, and in some cases endangered, by having to wait longer to have their needs met.

12. Ms. St. Aubin does not acknowledge the serious harms, including child deaths, that flow from Canada's failure to adhere to the CHRT timelines.

Case Example: Failure to Address Urgent Request to Address Life-Threatening Risks for children in Pikangikum First Nation

13. In response to Canada's cross-motion, I am particularly concerned about ISC's failure to determine two critical Jordan's Principle group requests for life saving interventions for the children of Pikangikum First Nation ("**Pikangikum**"), located roughly 500 kilometres northwest of Thunder Bay, Ontario. Each application included supporting Band Council Resolutions, which were furnished to ISC.
14. On February 26, 2024, the Caring Society received correspondence from Nicholas Rhone, Director of Integrated Emergency Services for the Independent First Nations Alliance ("**IFNA**"), asking for help from the Caring Society regarding a denial from ISC in relation to IFNA's urgent Jordan's Principle group request for Pre-Hospital Emergency Response ("**PACER**") in Pikangikum. Mr. Rhone advised us, and I believe, that there had been two deaths of children under the age of 5 in Pikangikum in the month prior to his contacting us. The February 26,

2024, correspondence included some back and forth with ISC, as well as the denial decision from ISC.

15. Based on a review of Mr. Rhone's February 26, 2024 correspondence, I am informed and believe that, at 3:30 PM on February 23, 2024, Ms. Christine Simard-Chicago, Senior Manager of Jordan's Principle Group Requests/Choose Life Focal Point in Ontario, sent an email to Mr. Rhone advising him that ISC's National Review Committee denied the PACER request on the following basis: "Jordan's Principle does not have the authority to approve requests for community supports and programming that are not child-specific and intended to address the unmet needs of children under the age of majority in their province of residence. The age of majority in Ontario is 18 years of age." Mr. Rhone responded to ISC, stating "[t]his JP Application was in direct response to children dying and children who continue to be at imminent risk, and some have commented that there is no clearer case for a JP since it's directly linked not just to health services for children but emergency life-saving health services for children." A true copy of the February 26, 2024 correspondence (which includes the email thread) is attached to my affidavit as **Exhibit "1"**.
16. Brittany Mathews and I met with Mr. Rhone on February 27, 2024, to lend our support to IFNA's efforts to secure lifesaving services for children through Jordan's Principle and to hear about IFNA's experiences with ISC. Mr. Rhone advised me, and I believe, that the Jordan's Principle PACER application was linked to the tragic deaths of two children under the age of five that occurred in February 2024.
17. Also on February 27, 2024, Mr. Rhone shared a copy of the February 20, 2024 PACER Jordan's Principle application with us, along with further correspondence he had shared with ISC while the PACER application was under review. The completed PACER Jordan's Principle group application form identified "a glaring gap that continues to contribute to child deaths across the IFNA territory as seen

in Pikangikum with the recent event of two children in critical care in community dying before they are able to be evacuated to higher levels of advanced care.” The PACER application also clearly identified the request’s urgency:

This Jordan’s Principle funding application should be distinguished from other JP applications in that we have a clear ongoing risk to children, and multiple recent pediatric fatalities, in one of the highest risk reserves in the country, and we are operationally ready to move forward with the basic building blocks in place except the funding.

18. The forwarded correspondence regarding the PACER application included an email sent by Mr. Rhone to ISC on February 20, 2024, requesting that “given yet another recent child death in Pikangikum, this time an 11yr old, we are told, we will be requesting an expedited review and approval of this JP application within 24-48 hours, especially given the ice road and need for procurement of equipment/renovations and staff deployments.” A true copy of the February 27, 2024 correspondence and PACER application is attached to my affidavit as **Exhibit “2”**.
19. Ultimately, on March 1, 2024, IFNA placed another urgent Jordan’s Principle group request for a school-based Pediatric Medical Assistance Team (“**PMAT**”), focused on school-age children in Pikangikum. As set out in Pikangikum’s application, there were multiple child deaths in the community, including the death by suicide of a young girl on February 20, 2024, just four days before her 12th birthday. The letter of support from the Principal of Eenchokay Birchstick School indicated that the community was dealing with a minimum of 2 suicide attempts a week in the school bathroom. A true copy of the PMAT application and email correspondence is attached to my affidavit as **Exhibit “3”**.
20. On Monday March 5, 2024, Mr. Rhone copied Ms. Mathews and me on an email thread between IFNA and ISC, with correspondence ranging from March 1, 2024 to March 5, 2024. The email thread indicates that on Sunday, March 3, 2024, Ms. Simard-Chicago advised INFA that the urgent PMAT Application had been

escalated to the National Review Team. On March 4, 2024, Mr. Rhone responded Ms. Simard-Chicago, underlining the urgency of the request and making clear that he and his team remained available to meet to provide any additional information. There was further communication between ISC and IFNA and on March 5, 2024, Mr. Rhone reiterated that the IFNA team was available to discuss any issue at any time. By this time the 48-hour CHRT timeline had expired. A copy of this March 1, 2024 – March 5, 2024 email correspondence is attached to my affidavit as **Exhibit “4”**.

21. On March 6, 2024, Mr. Rhone forwarded me a letter from Nishnawbe Aski Nation (“NAN”) Grand Chief, Alvin Fiddler, addressed to the Honourable Patty Hadju, Minister of Indigenous Services Canada, regarding the urgent PMAT request. A true copy of Grand Chief Fiddler’s letter is attached to my affidavit as **Exhibit “5”**.

22. Five days after the expiry of the 48-hour CHRT timeline for the PMAT request, on March 8, 2024, ISC had still not made a determination. As a result, I asked Ms. Mathews to send an email to ISC’s Deputy Minister, Gina Wilson, to advise her of the urgent request and to underline the seriousness of the issues facing children in Pikangikum, including the significant concerns regarding youth suicide and child deaths. Ms. Mathews sent the email at 2:25 p.m. on March 8, 2024. At 4:59 PM on that same date, I also sent an email to Ms. Wilson advising her that the timelines for this urgent request had lapsed and asked that she give this request her personal attention. I also advised her that I would be available over the weekend to provide any assistance. At 6:15 p.m. Ms. Wilson responded to my email and advised that she would give the request her personal attention and that ISC were committed to meet with the community to clarify the funding requests. In fact, I continued to be in touch with Ms. Wilson later into March 2024, as set out below. A true copy of this correspondence is attached to my affidavit as **Exhibit “6”**.

23. On Tuesday March 19, 2024, sixteen days after the expiry of the 48-hour CHRT timeline on the PMAT request, Mr. Rhone copied me on an email to ISC advising that a three-year-old child had died in the early hours of March 19, 2024, in Pikangikum. Quoting Mr. Rhone directly:

Ahead of the meeting today, just wanted to make sure everyone is aware that we had another child fatality early this morning, a 3yr old. This shows the original request continues to be a child focused Pediatric life saving solution and the ongoing delays in getting a response are believed to be on face value in violation of the CHRT orders on Jordan's Principle. Dr Mazurik, was the physician who ran the Code to try to save that child's life overnight. I spoke to her this morning, and she expressed absolute shock and dismay that despite her and other physician support letters for PMAT, there continued to be no official answer or approval for services to begin.

A true copy of Mr. Rhone's correspondence is attached to my affidavit as **Exhibit "7"**.

24. It was devastating to hear about the tragic death of the three year-old child in Pikangikum First Nation particularly in light of ISC's failure to comply with the CHRT orders regarding the timeline for determining the urgent PMAT application, which I understand from Mr. Rhone may have provided Pikangikum with resources that may have helped her. For me, this brought back memories of the children dying in Wapekeka First Nation in early 2017, after Canada failed to respond to a request for life saving mental wellness supports. I was very concerned other children could die waiting for Canada to cease its discriminatory conduct so, on March 19, 2024, I again contacted Ms. Wilson. Ms. Wilson responded and advised that a meeting was taking place that afternoon. A true copy of this correspondence is attached to my affidavit as Exhibit "6", referenced above.

25. Following the meeting on March 19, 2024, Mr. Rhone advised me, and I believe, that IFNA had been given a verbal six-month approval during the meeting with ISC. On March 21, 2024, Mr. Rhone wrote to ISC, copying me and Ms. Mathews, confirming the verbal approval. He also noted the impact of the delay in having

the Jordan's Principle application addressed, particularly in relation to having important equipment brought in on the ice roads. Mr. Rhone noted as follows:

Ongoing Risks/Consequences of Delay:

[...]

And most importantly, two children in Pikangikum died in between the original Jordan's Principle (PACER) application and one of those deaths happened weeks after the PMAT application even though it was escalated as other by the region and IFNA. Do we know for sure that had the applications been approved immediately we would have saved those children? No one could say that absolutely. But had they been approved at least it we would not have the trauma of wondering what if. And we know it would have increased safety and met unmet needs sooner.

A true copy of this correspondence is attached hereto as **Exhibit "8"**.

26. On March 22, 2024, nineteen days after the 48-hour CHRT timeline expired, Mr. Rhone shared the written approval of the urgent PMAT request for a six-month term. He indicated that Ms. St-Aubin's approval letter mischaracterized what occurred and how. Mr. Rhone also noted that he had been contacted by the Coroner's office. A true copy of Mr. Rhone's March 22, 2024 correspondence is attached to my affidavit as **Exhibit "9"**.
27. Later that same day (March 22, 2024), Mr. Rhone copied me on correspondence he sent to the regional supervising Coroner, Dr. Miller, pointing out the serious gaps in services on-reserve, the normalization of child deaths in First Nation communities, and the failure to approve the urgent PMAT application within the CHRT-ordered timeframes. On March 23, 2024, I also emailed Dr. Miller and underlined the serious pattern of non-compliance on the federal government's part and pledged the Caring Society's full cooperation with his review. A true copy of this email correspondence is attached to my affidavit as **Exhibit "10"**.
28. I am grateful to Chief Shirley Keeper and Council Members of Pikangikum First Nation, Grand Chief Fiddler, as well as Mr. Rhone and his entire IFNA team for

their tireless efforts to put lifesaving services and supports in place for First Nations children who are facing unimaginable hardships. I am honoured that IFNA has given us consent to share this tragic account and the various correspondence included in this affidavit in hopes that Canada will be forced to comply with the Tribunal's orders and other children's lives can be saved. A true copy of Mr. Rhone's email of March 21, 2024, providing consent to share the information above with the Tribunal, is attached to my affidavit as **Exhibit "11"**.

29. On March 27, 2024, I received a letter from Dr. Kirlew, who is one of the physicians who wrote a letter of support for the PMAT Jordan's Principle Application. Dr. Kirlew also provided an affidavit in this proceeding on January 27, 2017 in his role as the Community and Family Physician of Wapekeka First Nation investigating Coroner for Ontario's Northwest Region. In his March 27, 2024, letter Dr. Kirlew states:

While Indigenous Services Canada sat on our application, we lost another child. On Monday March 18, 2024, Dr. Mazurik (who also wrote a letter in support of the PMAT application) attempted to save the life of a three-year-old child in Pikangikum. While I cannot discuss the specifics of this child's experience, I am heartbroken and devastated that we lost yet another child in a crisis moment when we have solutions that can be implemented to save children. I am also angry.

A copy of Dr. Kirlew's letter is attached hereto as **Exhibit "12"**.

30. Pikangikum is not alone. There are many other First Nations and Tribal Councils bearing the burden of Canada's discrimination as they try to meet the needs of their children even after applications are approved. For example, on February 22, 2024, the Keewatin Tribal Council in Manitoba ("**KTC**") wrote to the Prime Minister asking for help in obtaining reimbursement in relation to an approved \$7 million in Jordan's Principle funding. KTC has requested, among other things, that the Prime Minister directly intervene to address the issue of financing under Jordan's Principle, given that KTC is currently bridge financing the approved

\$7 million. A copy of Grand Chief Walter Wastesicoot's February 22, 2024 letter is attached hereto as **Exhibit "13"**.

Understanding the Meaning of "Urgent"

31. In both Ms. St-Aubin's affidavit and Dr. Gideon's affidavit, there appears to be a suggestion that the definition of "urgency" is vague, undefined, and problematic. The Back-to-Basics Approach agreed to by ISC addresses "urgent or time sensitive" requests and provides specific examples of urgency, being all cases involving: (i) end-of-life/palliative care; (ii) mention of suicide; (iii) physical safety concerns; (iv) no access to basic necessities; (v) risk of child entering child welfare system, etc. The Back-to-Basics approach also addresses the age and vulnerability of children being considered in determining urgency.
32. The Caring Society developed this approach with ISC on the basis of the Tribunal's past orders, including 2017 CHRT 35, which distinguishes between urgent requests involving reasonably foreseeable irremediable harm to a child (which require immediate action) and other urgent requests (requiring action within 12 hours (for individual requests) or 48 hours (for group requests)), and 2019 CHRT 7, which requires due consideration of the seriousness of a child's condition and the evaluation of the child made by the professionals involved in the child's assessment.
33. The definitions above are clear and can be readily applied by reasonable people with relevant training. Requests are further calibrated by considering the child's needs as reflected by a letter from a relevant professional or Elder or Knowledge Keeper, best interests of the child, substantive equality, culturally appropriate services and taking into account the distinct circumstances of the child's community.
34. In the cases coming to the Caring Society's attention, I have not seen an overuse of the "urgent" classification. I have seen urgent cases that were not managed by

ISC in compliance with the CHRT orders and cases that were not urgent when initially requested become urgent as ISC's non-compliance deepens existing harms or creates serious new risks for children.

35. The impacts of ISC's delays in determining urgent requests are felt most acutely by the child or youth and their family. As noted at paragraph 72 of my January 12, 2024 affidavit, pediatricians across Canada are noting negative outcomes, often of a serious nature, for a child and family due to delays in accessing the services they need via Jordan's Principle. The Canadian Paediatric Society has now released its report, *Survey of paediatricians' knowledge and use of Jordan's Principle*, a true copy of which is attached to my affidavit as **Exhibit "14"**.
36. Paragraph 24 of Dr. Gideon's affidavit states that ISC has identified what it believes to be 5,800 likely misclassified urgent requests from a sample of 31,258 urgent requests, between January 1, 2022 and December 31, 2023. Dr. Gideon's affidavit provides a number of examples, absent any context of the child's actual needs, or the related recommendations from the professional/Elders in the child's community. These examples include: glowsticks; summer camp registration; sporting equipment; annual registration fees and associated travel costs; outdoor play structures; trampolines; and playgrounds; and more.
37. The Caring Society agrees that ISC can deny requests on grounds such as the request is not in the best interests of the child, or where a requested item is not in keeping with substantive equality. However, the Caring Society has never been of the view that specific items or categories of products or services are ineligible, as this is not in keeping with a child focused approach or the Tribunal's orders.
38. Dr. Gideon takes issue with the items noted in Exhibit C to her affidavit. However, such items may well have a link to children's needs, best interests, or evidence. For example, I am aware that glow sticks are used in sensory environments for neuro-diverse children. I have previously raised the dangers of dismissing items as ineligible on their face with ISC, and with Dr. Gideon in particular, after ISC

denied requests for a backpack, generator, fridge, and other items recommended by a physician for a child in Walpole Island. The child had cystic fibrosis. The generator and fridge were to store medication that required reliable cold storage. The backpack and laptop were for her to participate in schools. The child's story is documented in the film "Three Young Ladies". The child tragically passed away without the requested services ever being approved. Dr. Gideon commissioned a review of this tragic case when she was Assistant Deputy Minister responsible for Regional Operations at the First Nations and Inuit Health Branch at ISC.

39. Moreover, in my professional opinion, in addition to responding to sound social work practice, many of the impugned "likely misclassified" items listed by Dr. Gideon may be examples of meeting children's urgent diverse and complex needs consistent with the evidence-based practice of "social prescription".
40. My professional opinion regarding "social prescription" (described below) arises from my thirty-five years of professional experience in the social work field, my collaborations with the Canadian Pediatric Society and pediatricians, my past appointment as a Commissioner for the Pan American Health Organization study on health equity and inequity in the Americas, and through my appointment as Chancellor of the Northern Ontario School of Medicine in 2022. More specifically, I have collaborated for over twenty years with Dr. Susan Bennett, who is the Director of Social Pediatrics at the Children's Hospital of Eastern Ontario. I have also collaborated with the Canadian Paediatric Society, which includes social pediatrics as one of its areas of practice. A true copy of the Canadian Paediatric Society's section page for Social Paediatrics is attached to my affidavit as **Exhibit "15"**.
41. During the pandemic, I had occasion to visit Dr. Bennett and her team in Ottawa to learn about their social prescription work, when I delivered a Caring Society donation of Spirit Bear books and calendars and personal donations to be

delivered to children in need by medical students. The students delivered education supplies, food, and other necessities to disadvantaged families while doing wellness inquiries.

42. Through my role as Chancellor of NOSM University, I am also aware that social pediatrics is part of the NOSM curriculum. A true copy of a slide deck from the NOSM University website as of March 26, 2024 regarding its pediatrics residency program is attached as **Exhibit “16”**.

43. I also note that there is an International Social Prescribing Day (March 9) and that the Public Health Agency of Canada provides funding to the Canadian Institute for Social Prescribing.

44. In my experience as a social worker, a large number of the items on the list set out at paragraph 24 of Dr. Gideon’s Affidavit are capable of being properly classified as urgent in the unique circumstances of the life of a child. For example, the time of year or the timing of the request could make the service, product or support urgent: items may need to be purchased for school, right before summer camp begins or for a particular event that could not be attended without that service, product, or support. This is particularly the case given the very large backlogs of unopened Jordan’s Principle requests that form one basis for the Caring Society’s non-compliance motion, as in my experience these backlogs may result in such time-limited social prescription items becoming time sensitive or urgent.

45. The Caring Society’s experiences in intervening on behalf of individuals, families, and communities with ISC also speaks to how apparently “misclassified” urgent items could be urgent given a First Nations child’s or youth’s unique life and circumstances:

- a. The experience of Taku River Tlingit First Nation (“**TRTFN**”), discussed in paragraphs 153-154 and Exhibit “56” of my affidavit affirmed on January

12, 2024 (“Blackstock Affidavit”), also involved a group request for children from three different Tlingit communities to participate in an important cultural event that became time-sensitive through administrative delays at ISC. A true copy of an email thread involving TRTFN, ISC, Caring Society colleagues, and me is attached as **Exhibit “17”** to my affidavit.

- b. I am informed by Ms. Mathews, and believe, that in X.X.’s case, discussed at paragraphs 29-42 of Ms. Mathews’ affidavit, X.X. relocated on an emergency basis from an unsafe home environment and made requests that included moving and storage fees to facilitate their move. A true copy of an email thread involving ISC and the Caring Society, which mentions the moving and storage request is attached as **Exhibit “18”** to my affidavit.
- c. Y.Y.’s case, discussed in paragraphs 100-103 of Ms. Mathews’ affidavit, involved a child who had expressed suicidal ideation and whose safety plan included the child having access to a cell phone.

46. At paragraph 26 of her affidavit, Dr. Gideon asserts, in part, that “the Caring Society’s proposed additions to objective criteria for ‘urgent’ requests, set out on pages 2 and 3 of their Notice of Motion, do not necessarily assist in identifying objective criteria for whether or not a given request is urgent”. Dr. Gideon also says that “a request for an unrelated product, service or support (for example, a gaming console) in the context of a child who recently experienced caregiver death or in a community impacted by a state of emergency is likely non-urgent. However, other requests in that context, such as for therapy services, may well be objectively urgent.”

47. By way of reply and for clarity, the relief sought in the Caring Society’s Notice of Motion seeks to confirm the inclusion in the definition of “urgent requests” requests from First Nations children impacted by states of emergency which are declared by the federal, provincial/territorial or First Nations governments and

children who had experienced, or were reasonably anticipated to experience, the death of a caregiving family member, biological parent, and/or siblings. These grounds of relief were rooted in the Caring Society's interventions and discussions with First Nations and First Nations service providers, including the following:

- a. The F.D. case, discussed in paragraphs 136-140 of the Blackstock Affidavit, in which F.D. made an urgent Jordan's Principle request for food and clothing after being evacuated from her home due to wildfires; and
- b. The S.M. case, discussed in paragraphs 43-49 of the Mathews Affidavit, in which an Elder sought to amend an approved request for her grandchild in her care to attend additional days at a Potlach ceremony for the child's great-grandfather.

48. Both the F.D. case and the S.M. case showed the Caring Society that Jordan's Principle requests linked to the deaths of parents, siblings and other relatives and states of emergency can result in urgent requests.

49. In paragraphs 24-25 of Dr. Gideon's affidavit, she suggests that urgency is being over identified. However, this concern does not balance any disadvantage to Canada from alleged misidentification of urgent cases against the consequences for First Nations children of under identifying urgent cases. Urgent cases, by definition, contemplate harms to children or a child in palliative care. In my experience, the administrative and financial consequences of over-identification for Canada are recoverable, the consequences of under identification of urgent cases for children can, and have been, catastrophic.

BACKLOGS

50. Paragraph 10 of Ms. St-Aubin's affidavit asserts, in part, that "Backlogs in email correspondence and requests awaiting determination vary at any given time and across regions."

51. By way of reply,

- (a) I have been informed by Ms. Mathews, and believe, that Ms. Mathews contacted Rhoda Hallgren, the Director of Community Health at Carrier Sekani Family Services, about the status of backlogged Jordan's Principle requests in British Columbia on March 20, 2024. Ms. Hallgren advised, and I believe, that, as of March 20, 2024, she had been told that British Columbia Region had approximately 2,700 emails sitting in queue. A true copy of Ms. Mathews' and Ms. Hallgren's March 20, 2024 correspondence is attached as **Exhibit "19"**.
- (b) On March 25, 2024, Vice Chief David Pratt from the Federation of Saskatchewan Indian Nations sent a letter in support of the Caring Society's non-compliance motion to National Chief Cindy Woodhouse, the AFN executive Committee, the Honourable Patty Hajdu (Minister of Indigenous Services), the Honourable Gary Anandasangaree (Minister of Crown-Indigenous Relations), and me. In that letter, Vice Chief Pratt advised, in part, that *"There are currently 9,202 Jordan's Principle requested items sitting in queue at the ISC Saskatchewan Regional office that are not being addressed by Canada in a CHRT compliant manner. This is unacceptable, unjust and discriminatory in practice against our children"* (emphasis in original). A true copy of Vice Chief Pratt's March 25, 2024 letter is attached as **Exhibit "20"** to my reply affidavit.
- (c) I have been informed by Ms. Mathews, and believe, that Ms. Mathews contacted Lyndia Jones, the Director of Health at Independent First Nations ("IFN") in Ontario, about the status of backlogged Jordan's Principle requests in IFN communities. Ms. Jones advised that the 12 IFN communities in Ontario had roughly 2,048 backlogged Jordan's Principle requests as of December 31, 2023. A true copy of a March

2024 slide deck from IFN entitled “Jordan’s Principle Model(s)” is attached as **Exhibit “21”** to my reply affidavit (p. 10 of which indicates “# of Requests at ISC 2048”).

- (d) I have been informed by Ms. Mathews, and believe, that Ms. Mathews contacted Shadelle Chambers, Executive Director, Council of Yukon First Nations, about the status of backlogged Jordan’s Principle requests in the Northern Region on March 21, 2024. On March 25, 2024, Shadelle Chambers then put Ms. Mathews in contact with Debra Bear, Director of Jordan’s Principle at Council of Yukon First Nations. On March 26, 2024, Ms. Bear advised Ms. Mathews that “In our region we have noted previous significant backlog on adjudication of applications. Some applications have been waiting in the queue for over a year and some we marked as urgent.” Ms. Bear advised that their general list of backlogs included: therapy requests submitted May 2023; support workers/inclusion workers submitted April 2023; youth treatment submitted April 2023; emergency dental submitted April 2023; trauma resolution submitted May 2023; many family re-unification applications submitted over the past year; Autism/ADHD assessment applications submitted May 2023, December 2023. However, Ms. Bear also advised that contribution agreements have enabled Council of Yukon First Nations to provide supports through Jordan’s Principle without delay or disruption. Further, Ms. Bear advised that newly submitted non-urgent applications may take months to receive a decision. Urgent or time-sensitive requests may receive faster determinations, but they often come at the last moment and may impede Council of Yukon First Nations’ ability to supporting families and children with urgent requests for things like emergency medical travel or treatment. A true copy of Ms. Mathews correspondence with the Council of Yukon First Nations is attached as **Exhibit “22”** to my affidavit.

- (e) I have been informed by Ms. Mathews, and believe, that she received correspondence from a Jordan's Principle Unama'ki Manager from the Union of Nova Scotia Mi'kmaq on March 27, 2024 about the status of backlogged Jordan's Principle in their community. Ms. Mathews was advised that the Union of Nova Scotia Mi'kmaq had 331 pending Jordan's Principle applications, with some of those pending requests being from May 2023.

THE NATIONAL AND REGIONAL CONTACT CENTRES

52. Paragraphs 37-42 of Dr. Gideon's affidavit and paragraphs 49-56 of Ms. St-Aubin Affidavit describe the National Call Centre and detail "call volume initiatives" that ISC has taken or plans to take in the future in response to the volume of requests received through the National Call Centre.
53. By way of reply, I have been informed by Ms. Mathews, and believe, that since January 12, 2024, the Caring Society has raised 62 cases with ISC about concerns with ISC's non-compliance with Jordan's Principle. In 11 of those 62 cases, families and/or service coordinators raised concerns about their inability to reach anyone at the National Call Centre, about their never having received a callback, or about the delay in receiving a callback being so long that they could no longer wait. Four of these 11 cases were for urgent Jordan's Principle requests.
54. By way of further example, on February 22, 2024, at 3:28 PM PST, I received a notification on X (formerly known as Twitter) from an individual who I later learned was Andrea Blanchette who is a First Nations, Métis, & Inuit Student Support Worker with the Greater Essex County District School Board. Ms. Blanchette indicated that a First Nations child she was working with was not able to access essential and immediate healthcare at a hospital. Ms. Blanchette had phoned the National Call Centre, who placed her on hold for 2 hours and did not pick up. In the intervening time, the child went home without care. At 3:29 PM

EST, I tweeted back to Ms. Blanchette to email the Caring Society. A true copy of screenshots of the thread between Ms. Blanchette and me is attached as **Exhibit “23”** to my affidavit.

55. In the intervening time, I grew concerned and called the 24-hour National Call Centre at 6:10 PM EST (3:10 P.S.T), to confirm that ISC had been in contact with Ms. Blanchette. I reached the voice mail answering system and listened to all the options. There was no option to select “urgent.” Relying on my previous experience, I selected “new request” as the urgent option is only available after having pressed “new request.” I was on hold for approximately 9 minutes before I was forced to leave a callback number before the voice mail message dropped me from the call. An agent from the 24-hour National Call Centre called me back at 6:41 PM EST (3:41 PST) and I asked if they were able to connect with this individual over X. I was told that call centre agents could not contact requesters via social media. I advised the agent that this was a shortcoming in ISC’s processes as, in my experience, many people, particularly young people, reach out through social media when they cannot reach ISC through regular channels. I advised the agent that I have personally experienced serious challenges reaching anyone at the 24 hour line. The agent assured me that if Ms. Blanchette called back, they would reach someone at the 24-hour Call Centre. Unfortunately, it was too late in this case as the child went home without care as they could no longer tolerate waiting.

56. I received a further phone call from a supervisor at the 24-hour National Call Centre at 8:22 PM EST (5:22 PST) regarding my concerns that ISC is not able to reach people via social media. I reiterated that people who cannot otherwise reach the call center will reasonably turn to other communication pathways to reach ISC. ISC ought to have some capacity to communicate with requesters in multiple formats.

57. In an email Ms. Blanchette sent the Caring Society at 4:28PM EST, I understood that the child needed essential healthcare in order to access inpatient psychiatric care. In her email, Ms. Blanchette confirmed that she was on hold with the National Call Centre and that the call was dropped twice. Ms. Blanchette also confirms that an ISC representative called her back and was working on an urgent determination. A true copy of the correspondence between Ms. Blanchette to the Caring Society's information inbox is attached as **Exhibit "24"** to my affidavit.

PAYMENT DELAYS

58. Paragraph 67 of Dr. Gideon's affidavit states, in part, that: "In exceptional circumstances, ISC may use the acquisition card to purchase gift cards to meet the child's immediate needs. Currently, the Jordan's Principle acquisition cards terms and conditions allow a maximum \$100 limit for gift cards. Gift cards are most commonly used in the context of necessities of life such as food, clothing, diapers, or formula."

59. The Caring Society has been advocating for the use of acquisition cards for a number of years. However, Dr. Gideon's affidavit does not attach the terms and conditions and/or policy guidance governing the use of acquisition cards as an exhibit, and the Caring Society is not aware of the definition of "exceptional circumstances" in this context. Moreover, as far as I am aware, the information in paragraph 67 of Dr. Gideon's affidavit was not easily accessible to the public.

60. Further, I am concerned about the usefulness of the \$100 limit in the context of a Jordan's Principle request where the necessities of life for a (or many) child(ren) are needed. For example, the average family of 4 is estimated to have spent on average \$15,595.40 a year on food over the past year. That average amount translates to roughly \$299.91 a week or roughly \$1,199.65 every four weeks. A

true copy of Canada's Food Price Guide 14th Edition is attached as **Exhibit "25"** to my reply affidavit.

ACCOUNTABILITY AND THE ROLE OF THE APPEALS SECRETARIAT

61. Paragraph 23 of Ms. St-Aubin's affidavit states that, in relation to one of the individual cases identified in the Caring Society affidavits, "ISC has since issued an apology letter to the requestor".
62. By way of reply, the Caring Society has not been able to confirm whether the requester received an apology for ISC's conduct related to the May-June 2023 events described at paragraphs 43-49 of the Mathews affidavit. However, the children experienced subsequent bereavements of close family members. This meant that the children needed to attend two other memorial potlatches for which the grandmother asked for travel assistance. The second request was supported by a letter from the Chief of the First Nation. Despite the apology described in Ms. St-Aubin's affidavit, ISC had failed on a second occasion to treat the grandmother and the children in a respectful and compassionate manner, going as far as to ask for a note from the potlatch organizers (which would be the bereaved family) to confirm the grandmother and children's attendance.
63. Paragraph 47 of Ms. St-Aubin's affidavit asserts that the Caring Society's proposal for a complaint mechanism is "duplicative and conflicts with the appeals process already established by way of agreement with the parties".
64. First, an appeal mechanism and a complaints mechanism are not the same thing. In my view and based on the experience of the Caring Society to date, there currently is no effective independent complaint mechanism available to requestors who have experienced a hardship or had a dehumanizing experience with ISC pursuant to a Jordan's Principle request.

65. Second, there are solutions available to the department for instituting an effective complaints mechanism. The Caring Society has long been calling for an effective complaints mechanism that is distinct from the Appeals Secretariat's appeals process or the Federal Court's judicial oversight through judicial review. Rather, the Caring Society has been calling for a suite of reforms that also includes an ombudsperson-like role, as set out in, for example, the March 2022 report "Doing Better for Indigenous Children and Families: Jordan's Principle Accountability Mechanisms Report" authored by Naiomi Metallic, Hadley Friedland and Shelby Thomas. This ombudsperson-like function would carry out a role similar to that which the Caring Society has taken on by drawing individual and systemic concerns to ISC's attention for action. A true copy of the March 2022 report by Naiomi Metallic, Hadley Friedland and Shelby Thomas is attached as **Exhibit "26"** to my reply affidavit.
66. Paragraph 58 of Dr. Gideon's affidavit suggests that the Appeals Secretariat serves as "an advocacy office to support families in bringing appeals forward."
67. Contrary to paragraph 58 of Dr. Gideon's affidavit, I am not aware, nor is it clear to me, that the Appeals Secretariat serves as an advocacy office that supports families in the manner suggested in Dr. Gideon's affidavit.
68. Instead, my understanding of the office of the Appeals Secretariat's role is consistent with the defined objective and scope of the External Expert Review Committee, as set out in Exhibit "D" to Dr. Gideon's affidavit.
69. Consistent with my understanding, I attach true copies of documents from the Certified Tribunal Records in judicial reviews of decisions of the External Expert Review Committee, bearing Federal Court File Numbers T-1889-23 and T-132-24. True copies of the Appeal Summary Form, the Presentation Form, and the Letter of Decision for the appeal giving rise to the proceedings in T-1889-23 are attached to my affidavit as **Exhibits "27-A", "27-B", and "27-C"**. True copies

of the same documents related to the proceedings in T-132-24 are attached to my affidavit as **Exhibits “28-A”, “28-B”, and “28-C”**.

70. David Taylor, who is counsel to the Caring Society on this complaint, is also counsel to the applicants on each judicial review. Mr. Taylor advises me, and I believe, that each of the applicants has consented to these documents being included. Mr. Taylor advises me, and I believe, that the redactions in the documents related to the proceedings in T-1889-23 are in the original documents filed with the Federal Court, pursuant to a confidentiality order. Mr. Taylor advises me, and I believe, that the proceedings in T-132-24 are in abeyance and that the Certified Tribunal Record documents have yet to be filed with the Federal Court. As such, the redactions to those documents have been added for the purposes of this Tribunal filing.

71. I have long called for Jordan’s Principle requestors to be able to make submissions directly to appeals decision-makers within Jordan’s Principle. However, as recently as the events regarding Pikangikum described above, I have been informed that this is not permitted. Indeed, Mr. Rhone advised me, and I believe, that IFNA asked to make submissions to the External Expert Review Committee, but that that request was denied.

ISC STAFF MOBILITY AND RETENTION

72. Paragraph 65 of Ms. St-Aubin’s affidavit suggests that staff retention is an issue for Jordan’s Principle operations. Ms. St-Aubin advises that employee turnover rates across ISC’s Jordan’s Principle operations have ranged from 13%-21% since the 2019-2020 fiscal year, although Ms. St-Aubin’s affidavit attaches no evidence in support of same.

73. By way of reply, Canada’s 2022 Public Service Employee Survey provides information about the federal public service. A true copy of a Treasury Board

website “2022 Public Service Employee Survey: Highlights” as of March 21, 2024 is attached as **Exhibit “29”** to my reply affidavit.

74. In general, the 2022 Public Service Employee Survey indicates as follows with respect to mobility and retention in the public service as a whole:

Mobility and retention

Intention to leave

In 2022, 38% of respondents said they intend to leave their current position in the next two years, up from 24% in 2020.

Reasons for leaving

The results for the reasons for leaving break down as follows:

- To pursue another position in the same department or agency (42%)
- To pursue another position within a different department or agency (24%)
- To retire (13%)
- End of the term or contract (9%)
- To pursue a position outside the federal public service (6%)

75. Data from the 2022 Public Service Employee Survey respecting ISC is also available. A true copy of excerpts from the “2022 Public Service Employee Survey Results for Indigenous Services Canada” is attached as **Exhibit “30”** to my reply affidavit.

76. At ISC, 42% of 3,210 respondents (or roughly 1,348 people) in the 2022 survey said yes in response to Question 56_1, “Do you intend to leave your current position in the next two years?”

77. In response to Question 56_2, “Please indicate your reason for leaving”,

- a. 12% (or roughly 160 of 1,335 respondents) indicated “Yes, to retire”;

- b. 34% (or roughly 454 of 1,335 respondents) indicated “Yes, to pursue another position within my department or agency”;
- c. 33% (or roughly 441 of 1,335 respondents) indicated “Yes, to pursue a position in another department or agency”;
- d. 6% (or roughly 80 of 1,335 respondents) indicated “Yes, to pursue a position outside the federal public service”;
- e. 8% (or roughly 107 of 1,335 respondents) indicated “Yes, end of my term, casual or student employment”; and
- f. 7% (or roughly 93 of 1,335 respondents) indicated “Yes, other reason
Specify other reason”.

78. Several questions in the 2022 survey also concern “Stress and Well-Being”.

79. In the 2022 survey year, responses to Question 73, “Overall, my level of work-related stress is...”, were in part as follows:

Question 73. Overall, my level of work-related stress is...	Public Service (189,420 respondents)	ISC (3,210 respondents)
Very low (%)	11	10
Low (%)	31	30
Moderate (%)	37	39
High (%)	13	14
Very High (%)	6	7
Don't know (%)	0	0
Not applicable (%)	0	0

CLARIFICATION TO STATEMENTS IN MR. GIDEON’S AFFIDAVIT

80. The Caring Society shares the concerns regarding ISC’s non-compliance set out in Mr. Gideon’s affidavit at paragraphs 15, 29, 32, 41, 42, 43, 44, 47, 48, and 50-

54. However, as set out below, there are a number of statements made in Mr. Gideon's affidavit that require clarification.
81. Paragraph 11 of Mr. Gideon's affidavit suggests that the various immediate measures sought during the settlement discussions that resulted in 2022 CHRT 8 were sought by AFN. In fact, these measures were initially sought by the Caring Society as part of the AIP negotiations, ultimately with the support of the AFN.
82. Paragraph 16 of Mr. Gideon's affidavit says he was informed by a party he did not identify in the affidavit that, due to challenges with Jordan's Principle, Canada, the AFN, and the Caring Society commenced "discussions on an alternative approach" to the implementation on Jordan's Principle in the Spring of 2022.
83. I do not know what "alternative approach" discussions, including those covered by settlement privilege, that Mr. Gideon is referring to. Certainly, as set out in my affidavit of January 12, 2024, and the affidavit of Brittany Mathews dated January 12, 2024, the Caring Society has consistently been engaged with ISC and the Parties in attempting to support ISC's full implementation of the CHRT orders. However, I am not aware of any discussions of an "alternative approach" that would in any way alter the CHRT orders. Indeed, the Caring Society supports the Tribunal's orders and views them as necessary to ensure the substantive equality rights of First Nations children and youth.
84. At paragraphs 34 and 39, Mr. Gideon's affidavit inaccurately discloses certain information covered by settlement privilege regarding the positions shared by the Caring Society with the other parties during negotiations on long-term reform. The following information is limited to correcting any misapprehensions flowing from the regrettable disclosure of this inaccurate information.
85. Contrary to paragraph 34 of Mr. Gideon's affidavit, the Caring Society did not advise the Parties in January 2023 that a final settlement agreement on long-term

reforms and Jordan's Principle could not be reached. In fact, the Caring Society has never advised or asserted that a final settlement agreement could not be reached. In early January 2023, we raised concerns about the target date set for a final settlement agreement given that the community-driven research and evidence ordered by this Tribunal in 2022 CHRT 8 would not be available for many months. Consistent with the direction of Chiefs in Assembly, there will need to be sufficient time for the National Advisory Committee and regional experts to review the evidence and formulate recommendations for First Nations Leadership.

86. Shortly thereafter, the Caring Society and the AFN began to work on a joint position, in line with AFN Resolution 40/2022. These efforts are accurately set out in paragraphs 35-38 of the C. Gideon Affidavit.

87. However, Mr. Gideon's affidavit does not accurately capture the information and position shared by Caring Society in December 2023. Contrary to paragraph 39 of Mr. Gideon's affidavit, the Caring Society did not advise that it was abandoning its joint position with the AFN, or that it was ending its participation at the long-term reform negotiation table. Rather, on December 8, 2023, the Caring Society wrote to the Parties to advise that it planned to bring a Jordan's Principle non-compliance motion. In this correspondence, the Caring Society acknowledged that the terms of the AIP, which prohibited any party thereto from seeking relief from the Tribunal, required it to step out of the AIP Process as a result of bringing this motion.

88. Nonetheless, in that same correspondence, the Caring Society underscored its commitment to the AFN/Caring Society Path Forward and to a final settlement agreement on long-term reform of First Nations Child and Family Services that ends Canada's discrimination toward First Nations children, youth and families and prevents its recurrence. A true copy of the Caring Society's December 8, 2023 letter is attached to my affidavit as **Exhibit "31"**.

89. Since December 8, 2023, the Parties have not been able to agree on terms for the continued participation of the Caring Society in the ongoing Final Settlement Agreement negotiations on child and family services. Nonetheless, the Caring Society has, and will continue, to share its positions with the other Parties for their consideration.
90. Paragraph 55 of Mr. Gideon's affidavit suggests that AFN and ISC are continuing to collaborate to address undefined operational concerns through tables such as JPOC. Nonetheless, as the case of the IFNA PMAT application for Pikangikum's children and other numerous cases coming to the Caring Society's attention on a daily basis makes clear, Canada's non-compliance is linked to children being seriously harmed, and some are dying.
91. Moreover, following ISC's January 8, 2024 cancellation of the JPOC meeting scheduled for January 24 and 25, 2024 (discussed in paragraph 8 and Exhibit 2 to Ms. Mathews' affidavit), no JPOC meeting took place in January.
92. However, the AFN scheduled a meeting of the Jordan's Principle Action Table during the time originally scheduled for the January JPOC meeting. The Caring Society participated at this meeting, but ISC did not.
93. On February 26, 2024, ISC also cancelled the February 27, 2024 JPOC meeting. ISC advised that "In consideration of the non-compliance motion pertaining to Jordan's Principle, the JPOC meeting scheduled for Tuesday February 27 will be postponed. The JPOC co-chairs will be in touch regarding future JPOC meetings." A true copy of ISC's February 26, 2024 cancellation email is attached as **Exhibit "32"** to my reply affidavit.
94. On February 29, 2024, Ms. Mathews copied me on an email to the co-chairs of JPOC in which she asked about whether a new date had been set for the February 27, 2024 JPOC meeting. I am advised by Ms. Mathews, and believe, that she did

not receive a response to her correspondence from February 29, 2024, a true copy of which is attached as **Exhibit “33”** to my reply affidavit.

95. I received an email addressed to JPOC from ISC on March 26, 2024. My understanding is that the next scheduled JPOC meeting is April 9, 2024.
96. Furthermore, while the Expert Advisory Committee regarding reforms to ISC, established following this Tribunal’s order in 2022 CHRT 8, has not cancelled meetings in the wake of the Caring Society’s non-compliance motion, ISC officials have stated that they are not prepared to discuss Jordan’s Principle in this forum until receiving new instructions. This included one previously scheduled presentation regarding Jordan’s Principle not proceeding.
97. Paragraph 57 of Mr. Gideon’s affidavit states that the affidavit is in support of the AFN’s position(s) on the Caring Society’s non-compliance motion. At this time, I am not aware of the AFN’s position on this motion. I am aware that the BC AFN passed a resolution during its March 2024 assembly in support of the Caring Society’s non-compliance motion, a true copy of which is attached to my affidavit as **Exhibit “34”**.

98. In conclusion, I am very concerned that Canada's affidavits do not appreciate the true needs and circumstances of First Nations children, youth and families in a compassionate and culturally appropriate manner.

AFFIRMED BEFORE ME over video teleconference on this 27th day of March 2024 in accordance with O. Reg. 431/20, *Administering Oath or Declaration Remotely*. The Commissioner was in Ottawa, Ontario and the affiant was in Calgary, Alberta.

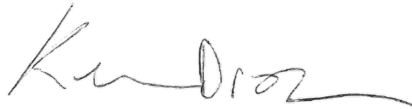


Commissioner for Taking Affidavits
(or as may be)

Kevin Steven Gerard Droz
LSO #82678N

(Signature of deponent)

This is **Exhibit “1”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N

From: Nicholas Rhone <nrhone@ifna.ca>
Date: Monday, February 26, 2024 at 10:24 PM
To: Caring Society Info <info@fncaringsociety.com>
Cc: Carolina Budiman
<carolina.budiman@pikangikum.ca>
Subject: Fwd: Request for Appeal - Re: Notification of National Review Decision: Jordan's Principle: 2023/24 FY – Independent First Nation Alliance – PACER Request

You don't often get email from nrhone@ifna.ca. [Learn why this is important](#)

Good afternoon, I've been reading about the current motion before the CHRT and we believe we have a case with similar issues but also that are distinct in terms of it being an imminent emergency health services issue. The denial/appeal request is in the body of the email below and this email is primarily to request a quick check in meeting in case there is alignment with what we propose to do and the Caring Society's ongoing work.

We are also in the process of retaining legal counsel (likely Falconer's law) along with working alongside NAN. I wanted to touch base to see if we could have an urgent meeting with Ms Mathews or Dr Blackstock as regardless of the legal side we still want to exhaust all options on this appeal and would appreciate the Caring Society's input.

We believe this situation is unique because we are faced two actual deaths of children under 5 in Pikangikum in the last month. It is distinguishable from other JP applications in that we are talking about imminent life and death risks that have resulted in documented fatalities and that risk continues. Over the past 4 years we've jumped through all the administrative hoops to be in a place to actually provide immediate emergency medical services in community - all we need is the funding.

In my experience, having working in the north over the last 11 years as a police officer, military reservist, and more recently Regional Fire Chief and Director of Emergency Services - there is a seemingly unseen risk to children who never even make it to a hospital. Jordan faced discrimination while stuck in a hospital. But what of the children who due to discriminating policies on emergency health services such as 911 paramedics in community never make ever it out of their homes or communities alive? In my reading of the CHRT filings and documentation to date this seems to be an area that hasn't had a clear focus but that in Pikangikum alone we can document several child deaths where this lack of emergency health services is at minimum a factor. In fact, I have requested the Ontario Coroner expand this current death investigation into a systemic review of the many many children who may have died where a lack of pre-hospital emergency services was a factor in their death.

Hoping we can have a quick meeting and I would include representatives of the Pikangikum Health Authority on whose behalf we are acting and who we continue to support in their mandate to ensure the health and well-being of Pikangikum members, especially children.

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6

Tel: (807) 737-1902 | Cell: (807) 738-8321 |

Fax: (807) 737-3501

nrhone@ifna.ca | www.ifna.ca

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<image001.jpg>

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From: Nicholas Rhone <nrhone@ifna.ca>
Sent: Monday, February 26, 2024 4:18 PM
To: Jordans Principle ON / Principe de Jordan
<jordansprincipleon-principedejordan@sac-isc.gc.ca>; June Trout <jtrout@ifna.ca>; Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>; adan.abdi@sac-isc.gc.ca <adan.abdi@sac-isc.gc.ca>
Cc: groupequest-jordansprincipleon / principedejordan-demandedegroupe <groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Connor Howie <chowie@ifna.ca>; Linda Debassige <ldebassige@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; IFNA Comms <comms@ifna.ca>; Lesley Anderson <landerson@ifna.ca>; lisa.westaway@sac-isc.gc.ca <lisa.westaway@sac-isc.gc.ca>
Subject: Request for Appeal - Re: Notification of National Review Decision: Jordan's Principle: 2023/24 FY – Independent First Nation Alliance – PACER Request

Good afternoon,

Further to our initial reply, this email serves as notice that we are appealing the decision to deny this JP application and are requesting an expedited process given the imminent continuing risk to children. We would also like to confirm what is the next available date for an appeal. Please also provide details such as who sits on the appeal panel and to whom we should address any supplementary information/documentation which we will be filing to support the appeal.

We are hopeful that with additional information and dialogue we may be able to ensure emergency health services are provided to children in Pikangikum without further delay. Please further note that although participating in this appeal process we still reserve the right to take other actions if needed to protect the safety or well-being of children in the community including emergency court orders or other actions if there are continuing delays.

Further we will be requesting a meeting at either 4:30 CST this Tuesday or 8:30 CST Wednesday with JP / regional ISC staff and IFNA/PHA to confirm further details of what

occurred in the process, including getting additional details re the denial and confirmation of the next steps in the appeal process.

Nick Rhone
IFNA Integrated Emergency Services Director

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From: Nicholas Rhone <nrhone@ifna.ca>
Sent: Friday, February 23, 2024 4:00 PM
To: Jordans Principle ON / Principe de Jordan <jordansprincipleon-principedejordan@sac-isc.gc.ca>; June Trout <jtrout@ifna.ca>
Cc: grouprequest-jordansprincipleon / principedejordan-demandedegroupe <grouprequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Connor Howie <chowie@ifna.ca>; Linda Debassige <ldebassige@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; IFNA Comms <comms@ifna.ca>
Subject: Re: Notification of National Review Decision: Jordan's Principle: 2023/24 FY – Independent First Nation Alliance – PACER Request

Good afternoon,

This is notification of the denial of the JP is received, and with profound shock and disappointment. This JP Application was in direct response to children dying and children who continue to be at imminent risk, and some have commented there is no clearer case for a JP since it's directly linked not just to health services for children but emergency life-saving health services for children.

Further, in the 8 days since the application submission we received no requests from the National Review Committee for clarification or opportunities to give further explanation. We provided two unsolicited updates to ensure clarification and there was no response or acknowledgment to those updates by the Committee. There is no funding for continuing emergency health services currently and this is now precipitating a larger crisis.

This is also confusing as the ISC regional staff (whom we greatly appreciate) participated in the initial emergency meetings and we answered their questions and ensured this was in fact JP scope and with immediate continuing life and death consequences if not approved. This isn't a JP about school supplies/supports or attending hockey tournaments (all of which we are aware ISC has approved.) This was an application supported directly or indirectly by physicians, medical professionals, the Pikangikum Health Authority, nursing teams, Paramedics and more. All experts in their respective fields on the health needs and unmet needs of children in Pikangikum. I am happy to provide names and references or arrange a meeting and we would have done so during the decision review process but had zero opportunity to provide this further information or input.

Myself and or Director Linda Debassige will be in touch regarding the appeal process. While disappointing, and we believe an error, we are hopeful with some clarification this decision may be revisited before any more children suffer preventable injury or worse in Pikangikum.

Nick Rhone
IFNA Emergency Services Director

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From: Jordans Principle ON / Principe de Jordan
<jordansprincipleon-principedejordan@sac-isc.gc.ca>

Sent: Friday, February 23, 2024 3:30 PM

To: Nicholas Rhone <nrhone@ifna.ca>; June Trout
<jtrout@ifna.ca>

Cc: grouprequest-jordansprincipleon / principedejordan-
demandedegroupe <[grouprequest-jordansprincipleon-
principedejordan-demandedegroupe@sac-isc.gc.ca](mailto:grouprequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca)>

Subject: Notification of National Review Decision: Jordan's
Principle: 2023/24 FY – Independent First Nation Alliance –
PACER Request

Good afternoon,

The National Review Committee has reached a decision on the 2023/24 FY – Independent First Nation Alliance – PACER Request for their decision. Items sent for their review are as

follows:

Product or service requested:	1. Pre-Hospital Emergency Response (PACER)	\$6,299,526.00

Please see the decision and rationale for this request following review by the ADM on February 22, 2024.

Date of ADM Review:	2024/02/22
Decision:	Denied
Rationale:	<p>The Jordan's Principle group proposal Pre-Hospital All-Hazards Emergency Response (PACER) for \$6,299,526.00 is denied, as Jordan's Principle does not have the authority to approve requests for community supports and programming that are not child-specific and intended to address the unmet needs of children under the age of majority in their province of residence. The age of majority in Ontario is 18 years of age.</p> <p>Canada acknowledges the unique circumstances of the children and the historical disadvantages faced by remote communities including Pikangikum. Jordan's Principle will review a request for children's health services, mental wellness, or social supports that would meet the unique needs of children living in the Pikangikum community.</p>

If you wish to appeal this decision, please notify us in writing within 1 year of the date of denial. Information on the appeal process can be found [here](#).

If you wish to add additional information for the region to consider, please submit to the Generic Email: groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca. A program officer will contact you shortly after receipt of this email.

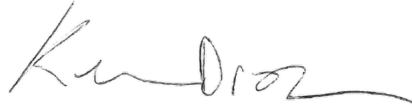
If you have any questions, please let me know.

Christine Simard-Chicago

Pronouns: she/her

Sr. Manager Jordan's Principle Group Requests/Choose Life
Focal Point

This is **Exhibit “2”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

From: Nicholas Rhone <nrrhone@ifna.ca>
Sent: Tuesday, February 27, 2024 12:48 PM
To: Brittany Mathews
Cc: Carolina Budiman; Jenna Johns
Subject: FW: Focused Emergency JP Application - Pre-Hospital Emergency Response
Attachments: 02.11.2024 - JP PREHOSP App - NR JJ_final draft.pdf

You don't often get email from nrrhone@ifna.ca. [Learn why this is important](#)

Hi Brittany, I've included the actual JP application itself as well as additional information I provided to the JP review team to clarify and deconflict any additional potential objections. We specifically gave examples as you can see below, which makes their denial more glaring and out of line with the law (in our opinion.)

Also, thank you again for your time this morning and we look forward to talking at 1:30 EST!

Nick

From: Nicholas Rhone
Sent: Tuesday, February 20, 2024 12:16 PM
To: grouprequest-jordansprincipleon / principedejordan-demandedegroupe <grouprequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>; adan.abdi@sac-isc.gc.ca
Cc: sac.grouprequest-jordansprincipleon-principedejordan-demandedegroupe.isc@canada.ca; Lisa.westaway@sac-isc.gc.ca; Linda Debassige <ldebassige@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; Connor Howie <chowie@ifna.ca>; Ron Laverty <rlaverty@ifna.ca>; June Trout <jtrout@ifna.ca>; IFNA Comms <comms@ifna.ca>; Gabrielle Tuomisto <gtuomisto@ifna.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>
Subject: RE: Focused Emergency JP Application - Pre-Hospital Emergency Response
Importance: High

Good morning, given yet another recent child death in Pikangikum, this time an 11yr old, we are told, we will be requesting an expedited review and approval of this JP application within 24-48 hours, especially given the ice road and need for procurement of equipment/renovations and staff deployments.

This reality of suicides in Pikangikum is tragic and from past experience we also know that at times one suicide triggers additional suicidal risks among youths. One of the issues consistently raised from the community Health Director (now Pikangikum Health Authority CEO – Billy Joe Strang) in the past is that some of these children who attempt suicide are initially found alive or still alive, and he has personal knowledge of cases where a lack of immediate pre-hospital medical response and safe transport was believed to be a contributing factor in those children that did not survive. This is just one example.

I'd also like to proactively address a couple points:

- 1) This application is focused on children – IF there is any benefit to adults it is tangential and we will through the PreHos medical records system be able to report on adult transports separately especially if it triggers OT or traditional costs. The reality is the set up and stand by costs to ensure care for pediatric patients is no different whether it is just children or not. Also since FNIHB policy allows for payments to transport medical patients and emergency medical costs when not covered by the province (see below) this shouldn't be an area where it can't be resolved easily. (<https://www.sac-isc.gc.ca/eng/1579891130443/1579891286837#a5>)

- 2) This application is not intended to replace the fact the IFNA will still be seeking the Ontario Ministry of Health to cover Paramedic Services with IFNA where approved. To date we have zero approvals or written confirmation however negotiations will continue.
- 3) This application is urgent – not only is it urgent due to the risk to children, but it is also urgent as the current gap in funding and staffing means we (IFNA IES/EMS) do not have the funding or capacity to continue this way. We have had paramedics out of their own commitment to IFNA/community working in technically unsafe conditions – such as having only one Paramedic on-duty working 14 days in a row with no relief. We’ve had a single Paramedic, on their own in Pikangikum, responding to multiple fatalities. We’ve had staff assist from other programs to try to assist but that is also unsustainable nor fair to the staff or patients.
- 4) I have no control over whether or not the issues underlying this application may be further raised to senior ISC leadership by the community, PHA, IFNA CEO, Chiefs or other partners. However my personal goal is to work cooperatively with the JP team and as quickly as possible to ensure the gap affecting the safety and medical care of children in Pikangikum and across IFNA is addressed without further delays or escalations. It is not lost on me that this is a politically sensitive issue and I hope ISC also sees it is in it’s interest to resolve as quickly as possible...
- 5) If approved on an expedited basis this will only contribute to additional positive momentum with IFNA, ISC, and PHA working together to address critical gaps in the north that will yield lessons furthers systemic changes (such as ensuring MOH is properly funding Paramedic Services long term) and removing these ‘jurisdictional/inconvenient time in the funding cycle’ delays. We’ve already asked for the Coroner to widen the review into any child deaths in Pikangikum where the death could have been impacted by a lack of proper medical transport
- 6) This Application has the dual benefit of also ensuring future medical response in the event of children impacted by fires.
- 7) This Application is also partially due to years of work attempting to ensure all other avenues are exhausted and this truly meets the criteria intended by the law and recent case law as it relates to first nations children/services.

Apologies if a bit repetitive, wanted to summarize quickly and hopefully ensure an acceleration of the review process. I’ve also been recovering from being sick since last week.

Look forward to touching base further and if there are any questions please let me know.

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6
Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501
nrhone@ifna.ca | www.ifna.ca

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Excerpts from FNIHN Policy <https://www.sac-isc.gc.ca/eng/1579891130443/1579891286837#a5>

4. Emergency transportation

4.1

Assistance with the cost of ambulance services will be provided when such services are required for emergency situations.

4.2

Salaries for doctors or nurses accompanying clients on the ambulance are not covered.

4.3

Licensed ambulance operators will be reimbursed according to the terms, conditions and rules of the regionally negotiated payment schedules.

Ground ambulance

4.4

Medical transportation benefits for emergency ground ambulance include only the portion of the services not covered by provincial or territorial health or social programs, other publicly funded programs or private health insurance plans (equivalent amount billed to other provincial or territorial residents).

Air ambulance or medevac

4.5

Medical transportation benefits for emergency air ambulance or medevac services include only the portion of the services not covered by provincial or territorial health or social programs, other publicly funded programs or private health insurance plans (equivalent amount billed to other provincial or territorial residents).

4.6

Medical transportation benefits include air ambulance or medevac transportation for a client in emergency situations when:

- a. a medical assessment has been conducted by an on-site nurse or physician and the need for emergency transportation to a hospital for either immediate or emergency treatment has been established and transportation by a commercial scheduled flight could compromise the client's condition

or

- b. the emergency occurs in a remote location and neither an on-site nurse nor physician is available to conduct a medical assessment and the air ambulance or medevac has been authorized by a representative of FNIHB or of a First Nations or Inuit health authority or organization

From: grouprequest-jordansprincipleon / principedejordan-demandedegroupe <grouprequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>

Sent: Monday, February 19, 2024 8:06 AM

To: Nicholas Rhone <nrhone@ifna.ca>

Cc: sac.grouprequest-jordansprincipleon-principedejordan-demandedegroupe.isc@canada.ca

Subject: RE: Focused Emergency JP Application - Pre-Hospital Emergency Response

You don't often get email from grouprequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca. [Learn why this is important](#)

Good morning Nick,

I am writing to acknowledge receipt of your application. The assessing officer will be in contact with you should they have questions.

Have a good day,

Thank you kindly.

Sandra Taylor

Junior Program Officer- Jordan's Principle & Choose Life

First Nations and Inuit Health Branch – Ontario Region

Department of Indigenous Services /Government of Canada

Sandra.taylor2@sac-isc.gc.ca

For urgent inquiries, please contact the Jordan's Principle Call Centre at 1-855-JP-CHILD (1-855-572-4453) or email: sac.jordansprincipleon-principedejordan.isc@canada.ca

From: Nicholas Rhone

Sent: Friday, February 16, 2024 2:44 PM

To: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; sac.grouprequest-jordansprincipleon-principedejordan-demandedegroupe.isc@canada.ca

Cc: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>; Jenna Johns <jjohns@ifna.ca>; Douglas Pamment <dpamment@ifna.ca>; James Booty <jbooty@ifna.ca>; June Trout <jtrout@ifna.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Connor Howie <chowie@ifna.ca>

Subject: Focused Emergency JP Application - Pre-Hospital Emergency Response

Good afternoon Adan/JP team – Apologies for the delay but we had another fatality in community plus staff (including myself) battling being sick.

We consulted with PHA as well as Health to ensure a comprehensive review so we can truly address the immediate pre-hospital emergency medical care gaps in Pikangikum. We also took some time to research solutions that would ensure we can get a child patient out via ice road/lake even during ice break up/fringe seasons (thus the airboat inclusion in the proposal.)

We’ve also taken note of the fact that there are positive developments with funding flowing from the federal government to the province, but first nations communities such as Pikangikum don’t see direct benefits from that, caught in jurisdictional disputes or ‘inconvenient times in the funding cycle.’ In the interim, we have tried to do our best with no funding, but currently it is unsustainable with staff burn out as well as just overwhelming community needs/gaps.

That said, we truly appreciate ISC willingness to engage proactively to ensure we meet this pre-hospital emergency medical response gap in Pikangikum and are requesting an expedited/emergency review of this application so we can expedite providing the needed services.

Nick Rhone

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6
Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501
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<https://torontosun.com/news/provincial/trudeau-and-ford-governments-complete-3-1m-health-deal-report>;
<https://www.cmai.ca/content/195/8/E311>;
<https://www.canada.ca/en/health-canada/news/2023/02/the-government-of-canada-and-ontario-reach-agreement-in-principle-to-improve-health-services-for-canadians.html>



From: Abdi, Adan <adan.abdi@sac-isc.gc.ca>
Sent: Friday, February 2, 2024 5:11 PM
To: Nicholas Rhone <nrhone@ifna.ca>; Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>
Subject: RE: Focused Emergency JP Application - Pre-Hospital Emergency Response

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Thanks, Lisa and Nick.

Yes, happy to connect with you Nick on Monday to discuss needs and find ways we could be support through Jordan's Principle.

Thanks and have a good weekend.

Adan

From: Nicholas Rhone <nrhone@ifna.ca>
Sent: Friday, February 2, 2024 5:41 PM
To: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>
Cc: Abdi, Adan <adan.abdi@sac-isc.gc.ca>
Subject: Re: Focused Emergency JP Application - Pre-Hospital Emergency Response

Ah so many roles Adan, totally forgot you did this too. :)

Will follow up Monday/ in the week

Get [Outlook for iOS](#)

From: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>
Sent: Friday, February 2, 2024 4:39:37 PM
To: Nicholas Rhone <nrhone@ifna.ca>
Cc: Abdi, Adan <adan.abdi@sac-isc.gc.ca>
Subject: RE: Focused Emergency JP Application - Pre-Hospital Emergency Response

Hi Nick,
Adan Abdi is the Director of Jordan's Principle. He will support you on this request.

Nia:wen / Miigwetch / Thank you / Merci

Lisa Westaway

Regional Executive, First Nations and Inuit Health Branch, Ontario Region
Directrice Exécutive Régionale, Direction Générale de la santé des Premières nations et des Inuits, Région de l'Ontario
Indigenous Services Canada / Government of Canada
Services Autochtones Canada / Gouvernement du Canada
lisa.westaway@sac-isc.gc.ca

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From: Nicholas Rhone <nrhone@ifna.ca>
Sent: Friday, February 2, 2024 5:30 PM
To: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>
Subject: FW: Focused Emergency JP Application - Pre-Hospital Emergency Response

Good evening, can you advise who we can loop in from the ISC team to be part of the collaboration with IFNA and PHA. We had full support of the community to proceed with this on an expedited basis.

Nick

Sent from [Mail](#) for Windows

From: Nicholas Rhone
Sent: Friday, February 2, 2024 4:29:24 PM
To: June Trout <jtrout@ifna.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Jenna Johns <jjohns@ifna.ca>;
Monika Konrad <mkonrad@nan.ca>
Subject: Focused Emergency JP Application - Pre-Hospital Emergency Response

Hello folks, just looping in a more focused group for the JP application drafting.

Jenna will send some info over to June and Carolina as a baseline and once we know who from ISC may be assigned to assist with any collaborative development will loop them in to a check in meeting on Monday or Tuesday hopefully.

Monika – if you could confirm is there is a main JP writer from NAN we could loop in would be appreciated.

Nick

Sent from [Mail](#) for Windows

**FIRST NATIONS AND INUIT HEALTH BRANCH
JORDAN'S PRINCIPLE - GROUP REQUEST FORM
2024-25 Service Delivery**

REQUESTER INFORMATION

Organization Name: Independent First Nation Alliance
Street Address: 34 Prince Street, Basement, P.O Box 5010
Town/City: Sioux Lookout
Province/Territory: Ontario
Postal Code: P8T 1K6
Project Title: Pre-Hospital All-Hazards Community Emergency Response (PACER)

PROJECT CONTACT INFORMATION

Contact Name: Nicholas Rhone
Contact Phone#: 807 738 8321
Contact Email: nrhone@ifna.ca

SERVICE COORDINATOR/NAVIGATOR (if applicable)

Contact Name: June Trout
Contact Phone#: 8077382137
Contact Email: jtrout@ifna.ca

Submissions must include:

- Completed request form signed by an authorized officer of your organization
- Completed budget (template below)
- An **official support letter or BCR** from your organization, **signed by Chief and/ or Council**, which agrees to support the application project.
- Aggregated data on the # of children and their assessed needs

Please send your completed group request to sac.grouprequest-jordansprincipleon-principedejordan-demandedegroupe.isc@canada.ca

❖ ***If this request pertains to funding a service coordination/navigator position, please use the Service Coordination request form***

PART A: SUMMARY

Objective(s)

Identify the project objectives (Please select all that apply):

- Identify children with unmet needs and assist their families to secure access to needed services and supports *comparable to those available to other children living in the same jurisdiction* in a timely manner
- Nurture relationships across community-based programs and services; service providers; and First Nations, federal, provincial, and territorial programs and services
- Ensure children receive quality and culturally appropriate health and social services and supports across all stages and levels of care
- Support data collection and analytical activities to understand the scope of children’s needs and nature of service gaps

Use the field below to describe:

1. Who has identified the unmet needs of the children and the existing service gaps?
2. If the work has not yet started, how the proposed work will identify the unmet needs of the children and existing service gaps?
3. If the work has started, what are the current unmet needs of the children and youth?

❖ *This request must address existing service gaps within existing health, social and educational delivery. This is not to duplicate the work of existing staff and programs.*

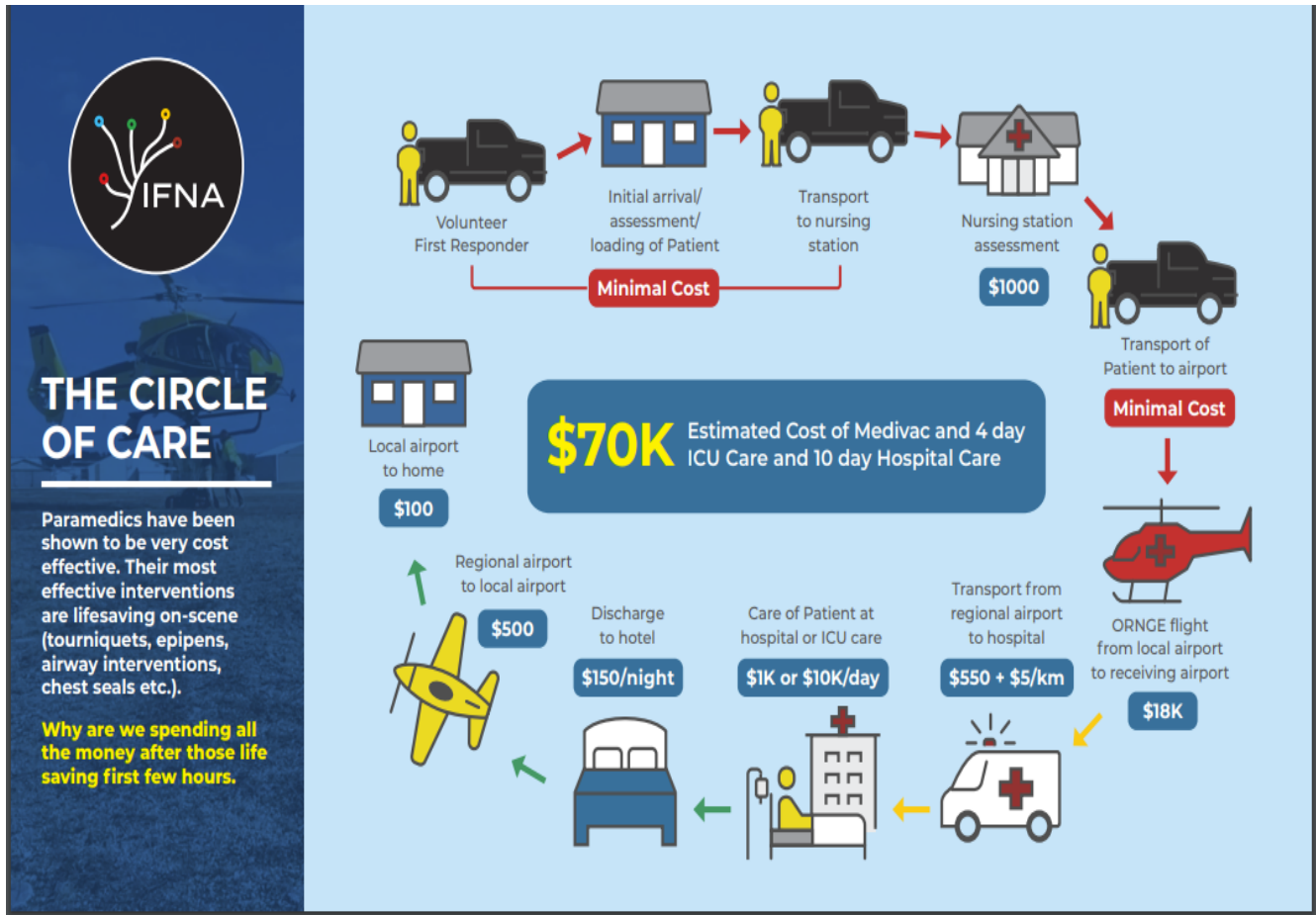
This Jordan’s Principle funding application should be distinguished from any other JP applications in that we have a clear ongoing risk to children, and multiple recent pediatric fatalities, in one of the highest risk reserves in the country, and we are operationally ready to move forward with the basic building blocks in place except the funding. We already have EMS Chief, Medical Director/MD, MOU’s/partnership with other ambulance services KDSB, WAHA, Yukon EMS and was an outgrowth of years of planning as a lead agency, part of NAN Health Transformation and the Paramedic Taskforce. Further, any lessons learned and medical/other directives and best practices will be of benefit to ISC provincially and nationally

Pikangikum First Nation’s geographical location in rural, remote Northwestern Ontario, directly influences the community’s level of resources and ultimately health outcomes for community members and in particular children. Multiple child deaths, injuries and a lack of life saving emergency services. This is further compounded by a decade long boil water advisory, an overloaded nursing station and increasing number of medivacs show the urgent need for a fulsome community health and safety plan for Pikangikum First Nation.

Over the last 4 years it has been clear that there is no plan to address the immediate gap in pre-hospital emergency services for children in Pikangikum.

On November 22, 2021 IFNA Chiefs passed Resolution 2022/09 “Emergency Services in IFNA Communities” that outlined the urgent need for enhanced emergency services across IFNA, especially in regard to services provided and needed by children. Pikangikum First Nation have also specifically signed

BCR 2022-11-136 echoing this need in Pikangikum. In December 2023, the Pikangikum Health Authority (PHA) reaffirmed support for IFNA's role to provide emergency services to Pikangikum community members. They reaffirmed the Pikangikum Community BCR 2022-11-136 and requested IFNA continue its mandate regarding the provision of emergency services in IFNA member communities. Since 2023 – in the last year – there have been multiple child deaths with a direct link to the lack of immediate lifesaving pre-hospital/nursing station response. Children in Pikangikum have and continue to die because of the lack of access to integral multi-level emergency and lifesaving care. IFNA EMS now has the capacity to offer most of these services and where needed can and will help develop capacity once funding is approved. The identification of these gaps, needs, and unmet standards in community are constantly ongoing as IFNA IES and EMS work to fill important gaps to increase basic life safety in the 5 IFNA member communities.



On behalf of Pikangikum, the Independent First Nations Alliance (IFNA) is seeking to fill the immediate gap for pre-hospital wrap around medical care. Securing this plan will ensure that the provision of timely and appropriate emergency care is in place for vulnerable children in need of immediate medical attention.

Currently, there are no mechanisms or funding plans in place to ensure that this does not continue to occur – the speed of response to the issue of child deaths and risk within the communities in the area of life saving emergency services is dismal.

A PACER – is defined as an organization that takes the lead or sets an example. IFNA IES and EMS have identified a glaring gap that continues to contribute to child deaths across the IFNA territory as seen in Pikangikum with the recent event of two children in critical care in community dying before they are able to be evacuated to higher levels of advanced care. Project PACER or the PACER Initiative will rectify this by reducing silos and ensuring immediate access to life-saving emergency services are in place for children on-reserve in IFNA communities. The most significant and inflated incidents of child deaths to occur in

Pikangikum First Nation, where most recently in a 5-day period there were 3 child deaths or near-death involving children under 5.

Without further innovation and improvements- local, community health resources will be inundated by increasing demand. Volume for acute and chronic care will continue to rise, given steady growth rates in Pikangikum. Additionally, frequency of medivacs for complex cases will result in poorer health outcomes. These cascading effects culminate in higher healthcare spending costs and will reverberate throughout Ontario's health care system.

The ongoing goal is to create positive impact that provides immediate and lasting effect on community safety and surrounding health care resources (nursing station, Ornge, local and regional hospitals).

A current gap we have identified and are working within is the fact that no funding approval(s) or pathways exist to ensure that children requiring transport to and from the airport and nursing station for essential medivacs have appropriate and safe transportation. If a child is at risk, in a house fire, or injured – there is no funding to support emergency medical services to aid that child. While both provincial and federal governments have agreed that this is a critical need that affects youth but neither party have a current funding plan in place to address this gap. Other excuses like it being “an inconvenient time in the funding cycle” or that funding may be pending have been used to brush off ongoing concerns that have clearly outlined the risk and ongoing loss of children in the North.

IFNA IES is proposing that the Pre-Facility Community Emergency Response will ensure the following gaps are met:

- Immediate “All Hazards” response within the community in the event of a child needing emergency care – anywhere children may be – home, school, car accidents, on the ice road, bush accidents etc. – as these are examples that have occurred within the IFNA member communities, and Pikangikum specifically
- The team will be inter-disciplinary with specialized tools and trainings, such as: Wilderness First Aid, Emergency Medical Response, SCBA
- Ensuring safe transport of children of staffing supporting children to and from the nursing station to the airport for ORNGE medivacs or in critical circumstances emergency transport by land or ice road to other facilities or for a medical transfer to ORNGE (or other medical service)
- There will also be regional support teams to ensure coverage in the vent the local team is at capacity or needing respite after responding to traumatic emergency incidents, such as child deaths
- When not busy on emergency response, either for training or in support of collaboration with other medical providers may assist nursing station or community medical staff with follow up to homes where required for post-discharge medical care/ongoing assessments, with a goal of preventing further avoidable emergency or loss of life
- In the event of larger scale emergency, the team will ensure medical support/transport support to children if sick in community or in transit to evacuation sites

These actions will ensure to preventable loss of children requiring medical attention before arriving at the nursing station or hospital – as currently these services are not provided. Early medical response and intervention may also increase later outcomes for later interventions as well as reduce medivacs or other adverse outcomes.

Part of the purpose of this project will be working toward a fully developed model and ensuring a plan for transition to sustainable funding, as well as documenting successes and best practices. This will include ongoing engagement and partnership with both provincial and federal partners such as ISC-FNIHB, ORNGE, Ontario Health, and MOH. It is acknowledged that MOH is likely a long-term source of ongoing support in 911 emergency medical response however, there continues to be gaps that are expected to

continue for at least 6-12 months into next fiscal. And this proposal seeks to fill gaps that will continue even after MOH funding may come online at some point.

Activities/Deliverables

What will the project activities target? (Please select all that apply)

- Assessments/Screening (can include mental health, developmental, physical, etc.)
 - Type(s): Based on need
 - Age: There are 2815 youth in Pikangikum (please note that the age of majority is 18 in Ontario)
- Psychological Testing
- Behavioural Testing
- Allied Health
 - Occupational Therapy
 - Physical Therapy
 - Speech Language Therapy
 - Behavioural Analysis
 - Applied Behavioural Analysis (ABA)
 - Applied Behavioural Interventions (ABI)
 - Other (please specify): Integrated Emergency Medical Response – including Paramedics
- Respite Services
- Case Management
- Mental Health
- Other (please specify):

This project targets the gap and missing link in delivering pre-nursing station care for those children in need of emergency medical services and to ensure effective pre-hospital emergency service in Pikangikum First Nation.

WORKPLAN

Ongoing tasks will be executed throughout the funding period, tasks will be phased according to priority once implementation planning begins

Activities How do you propose to do them	Time Line Proposed start/end dates	Persons Responsible Who

Develop and implement Pikangikum dispatch system for emergency services as well as confirmation of MOU's/working agreements with KDSB, Ornge, Kenora Fire-Ambulance Dispatch, OPP Dispatch	Feb 2023 – March 2024	Program Manager and IES Director
Order all needed equipment, vehicles and set up interim office/ accommodations	Feb 2023 – March 2024	Program Manager and response staff
Ensure immediate implementation and tracking of All-Hazards Pre-Hospital Emergency Services for children	April 1, 2024 – March 2025	Program Manager and IES Project Manager
Continue to develop program specific consents, and referral forms. Refine current referral pathways to enhance access to services	April 1, 2024 – March 2025	Policy side, HR, work with HCPs
Licensing, access, and maintenance EMR for electronic record keeping, and data tracking and integration with Hospital and Ornge system – work with Ornge to ensure response vehicles meet patient transport standards	April 1, 2024 – March 2025	Program Manager Paramedic (or other HCPs)
Develop and maintain relationships with partners and service providers to ensure efficient transfer of care from homes to Nursing Station and Airport/Ornge as well as any critical case follow up if required	April 1, 2024 – March 2025 Ongoing	Program Manager Community EMR's and Paramedics
Work closely with Jordan's Principle Service Coordinator to ensure case management and opportunity for care is maintained	April 1, 2024 – March 2025	Program Manager and Jordans Principle Coordinator
Coordinate quarterly partnership check-ins including the Pikangikum Health Authority, Chief & Council, Indigenous Services Canada and other relevant partners	April 1, 2024 – March 2025	IES Director and Program Manager
Conduct community visits to Pikangikum – where community members live, fostering partnership with community staff and programs	April 1, 2024 – March 2025	Program Manager and support staff
Take part in regular professional development, ensuring top-notch care provided utilizing a culturally safe approach, respective of best practices in nursing, and field of maternal and child health	April 1, 2024 – March 2025 Ongoing	Trainer
Maintain registration in-good standing with respective colleges, professional associations, and current practice insurance	April 1, 2024 – March 2025	All involved Health Care Professionals

Work closely with community schools and education authorities to ensure community training so local EMR's can be on a Paramedic or RPN/RN track for long term sustainability	April 1, 2024 – March 2025	IFNA Communications Team, Administrative Assistant, Jordan's Principle Service Coordinator, and Health Care Professionals
Develop program specific educational materials and publishing	April 1, 2024 – March 2025	IFNA Communications Team, Administrative Assistant, Jordan's Principle Service Coordinator, Program Coordinator, and Health Care Professionals
Regular participation in IFNA policy working group to ensure up to date operational standards and gaps are identified and addressed – creation of medical directives and internal policies to support best practices	April 1, 2024 – March 2025 Ongoing	IFNA Communications Team, Administrative Assistant, Program Coordinator, and Healthcare Professionals
Development and Implementation of specialized response options: Confirmation of gaps, acquiring vehicles (e.g. Airboat, UTV, snowmobiles, Snowbalance) and scheduling / implementing in-service and on-going training	April 1, 2024 – March 2025	Health Care Professionals, Program Coordinator, community expertise/engagement
Ensure monitoring of and assistance with installation of smoke alarms to ensure all homes with children have alarms and also a fire response with equipment/SCBA in the event a child needs to be rescued/resuscitated - this includes ensuring minimum EMR response at scenes including oxygen and transfer to EMS or to Nursing Station staff as soon as practicable	April 1, 2024 – March 2025	Program Manager and local cross-training lead for Fire/Paramedic response.
Maintain regional Quick Response & Training (QRT) Team to ensure ability to back-fill unfilled positions in community or provide coverage in event of traumatic incidents where staff need to rotate out and continuity of operations within the community.	April 1, 2024 – March 2025	Program Manager and IES Director
Ensure ability to continue beyond March 2025 in areas where no sustainable funding is identified to ensure uninterrupted emergency services delivery	April 1, 2024 – March 2025	Program Manager and IES Director

Benefits and Anticipated Outcomes

Please check which of the following benefits and anticipated outcomes apply:

- ❖ Increased service delivery to children with previously **unmet health care needs** and assistance provided to their family to secure access to needed services and supports (please provide further description in box below)
- ❖ Enhanced awareness of existing programs and available supports for First Nations living on and off-reserve
- ❖ Identification of children with unmet needs to facilitate **early intervention** and timely access to services and supports
- ❖ Enhanced relationships with community resources and collaboration with existing community-based programs and services as well as by collaborating with health and social services systems, federal, provincial and territorial services and programs, service providers and communities
- ❖ Facilitated access for children to health care professionals for **assessments**
- ❖ Development of policies, procedures and protocols related to screening and assessment, service planning, monitoring and evaluation of service plans
- ❖ Data collection and reporting to better understand the scope of children's needs and nature of existing service gaps
- ❖ **Indicate the target number of children who will receive services:** **2815**

Describe the results or outcomes of the planned work.

- Children to have access to required, essential emergency response services primarily prehospital medical services but in addition to any all-hazards emergency response required to enable medical services to children
- Service delivery shifts from REACTIVE to PROACTIVE approach by making upstream investments in emergency services planning and ensuring wrap around service delivery that integrates with existing community health options such as the Nursing station or Ornge Paramedics
- Children can receive early intervention with community-based access to the health supports they require, which allows them to maintain quality of life without disruption to their regular activities, lives, and learning
- Children will always have access to proper medical transportation services between the airport and nursing station with safe vehicles and trained staff, in addition to medical transportation from their homes or from wherever they may be injured in community to the nursing station or other location to transfer to Ornge or other approved medical facility
- The combination of specialist supports such as certified Paramedics combined with community based cross-trained responders will ensure Pikangikum's unique standards and barriers (such as language) are addressed meaningfully.
- Early emergency medical response as well as proactive medical visits in community homes will reduce the instances of children having to be medevac'd as well as the associated stress and

financial burden to families and funders that results from later interventions or worse yet additional child deaths

- In exigent circumstances, children will be able to be transported outside of community via ice road or over open water if needed even during low water or in unstable ice (through Airboat) thus guaranteeing a way of ensuring that in the event there are no air ambulance options into Pikangikum no children will die as a result of awaiting safe transport by land out of community to another medical facility
- Regional and National Benefits – this model will address gaps and create best practices that can be used across IFNA but also beyond IFNA that may benefit
- Increased communication and collaboration with other health care providers, service providers, and programs through enhanced and expanded referral pathways – increased continuity and wrap around care

Please check how you will measure the above activities and deliverables:

- Participant Feedback
- Community Survey
- Narrative Reports and Data Collected
- Evaluation
- Other (please specify):
 - o Interim Report
 - o Final Annual Report
 - o Financial Expenditure Report

*** Please note that reporting requirements are reflected on schedule 2 of your agreement/amendment ***

PART B: BUDGET

BUDGET	2024-25	Details/Comments
<p>1. Salaries</p>	<p>\$2,053,000.00</p>	<p>1 FTE Program Manager@ \$133,000/year <i>Program manager to manage the program, the budget, and staff of the</i></p> <p>0.25 FTE Director @ \$32,500/year <i>To oversee high level operations of the Pre-hospital All-hazards Community Emergency Response (PACER) team.</i></p> <p>1 FTE Assistant Program Manager @ \$115,000/year <i>Manage day-to-day operations of the clinical team.</i></p> <p>1x FTE Administrative Assistant @ \$65,000/year <i>1 Full-time administrative assistants to assist with the day-to-day operations of the team (travel, financials, paperwork etc.)</i></p> <p>1x Local FTE Office Administrator @ \$65,000/year <i>Community based position. Booking clients, data entry, processing referrals etc.</i></p> <p><u>24/7 Response Team</u> *24/7 coverage and coverage for those taking time-off, vacation, respite, etc.</p> <p>Cross trained Community Paramedic FF 1200/day x 365 days x 2.5 = \$1,095,000 12 hour shifts x \$100/hr</p> <p>Cross trained local EMR FF 600/day x 365 x 2.5 = \$547,500 12 hour shifts x \$50/hr</p> <p>FF* for Firefighter Note – the Baseline set up costs for 1 community vs 3-5 will not change much, if other IFNA communities require support the baseline costs are not expected to increase.</p>
<p>2. Benefits</p>	<p>\$369,540</p>	<p>18% employee benefits</p>
<p>3. Training</p>	<p>\$100,000</p>	<p>Training to ensure team practice keeps in line with best practice guidelines across professional fields, maintaining the appropriate standards for care as would be received elsewhere.</p> <p>Community emergency response driver training and capacity</p>
<p>4. Travel / accommodations</p>	<p>\$300,000</p>	<p>Frequent travel to the serviced communities and urban settings where populations reside, respecting the ongoing COVID-19 guidelines and restrictions.</p>

5. Medical consulting/Directives and Project Management	\$300,000	Overall Project management assistance and review of policies, procedures, including ensuring medical directives to support best practice care.
6. Rent & utilities	180,000	Rent and Utilities for Office Space / Accommodations ensure accessibility to serviced communities as well as regional support.
7. Telephone, fax, communications	\$50,000	Appropriate means of communications such as cellular phones (for service duty only) and services for program staff, purchasing of Starlink for each community to ensure reliable connection with clients, connectivity at office sites, and relating monthly data plans
8. Postage & freight	\$10,000	For the cost of shipping freight to northern fly-in communities via local airlines.
9. Office supplies	\$50,000	Standard office supplies such as stationery, desks, chairs writing instruments, computers, printers, and accessories - uniforms
10. Medical supplies & equipment	\$150,000	Equipping team with appropriate resources, maintaining stock of equipment for caring and providing clients with resources including Stretcher units and Medical Response equipment such as portable x-ray/ultrasound.
11. EMR Licensing Fees and Implementation	\$100,000	Registration and maintenance of licensing for response teams using electronic medical records and ensuring integration with Nursing Station as well as Ornge.
12. Translation Services	\$10,000	Ensure any community educational materials regarding the new emergency response team is available to the community membership (to be translated into Ojibwe/Oji-cree and syllabics).
13. Response vehicles*	\$740,000	Snowbulance (delivered) \$15,000 Snowmobile + sled x 2 = \$50,000 UTV with tracks x 2 = \$75,000 Ice rescue air boat combo = \$500,000 Ice Rescue Airboat Trng \$100,000 As this is emergency / essential services a minimum of two vehicles is required to ensure a backup redundancy and for training.
14. Ultrasound	\$204,552	Ultrasound: Wages: \$750/day x 15 days/month x 12 months = \$135,000 Travel: \$18,000 (air) + \$21,600 = \$39,600 Equipment: portable unit, looking at \$6,800 plus taxes per probe x 3 = \$23,052 Tablets x 2 = \$4,300 2 rugged cases = \$500 IOS adapter \$700 each (one per probe, sometimes an extra charge) = \$2,100
15. Equipment & buildings	\$1,099,750	Backup generator \$50,000 In community office/accom trailers x 2 = \$600,000

		Trailer hook ups x 2 (moving into location, sewer, water, electric, generator hook up) = \$175,000 Furniture and supplies x 2 = \$100,000 Heated Quonset hut for equip \$150,000 Starlink Land Mobility for vehicles \$3,170 x 3 = \$9,510 + \$15,240 (\$1,270x12) monthly costs (50 GB for \$329/month or 1 TB for \$1,270/month or 5 TB for \$6,390/month) =\$24,750
16. IT services	\$10,000	IT service for Team and EMR

One-time start-up costs	Annual costs of running service
5. Medical consulting \$300,000	1. Salaries \$2,216,750
8. Postage/freight \$10,000	2. Benefits \$399,015
9. Office supplies \$50,000/2 = \$25,000	3. Training \$100,000
10. Medical supplies/equip \$150,00/2 = \$75,000	4. Travel/accom \$300,000
12. Translation services \$10,000/2 = \$5,000	6. Rent/utilities \$180,000
13. Response vehicles \$740,000	7. Telephone/fax/comms \$50,000
*15. Equipment & buildings \$1,075,000	9. Office supplies \$50,000/2 = \$25,000
	10. Medical supplies/equip \$150,00/2 = \$75,000
	11. EMR Licensing Fees \$100,000
	12. Translation services \$10,000/2 = \$5,000
	14. Ultrasound \$204,552
	16. IT Services \$10,000
Total Start-Up: 2,254,750.00	Total Annual: \$3,665,317.00
	17. Subtotal \$5,726,842
	18. Admin (10%) \$572,684.00
	19. Total \$6,299,526.00

PART C: APPROVAL

1. The undersigned on behalf of the organization declares that:
 - The information in this application and all accompanying documents are accurate and completed;
 - No current or former public servant or public office holder to whom *The Conflict of Interest and Post-employment Code for the Public Services, The Values and Ethics Code for the Public Service, or The Conflict of Interest and Post-Employment Code for Public Office Holders* applies, shall derive any direct benefit from this Application for Funding, including any employment, payments or gifts, unless the provision and receipt of such benefits is in compliance with such Code;
 - The application is made on behalf of the named organization above with its full knowledge and consent.

2. I acknowledge that should this application be approved, funding will be conditional upon the organization entering into a written and signed agreement with Health Canada.

3. Officer authorized by the organization:

Name: Mathew Hoppe

Title or Position held with the organization: Chief Executive Officer

Telephone number: 807-737-1902

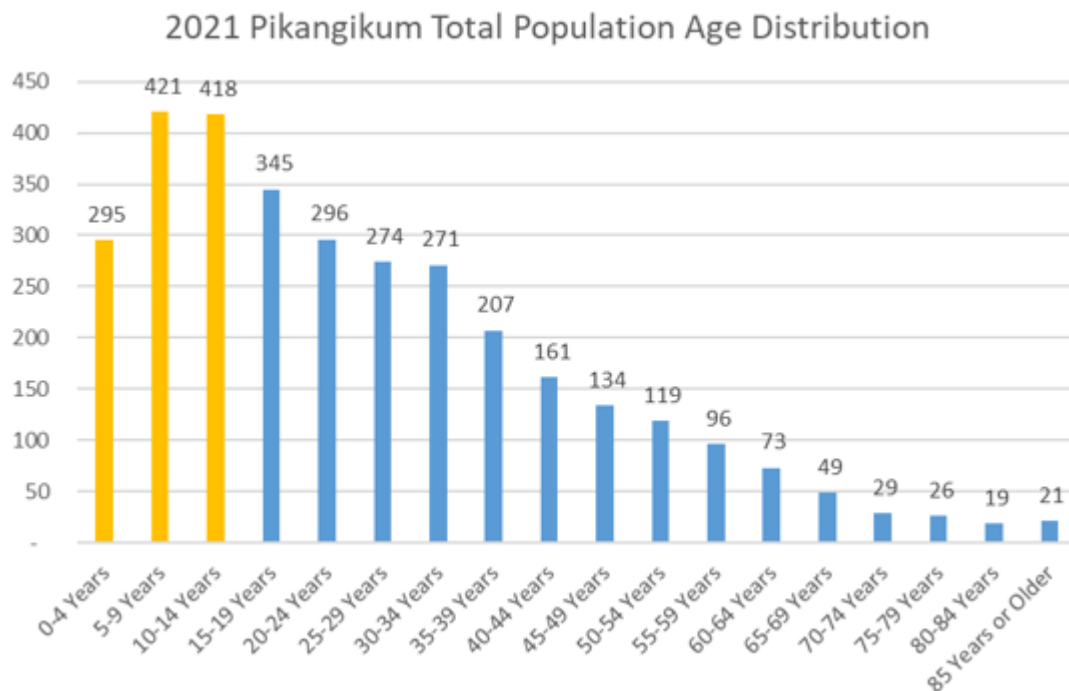
Fax number: 807-737-3501

Email address: mhoppe@ifna.ca

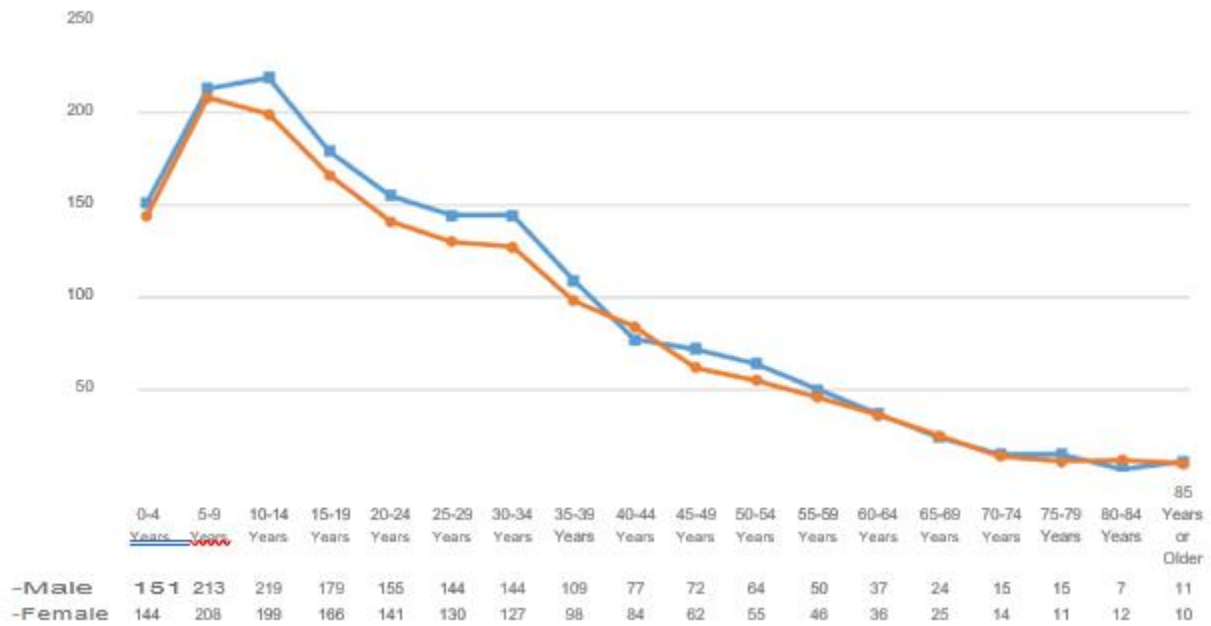
4. Signature of Authorized Officer:

Date:

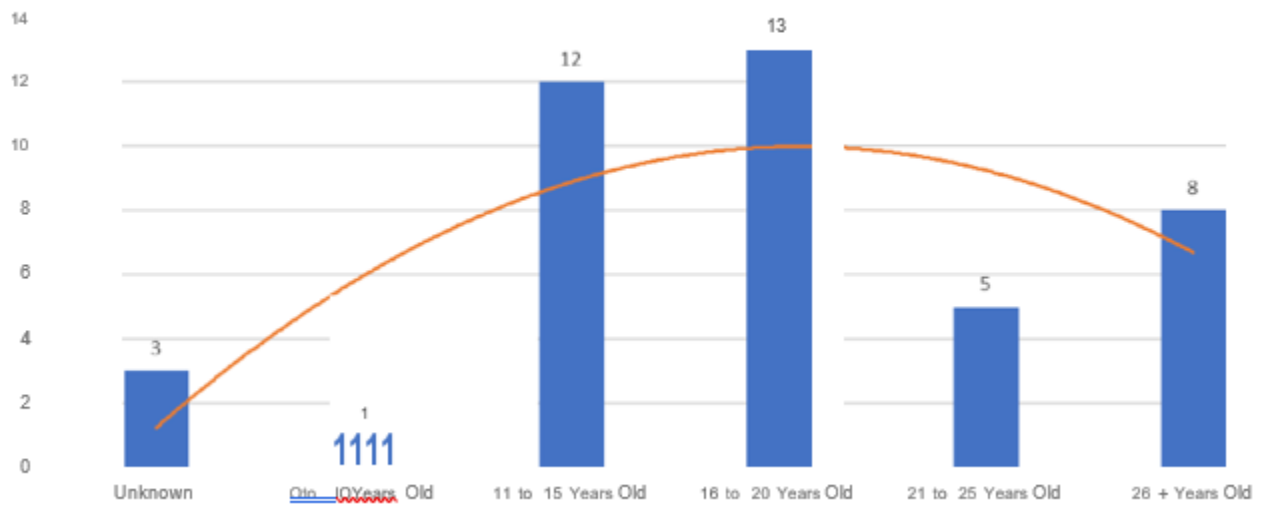
*** Must be signed by individual(s) authorized to legally bind the organization ***



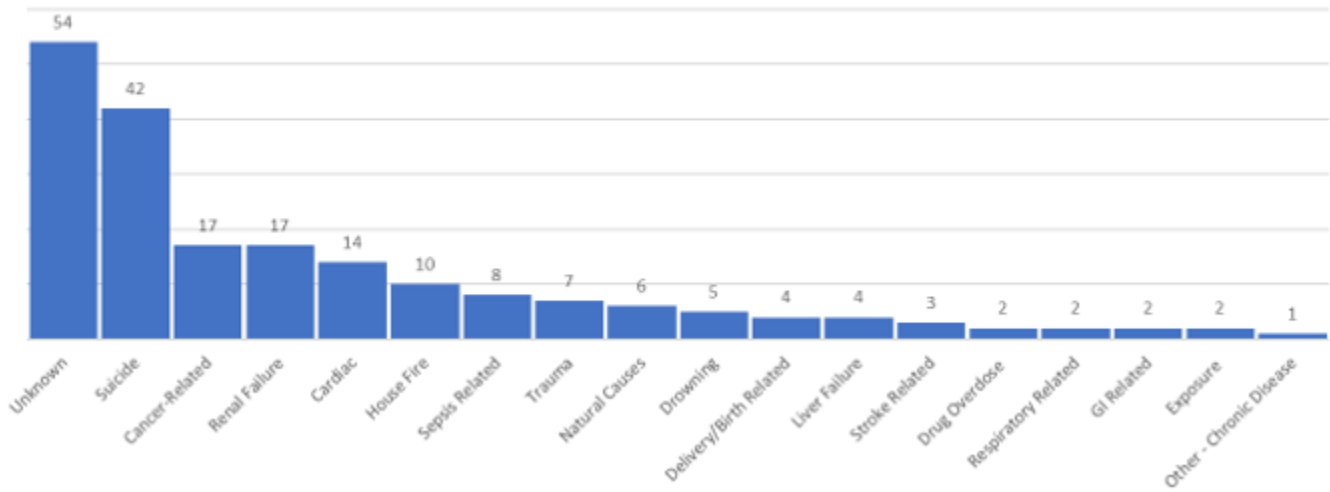
2021 Pikangikum Total Population Age Distribution by Gender




2015-2022 Pikangikum Suicides by Age Group



2015-2022 Pikangikum Mortality by Category





THE CIRCLE OF CARE

Paramedics have been shown to be very cost effective. Their most effective interventions are lifesaving on-scene (tourniquets, epipens, airway interventions, chest seals etc.).

Why are we spending all the money after those life saving first few hours.

\$70K Estimated Cost of Medivac and 4 day ICU Care and 10 day Hospital Care

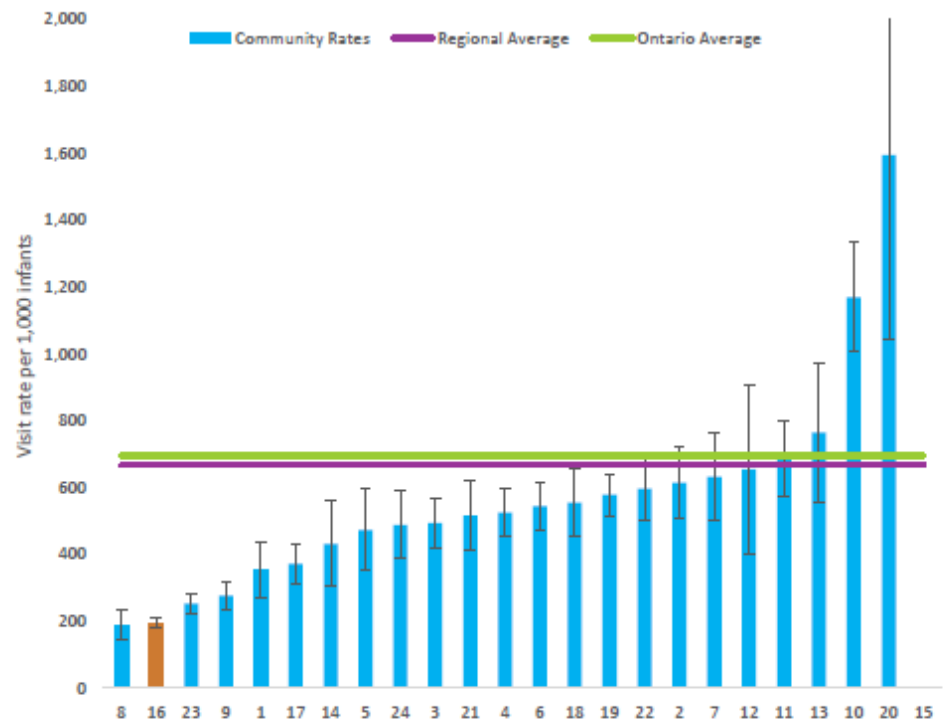
Infant Emergency Department Visits

Definition: The number of visits to any emergency department in Ontario by infants from your community per 1,000 infants.

Community Rate:	195.0/1,000
Region Average:	667.7/1,000
Ontario Average:	696.1/1,000

Leading reasons	
Respiratory System	48.2%
No clear diagnosis	12.9%
Infectious Disease	11.5%

Figure 7. Infant emergency department visit rates, 2012-2018.



Source: National Ambulatory Care System, 2012-2018, Canadian Institute for Health Information. Region and Ontario are 2012-2016 averages from regional report.

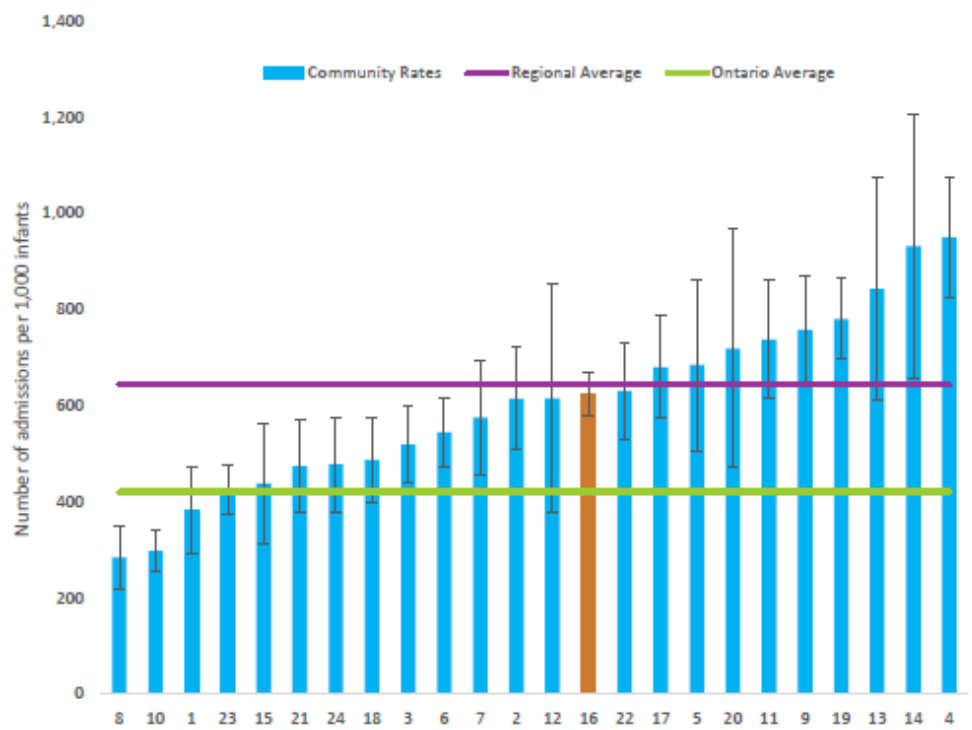
Infant Hospitalizations

Definition: The number of admissions to any hospital in Ontario or Manitoba by infants from your community per 1,000 infants.

Community Rate:	622.7/1,000
Region Average:	643.6/1,000
Ontario Average:	420.0/1,000

Leading reasons	
Conditions at Birth	39.9%
Respiratory System	31.3%
Congenital Conditions	7.4%

Figure 8. Infant hospital admissions rates, 2012-2018.



Source: Discharge Abstract Database, 2012-2018, Canadian Institute for Health Information. Region and Ontario are 2012-2016 averages from regional report.

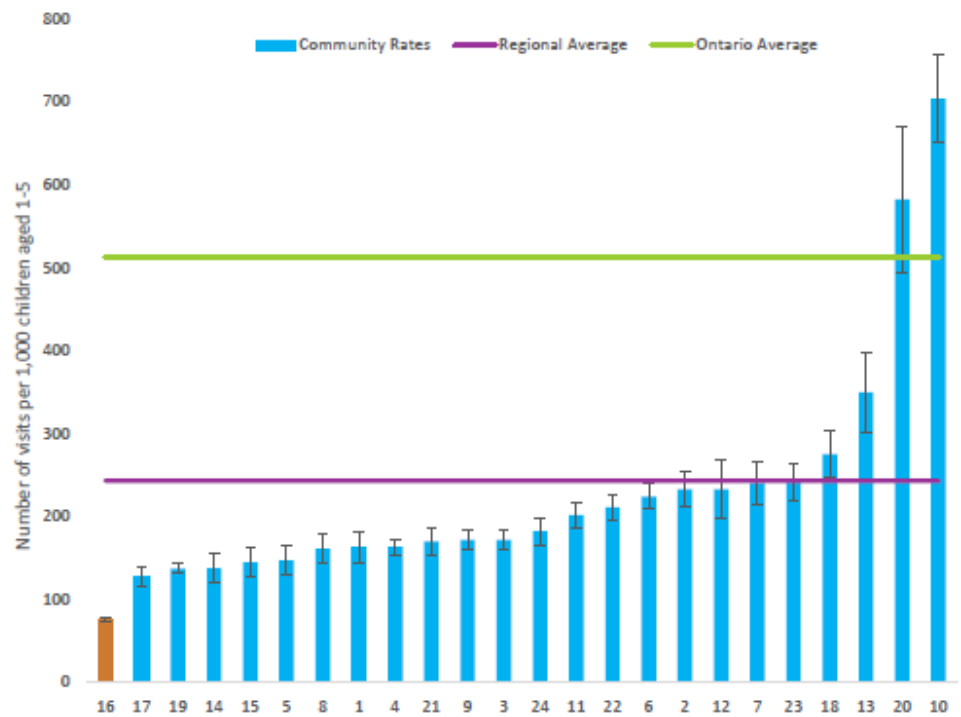
Preschool Emergency Department Visits

Definition: The number of visits to any emergency department in Ontario by children aged 1-5 from your community per 1,000 children aged 1-5.

Community Rate:	75.6/1,000
Region Average:	242.9/1,000
Ontario Average:	511.9/1,000

Leading reasons	
Respiratory System	39.7%
Injuries	17.6%
Skin Conditions	11.1%

Figure 9. Preschool emergency department visit rates, 2012-2018.



Source: National Ambulatory Care System, 2012-2018, Canadian Institute for Health Information. Region and Ontario are 2012-2016 averages from regional report.

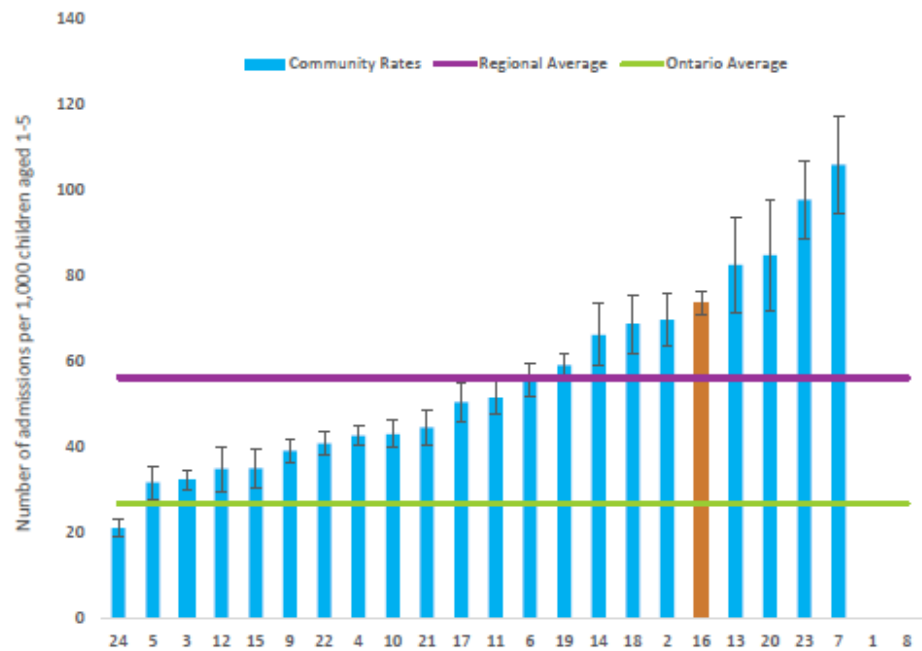
Preschool Hospitalizations

Definition: The number of admissions to any hospital in Ontario or Manitoba by children aged 1-5 from your community per 1,000 children aged 1-5.

Community Rate:	73.7/1,000
Region Average:	56.2/1,000
Ontario Average:	26.7/1,000

Leading reasons	
Respiratory System	48.5%
Digestive System	10.3%
Injuries	9.3%

Figure 10. Preschool hospital admission rates, 2012-2018.



Source: Discharge Abstract Database, 2012-2018, Canadian Institute for Health Information. Region and Ontario are 2012-2016 averages from regional report.

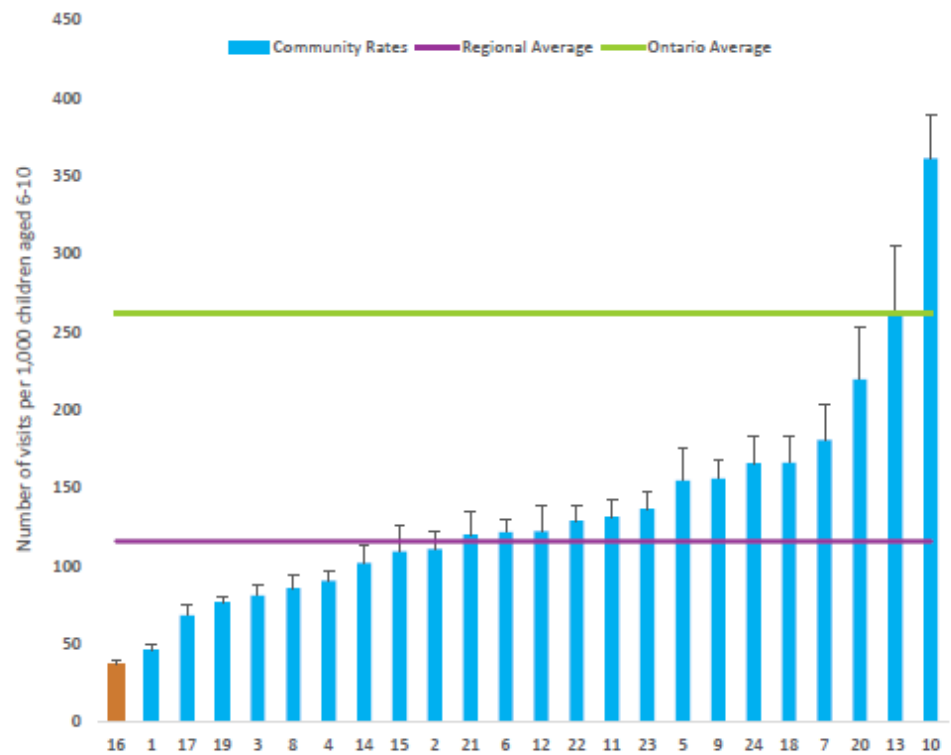
Children Emergency Department Visits

Definition: The number of visits to any emergency department in Ontario by children aged 6-10 from your community per 1,000 children aged 6-10.

Community Rate:	37.2/1,000
Region Average:	115.7/1,000
Ontario Average:	261.9/1,000

Leading reasons	
Injuries	44.3%
No clear diagnosis	16.5%
Skin Conditions	10.1%

Figure 13. Children emergency department visit rates, 2012-2018.



Source: National Ambulatory Care System, 2012-2018, Canadian Institute for Health Information. . Region and Ontario are 2012-2016 averages from regional report.

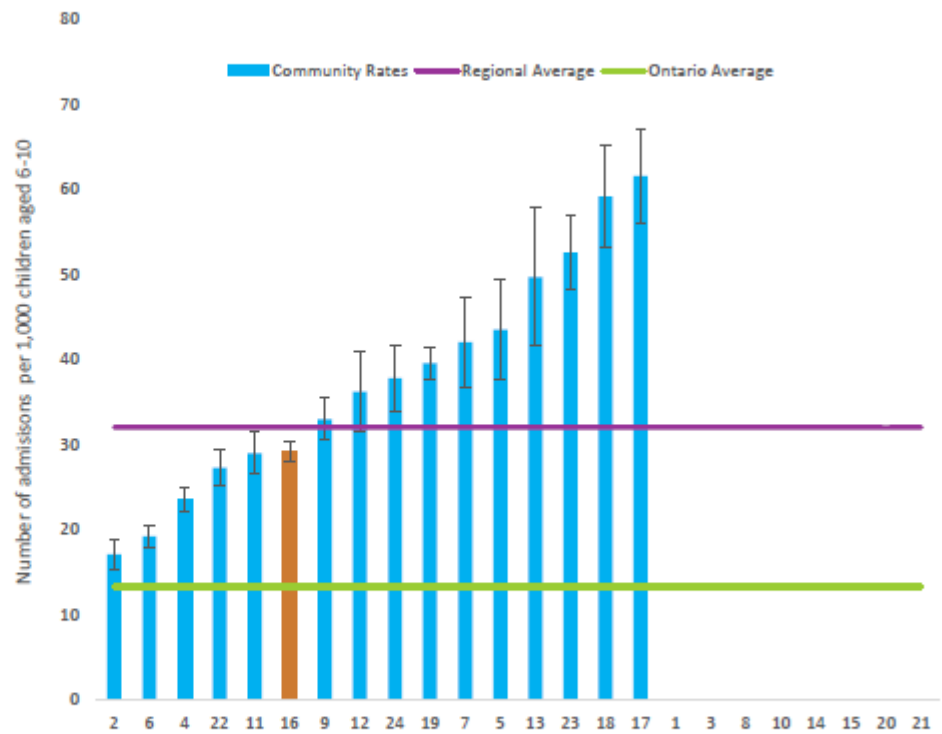
Children Hospitalizations

Definition: The number of admissions to any hospital in Ontario or Manitoba by children aged 6-10 from your community per 1,000 children aged 6-10.

Community Rate:	29.2/1,000
Region Average:	32.0/1,000
Ontario Average:	13.3/1,000

Leading reasons	
Digestive System	25.8%
Injuries	22.6%
Circulatory System	12.9%

Figure 14. Children hospital admission rates, 2012-2018.



Source: Discharge Abstract Database, 2012-2018, Canadian Institute for Health Information. Region and Ontario are 2012-2016 averages from regional report.

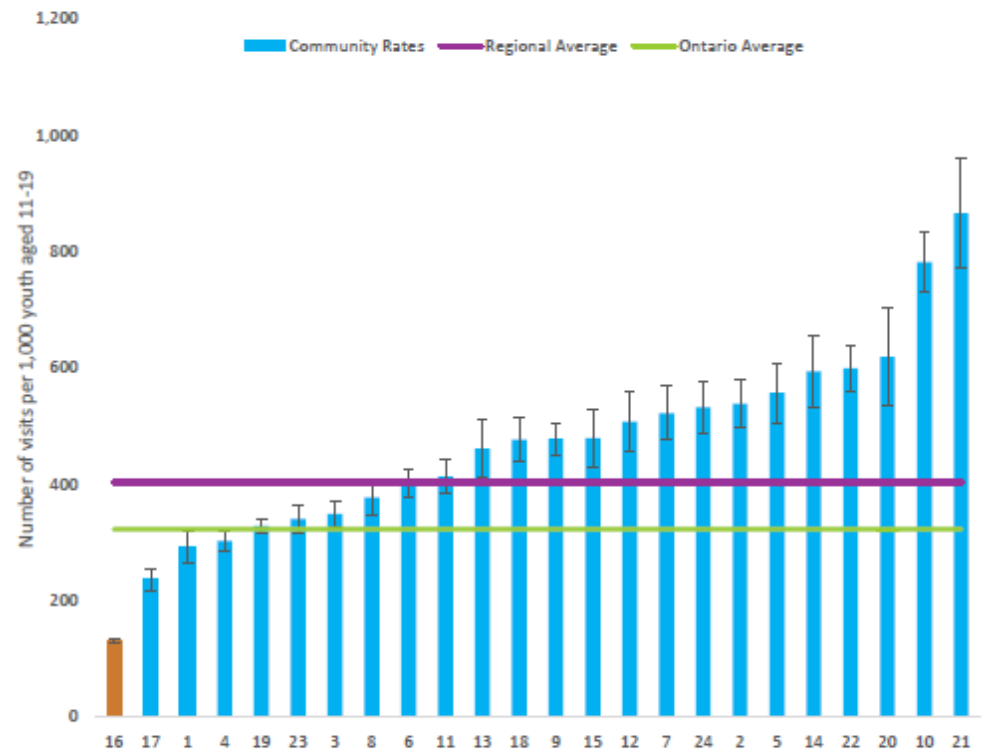
Youth Emergency Department Visits

Definition: The number of visits to any emergency department in Ontario by youth aged 11-19 from your community per 1,000 youth aged 11-19.

Community Rate:	131.0/1,000
Region Average:	402.7/1,000
Ontario Average:	322.3/1,000

Leading reasons	
Injuries	36.1%
No clear diagnosis	21.6%
Mental Health	11.9%

Figure 16. Youth emergency department visit rates, 2012-2018.



Source: National Ambulatory Care System, 2012-2018, Canadian Institute for Health Information. Region and Ontario are 2012-2016 averages from regional report.

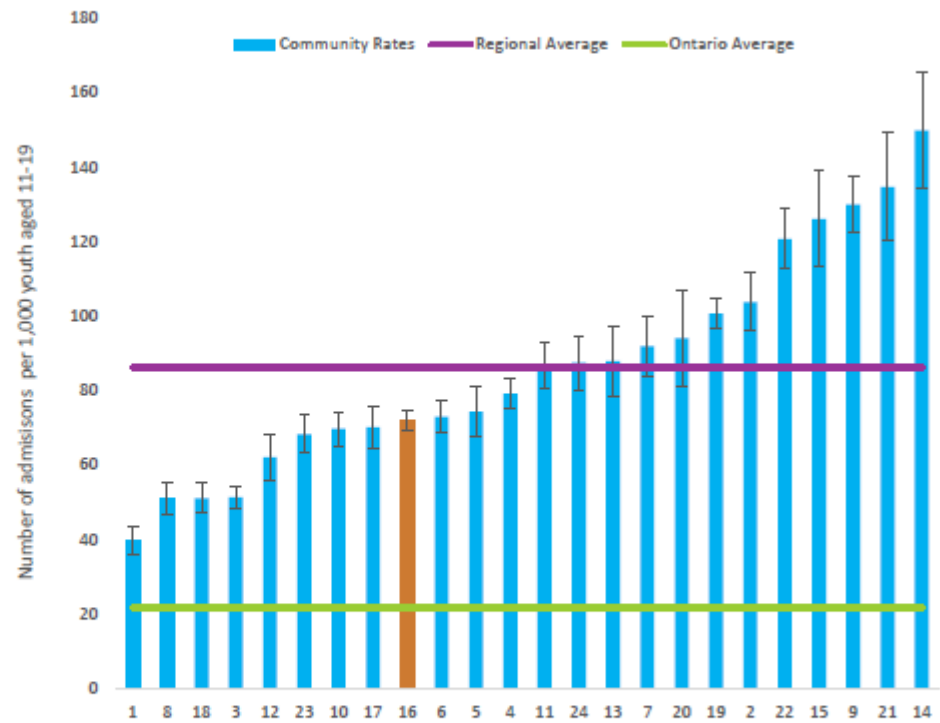
Youth Hospitalizations

Definition: The number of admissions to any hospital in Ontario or Manitoba by youth aged 11-19 from your community aged 11-19 from your community per 1,000 children aged 11-19.

Community Rate:	72.0/1,000
Region Average:	86.1/1,000
Ontario Average:	21.6/1,000

Leading reasons	
Pregnancy	35.3%
Injuries	25.3%
Mental Health	13.6%

Figure 17. Youth hospital admission rates, 2012-2018.



Source: Discharge Abstract Database, 2012-2018, Canadian Institute for Health Information. Region and Ontario are 2012-2016 averages from regional report.

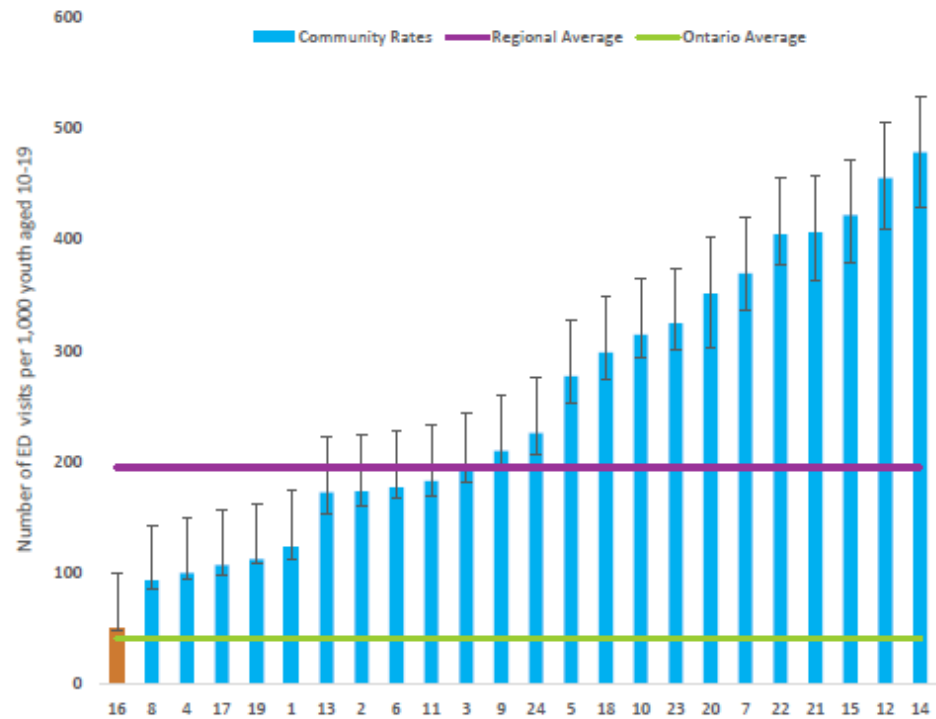
Youth Mental Health Emergency Department Visits

Definition: The number of visits to any emergency department for mental health reasons in Ontario by youth aged 11-19 from your community per 1,000 youth aged 11-19.

Visits include all reasons (not just main reason) to ensure inclusion of self-inflicted injury. See Appendix B for Codes included.

Community Rate:	49.5/1,000
Region Average:	195.2/1,000
Ontario Average:	41.2/1,000

Figure 17. Youth emergency department visit rate for mental health, 2012-2018.



Source: National Ambulatory Care System, 2012-2018, Canadian Institute for Health Information. . Region and Ontario are 2012-2016 averages from regional report.

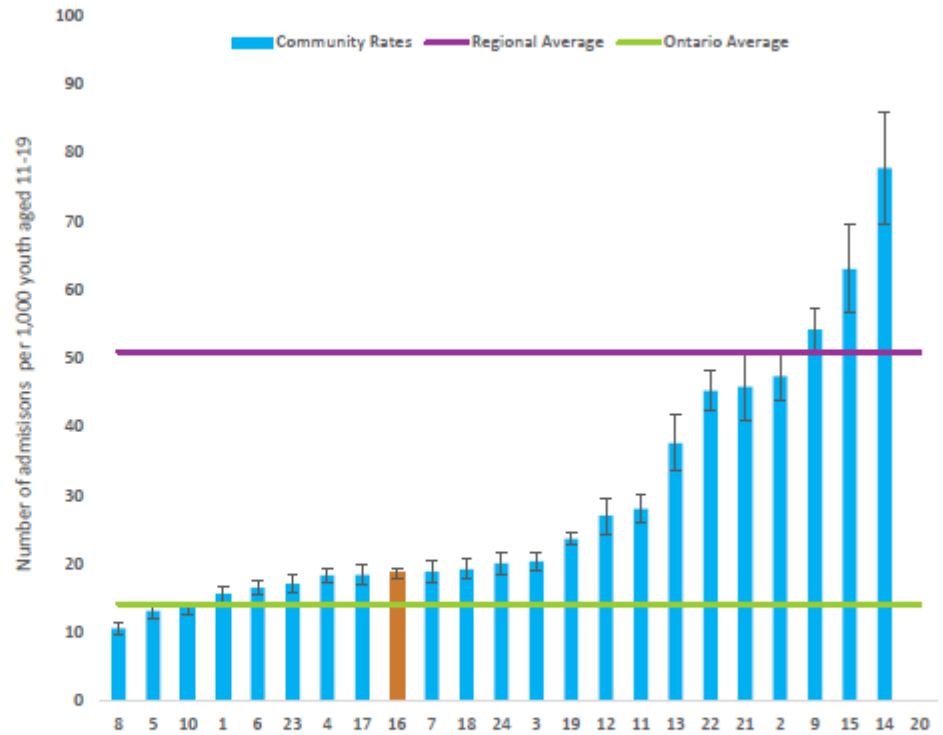
Youth Mental Health Hospitalizations

Definition: The number of admissions to any hospital in Ontario or Manitoba for mental health reasons by youth aged 11-19 from your community per 1,000 children aged 11-19.

Admissions include all reasons (not just main reason) to ensure inclusion of self-inflicted injury. See Appendix B for Codes included.

Community Rate:	18.6/1,000
Region Average:	50.9/1,000
Ontario Average:	14.1/1,000

Figure 18. Youth mental health hospital admission rates, 2012-2018.



Source: Discharge Abstract Database, 2012-2018, Canadian Institute for Health Information. Region and Ontario are 2012-2016 averages from regional report.

Leading Reasons for Nursing Station Encounters

- Nursing station data are only available for communities in which FNIHB nurses enter data into a FNIHB database.
- Note that nursing station encounter data are summarized in different age groupings compared to the other data presented in this report.
- In this section:
 - Infants are under 1
 - Preschool are ages 1-4
 - Children are ages 5-14
 - Youth are ages 15-19
- Your community top three reasons for encounters by age group are presented when numbers are 6 or larger.
- Please refer to the regional report if you would like to see how your ranking compares to the region.



Leading Reasons for Infant Encounters

- Respiratory System (33.8%)
- Ear, Nose, Throat & Mouth (22.0%)
- Skin Conditions (17.5%)



Leading Reasons for Preschool Encounters

- Ear, Nose, Throat & Mouth (29.1%)
- Respiratory System (28.0%)
- Skin Conditions (22.0%)



Leading Reasons for Child Encounters

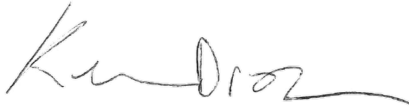
- Skin Conditions (30.5%)
- Ear, Nose, Throat & Mouth (23.7%)
- Musculoskeletal (11.2%)



Leading Reasons for Youth Encounters

- Mental Health (24.9%)
- Skin Conditions (17.4%)
- Ear, Nose, Throat & Mouth (11.3%)

This is **Exhibit “3”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N

From: Nicholas Rhone <nrhone@ifna.ca>

Date: Friday, March 1, 2024 at 10:45 PM

To: Brittany Mathews <bmathews@fncaringsociety.com>, Cindy Blackstock <cblackst@fncaringsociety.com>

Subject: Fwd: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Some people who received this message don't often get email from nrhone@ifna.ca. [Learn why this is important](#)

Redacted - Litigation Privilege

Ironically I got the impression from an offline discussion they were intimidated by how organized it was thus the stalling till Monday. Once again hinting at escalation. I'm thinking we give them until Monday but I'm okay for us to start checking in with our colleagues in media off record as everything you talk about we are seeing in real time. The system is pretty broken by ISC 'interpretations' and the 'old way' of thinking is truly pervasive.

Nick

Get [Outlook for iOS](#)

From: Nicholas Rhone <nrhone@ifna.ca>

Sent: Friday, March 1, 2024 3:03 PM

To: Jordans Principle ON / Principe de Jordan <jordansprincipleon-principedejordan@sac-isc.gc.ca>; Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>

Cc: [Lisa.westaway@sac-isc.gc.ca](mailto:lisa.westaway@sac-isc.gc.ca) <lisa.westaway@sac-isc.gc.ca>; Carolina Budiman

<carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang

<billy.strang@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal

<amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Laverty <rlaverty@ifna.ca>; Jenna

Johns <jjohns@ifna.ca>; James Booty <jbooty@ifna.ca>; Patrick Nolan <pnolan@ifna.ca>

Subject: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Good afternoon Adan and JP Review Committee/Focal Point.

Please find the attached formal JP Application attached, this was first mentioned immediately after receiving notification from the School Principal on February 27/28 this week, so I trust you were already aware of the overall scope and critical risks.

Given the ongoing emergency we are requesting a decision at the regional level today and our hope is we've provided enough information to allow this determination. If you believe this needs to be escalated to HQ please advise as we have additional documentation including from the Caring Society that we will attach. The merits of the application, clear focus on children exclusively, and documentation by some of the top physicians in the country are all included in the document. Some of the one time costs for the Airboat/Mobile MRI we can discuss to confirm any details if needed.

This is time sensitive and you have my cell if need to discuss further. The PHA is copied and I believe others will be notified given the continued high risk to Pikangikum children, and multiple deaths in the last couple weeks.

I am truly hoping we can work together collaboratively with Ontario FNIHB region and build on the many past successful projects we have completed in partnership previously.

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6
Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501
nrhone@ifna.ca | www.ifna.ca

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Pikangikum Health Authority*



INDEPENDENT FIRST
NATIONS ALLIANCE

IFNA.CA

Jordan's Principle Application March 1st, 2024 Pediatric Medical Assistance Team (PMAT)

Contents

TAB 1 – Jordan's Principle Application

TAB 2 – PMAT Initial Client Map

TAB 3 – Community Principal and Physician Support Letters

Principal Parastou Ziadlou (Masters In Teaching)

Dr. David Folk (Pikangikum Physician)

Dr. Michael Kirlew (Family and ER Physician)

Dr. Laurie Mazurik (Ornge and ER Physician)

Dr. Ranjit Baboolal (Pediatrician/Neonatologist)

TAB 4 – Band Council Resolutions

Note: This application is distinct from the previous application and includes the creation of an entirely child focused, school based Pediatric Emergency Medical Assistance Team (PMAT) that will be staffed separately from any general or other services with ancillary benefits outside of youth. The PMAT is exclusively focused on ages 0-18.

*This application filed in partnership with the Pikangikum Health Authority (PHA)



INDEPENDENT FIRST
NATIONS ALLIANCE

IFNA.CA

TAB 1 – Jordan’s Principle Application



**FIRST NATIONS AND INUIT HEALTH BRANCH
JORDAN'S PRINCIPLE - GROUP REQUEST FORM
2024-25 Service Delivery**

REQUESTER INFORMATION

Organization Name: Independent First Nation Alliance
Street Address: 34 Prince Street, Basement, P.O Box 5010
Town/City: Sioux Lookout
Province/Territory: Ontario
Postal Code: P8T 1K6
Project Title: School Based - Pediatric Pre-Hospital Medical Assistance Team (PMAT)

PROJECT CONTACT INFORMATION

Contact Name: Nicholas Rhone
Contact Phone#: 807 738 8321
Contact Email: nrhone@ifna.ca

SERVICE COORDINATOR/NAVIGATOR (if applicable)

Contact Name: June Trout
Contact Phone#: 8077382137
Contact Email: jtrout@ifna.ca

Submissions must include:

- Completed request form signed by an authorized officer of your organization
- Completed budget (template below)
- An **official support letter or BCR** from your organization, **signed by Chief and/ or Council**, which agrees to support the application project.
- Aggregated data on the # of children and their assessed needs

Please send your completed group request to sac.grouprequest-jordansprincipleon-principedejordan-demandedegroupe.isc@canada.ca

❖ ***If this request pertains to funding a service coordination/navigator position, please use the Service Coordination request form***

PART A: SUMMARY

Objective(s)

Identify the project objectives (Please select all that apply):

- Identify children with unmet needs and assist their families to secure access to needed services and supports *comparable to those available to other children living in the same jurisdiction* in a timely manner
- Nurture relationships across community-based programs and services; service providers; and First Nations, federal, provincial, and territorial programs and services
- Ensure children receive quality and culturally appropriate health and social services and supports across all stages and levels of care
- Support data collection and analytical activities to understand the scope of children’s needs and nature of service gaps

Use the field below to describe:

1. Who has identified the unmet needs of the children and the existing service gaps?
2. If the work has not yet started, how the proposed work will identify the unmet needs of the children and existing service gaps?
3. If the work has started, what are the current unmet needs of the children and youth?

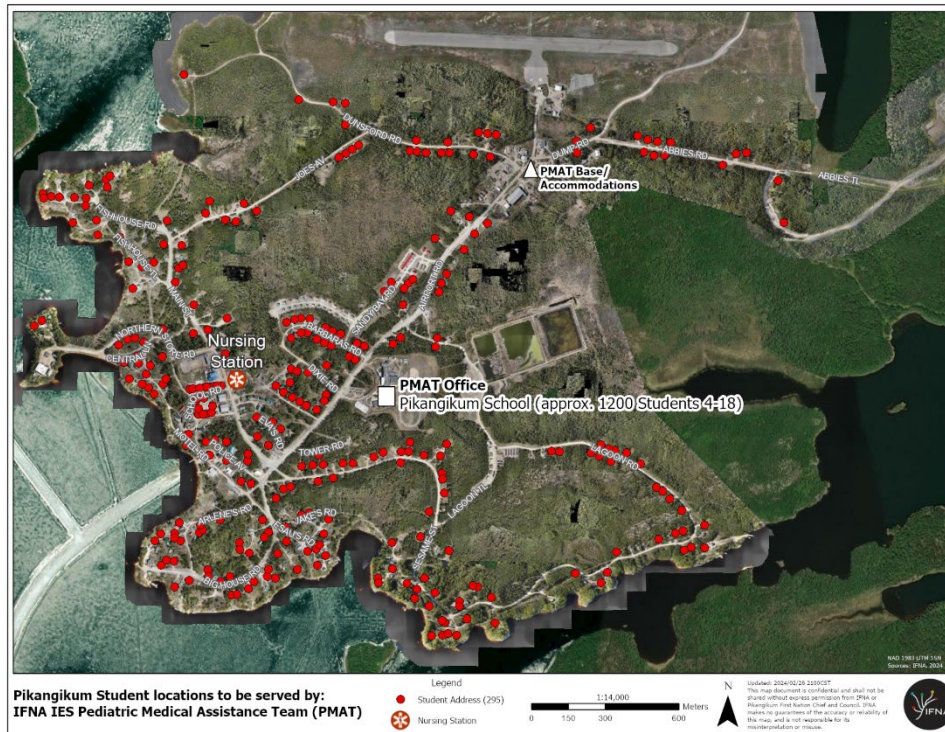
❖ *This request must address existing service gaps within existing health, social and educational delivery. This is not to duplicate the work of existing staff and programs.*

This Jordan's Principle Application is entirely child-focused, school-based and in direct response addressing the ongoing unmet health services needs in Pikangikum youth and the Pikangikum school-age children in particular within the age of majority (Ages 0 – 18.)

The Pediatric Medical Assistance Team (PMAT) / model has been created as of February 28th and is exclusively child-focused and school-based and will be a separate team from general emergency medical response or 911 medical response to the wider general or adult population. Please refer to the support letters attached as part of this application.

This is also distinguishable from the previous IFNA Jordan’s Principle application in that it is in direct response to a plea for assistance from the Pikangikum Education Authority Principal on February 28, 2024, along with support letters from multiple physicians and health professionals with additional ones to follow.

Note – Please forgive any typos or formatting issues – our teams have been responding to fatalities in IFNA communities since Jan 1st, 2024, and the numerous child deaths in Pikangikum in February 2024 also personally impact our team and staff. Please contact IFNA Director Nick Rhone nrhone@ifna.ca 807 738 8321 for any clarifications needed.



This map depicts the homes and proximity of students living in Pikangikum to the planned PMAT school base location. An initial immediate task for the PMAT Team will include verifying and updating this map to ensure it is representative of all children in the community including infants and pre-school children. A larger map is included in the attachments.

This Jordan’s Principle funding application can be distinguished from any other JP applications in that we have a clear, ongoing risk to children, and multiple recent pediatric fatalities, in one of the highest risk reserves in the country. We are operationally ready to move forward with emergency services across the board, but we are specifically ready to begin implementation of the school-based PMAT. Consulting with our partners, physicians and in-house staff allowed IFNA to rapidly develop an exclusively focused Pediatric team to meet the gap identified by the School Principal on February 28, 2024, while also factoring ISC previous objections to ensure an exclusive child focus and benefits.

Pikangikum First Nation’s geographical location in rural, remote Northwestern Ontario, directly influences the community’s level of resources and ultimately health outcomes all children living in Pikangikum First Nation. Multiple child deaths, injuries, and a lack of life-saving emergency services. This is further compounded by a decade-long boil water advisory, an overloaded nursing station and an increasing number of medivacs showing the urgent need for a fulsome community health and safety plan for Pikangikum First Nation.

Pikangikum First Nation specifically signed BCR 2022-11-136 echoing the need for Emergency Services in Pikangikum. Moreover, on December 2023, the Pikangikum Health Authority (PHA) reaffirmed its support for IFNA’s role in providing emergency services to Pikangikum community members. On behalf of Pikangikum, the Independent First Nations Alliance (IFNA) is seeking to fill the immediate gap for pediatric pre-hospital wrap-around medical care with a school-based Pediatric Pre-Hospital Medical Assistance Team (PMAT) located in Eenchokay Birchstick School in Pikangikum First Nation. Securing this plan and developing this Team will ensure that the provision of timely and appropriate emergency care is in place for vulnerable children in need of immediate medical attention – serving over 1,200 students under the age of 18 within the EBS system. Many of these children are also parents themselves – often starting families before age 18, contributing to the steady population growth rate in the community.

Without further innovation and improvements- local, community health resources related to pediatric care will be inundated by increasing demand. Volume for pediatric acute and chronic care will continue to rise, given the steady growth rates in Pikangikum. Additionally, the frequency of medevacs for children presenting with complex cases will result in poorer health outcomes. These cascading effects culminate in higher healthcare spending costs and will reverberate throughout Ontario's healthcare system. By positioning this integral service within the school environment – Cross-trained Paramedics / Emergency Medical Responders will be able to ensure immediate responses and follow-up.

This PMAT scope will include ensuring that children requiring transport to and from the airport and nursing station for essential medevacs have appropriate and safe transportation 24/7. For example, if a child is at risk, in a house fire, or injured – there is no funding to support emergency medical services to aid that child. PMAT will address that gap for children.

IFNA IES PMAT Activities will include:

- A dedicated response vehicle (4x4) and an ambulance will be labeled/marked "Pediatric Medical Assistance Team" (PMAT);
- CP/ EMR Teams led by Dr. Michael Kirlew will include care for school-aged and pediatric patients (CP – Community Paramedic, EMR – Emergency Medical Responder);
- Portable pediatric ultrasound and MRI machines will also address gaps in urgent, diagnostic care during child emergencies;
- The Community Paramedicine Team will be linked to the current PHA pediatrician and Physicians/team (Dr Baboolal, Dr Folk and Dr Mazurik etc.) at the nursing station so that any prioritized monitoring of pediatric patients in home or school will be covered (* this addresses a gap for parents who have other children and senior household members, and cannot leave their homes for the nursing station) PMAT patient list will consist of school nominal role and preschool children/new boards as added by the nursing station/PHA for preschool/daycare-aged children;
- GIS-enabled technology will enable PMAT Team to locate pediatric patients on a digital mapping system;
- Joint teams of cross-training Community Paramedics / EMRs will collaborate with educational professionals at the school during school hours and also after-hours emergency response;
- PMAT Team will have the capacity to transport pediatric patients via ice road; and be accessible to nursing station staff/pediatrician for any home-based follow-up and medical check-ups post-discharge of if children are home from school due to illness;

In summary - Immediate, community-based, uniformed pediatric emergency health response for children requiring emergency health services during and after school care.

These combined actions will reduce barriers to access for children requiring medical attention before arriving at the nursing station or hospital. Early medical response care and intervention may reduce the need for medevacs; as well as increase health outcomes later in life.

This project will be working towards a fully developed model and ensuring a plan for transition for sustainable funding. Documentation of best practices; project performance and accountability to funding agreement will be practised. This will also include engagement and partnership with both provincial and federal partners such as ISC-FNIHB, ORNGE, Ontario Health, and MOH to ensure sustainability for continuity in meeting the children's unmet needs.

This funding application is for a 12-month period, with quarterly reviews and reporting every 3 months. The first 3 months will also be a critical period to address the immediate imminent risks and ongoing unmet needs given the current suicide pact and increased risk as the funeral just occurred.

Activities/Deliverables

What will the project activities target? (Please select all that apply)

- Assessments/Screening (can include mental health, developmental, physical, etc.)
 - Type(s): Based on need
 - Age: There are 2,815 youth in Pikangikum (please note that the age of majority is 18 in Ontario)
 - The School's Principal advises there are approximately 1,200 children she is requesting the PMAT serve and an initial map of the children to be served and the list is attached to the principal's request for Assistance and copied below.*
- Psychological Testing
- Behavioural Testing
- Allied Health
 - Occupational Therapy
 - Physical Therapy
 - Speech Language Therapy
 - Behavioural Analysis
 - Applied Behavioural Analysis (ABA)
 - Applied Behavioural Interventions (ABI)
 - Other (please specify): Child Specific/Exclusive Emergency Health Services Response – including Paramedics
- Respite Services
- Case Management
- Mental Health
- Other (please specify):

This project targets the gap in delivering pre-nursing station care for children in need of emergency medical services in Pikangikum First Nation. Note, if assistance is needed at the Nursing Station for Pediatric patients the physician or NIC can request the assistance of the PMAT team. Assistance for adult patients however is not within the PMAT scope and that will fall to separately funded Paramedics (if funded by ISC or MOH) due to ISC insistence that it will not fund any broad services to children under Jordan's Principle if it also benefits the adult population. While IFNA respectfully disagrees with this ISC interpretation of CHRT decisions, it nevertheless has ensured this concern of ancillary benefits is NOT an issue or a reason to deny this application as we have now created a team/model exclusively focused on Pediatric response.

WORKPLAN

Ongoing tasks will be executed throughout the funding period; tasks will be phased according to priority once implementation planning begins

Activities How do you propose to do them	Time Line Proposed start/end dates	Persons Responsible Who
Develop and implement the school / pediatric-focused dispatch system for emergency services and ensure integration with other emergency response in case assistance is needed for after-school support and response of Pediatric patients	Mar 1, 2024, to May 2024	PMAT Team lead and EMS Chief
Order all needed equipment, and vehicles and set up interim office/ accommodations - <u>CRITICAL GAP</u> due to closing ice road and need to ensure accommodations in place with one-time funding	Mar 2024	PMAT Team lead and response staff
Ensure immediate implementation and tracking of all Pediatric clients and prioritize high-risk cases including those in suicide pacts – establish response plans and ensure awareness of specific addresses since there is no 911 labeled addressing/update digital GIS mapping and practice runs to locate high-risk homes at night	Mar 2024	PMAT Team lead and IES Project Manager
Continue to develop any program-specific consents, and referral forms to allow for interdisciplinary sharing of pediatric patient info and school staff with the PMAT team. Refine current referral/notification pathways to enhance access to services/rapid emergency child response	Mar 1, 2024 – May 2024	Policy side, HR, work with HCPs
Maintenance, licensing, and access of EMR for electronic record keeping, and data tracking and integration with Hospital and Ornge system – work with Ornge to ensure response vehicles meet patient transport standards	Mar 1, 2024 – May 2024	PMAT Team Lead Paramedic (or other HCPs)
Develop and maintain relationships with partners and service providers to ensure efficient transfer of care for PEDIATRIC Patients whether from school or homes to Nursing Station	Mar 1, 2024 – May 2024 Ongoing	PMAT Team Lead Community EMR's and Paramedics

and Airport/Ornge as well as any critical case follow-up if required		
Work closely with Jordan's Principle Service Coordinator to ensure case management and opportunity for care is maintained	Mar 1, 2024 – May 2024	PMAT Team Lead and Jordan's Principle Coordinator
Coordinate monthly partnership check-ins including the Pikangikum Education Authority, Pikangikum Health Authority, Chief & Council, Indigenous Services Canada, and other relevant partners	Mar 1, 2024 – May 2024	IES Director, EMS Chief, and PMAT Team Lead
Conduct community school visits and leadership visits to Pikangikum – fostering partnerships with community staff and programs	Mar 1, 2024 – May 2024	PMAT Team Lead and support staff
Ensure PMAT staff maintain registration in good standing with respective colleges, professional associations, and current practice insurance as required – including criminal record and vulnerable record screening to ensure the protection of children	Mar 1, 2024 – May 2024	All involved Health Care Professionals
Develop program-specific educational materials and publishing (as needed)	Mar 1, 2024 – May 2024	IFNA Communications Team, Administrative Assistant, Jordan's Principle Service Coordinator, PMAT Team Lead, and Health Care Professionals
Regular participation in IFNA policy working group to ensure up-to-date operational standards that include the school integration with nursing station supports/ and gaps are identified and addressed – the creation of PMAT-specific (where needed) medical directives and internal policies to support best practices	Mar 1, 2024 – May 2024 Ongoing	IFNA Communications Team, Administrative Assistant, PMAT Team Lead, and Healthcare Professionals
Develop and implement of focused specialized response options: Confirmation of gaps, acquiring vehicles (TIME SENSITIVE current child-focused priority is the Airboat as the only one that meets requirements is available nationally and it can be ready for April/May ice break-up risks) - this will include training as needed. Airboat will be stored on the school compound or PMAT base.	Mar 1, 2024 – May 2024	PMAT Team lead, IFNA Fire Rescue specialist, IES Project Coordinator

<p>Ensure monitoring of and assistance with the installation of smoke alarms to ensure all homes with children have alarms and also a fire response with equipment/SCBA in the event a child needs to be rescued/resuscitated - this includes ensuring minimum EMR response at scenes including oxygen and transfer to EMS or Nursing Station staff as soon as able upon implementation</p>	<p>Mar 1, 2024 – May 2024</p>	<p>PMAT Team Lead and local cross-training lead for Fire/Paramedic response.</p>
<p>Establish and maintain Surge Capacity / Quick Response & Training (QRT) Team to ensure the ability to back-fill PMAT positions or needs in community or provide coverage in the event of traumatic pediatric incidents where PMAT staff need to rotate out and ensure continuity of operations within the community</p> <p>This may also include Surge capacity for COVID-19 or Respiratory illness outbreaks or during peak seasons such as post-funeral</p>	<p>Mar 1, 2024 – May 2024</p>	<p>PMAT Lead and IFNA QRT Team Lead</p>
<p>Ensure the ability to meet emergency health services -unmet needs of children continue beyond May 2024. Priority is on ensuring uninterrupted emergency service delivery</p>	<p>Mar 1, 2024 – May 2024</p>	<p>PMAT Team Lead, EMS Chief Monitored by IES Director</p>
<p>All of the above services will automatically continue on approximately 3 month increments through till March 2025 with quarterly updates, updates to deliverable and reporting.</p> <p>Quarterly meetings will occur and include the medical and other health professionals, ISC staff and PEA/PHA leadership to ensure the unmet needs of children are being met by the PMAT team. If other funding streams or sustainable funding opportunities arise this will trigger a 3-month transition period for any services, no longer required by</p>	<p>Jun 2024 – Aug 2024 Sep 2024 – Nov 2024 Dec 2024 – Feb 2024</p>	<p>Continuing Services with Quarterly updates and reports PMAT Team Lead, EMS Chief Monitored by IES Director</p>

<p>Jordan's Principle funding to be transferred to the ongoing stream. What we will not do however, is cease any services or risk any interruption of children's health services unless transitioning to equivalent or better services.</p>		
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Benefits and Anticipated Outcomes

Please check which of the following benefits and anticipated outcomes apply:

- ❖ Increased service delivery to children with previously **unmet health care needs** and assistance provided to their family to secure access to needed services and supports (please provide further description in box below)
 - ❖ Enhanced awareness of existing programs and available supports for First Nations living on and off-reserve
 - ❖ Identification of children with unmet needs to facilitate **early intervention** and timely access to services and supports
 - ❖ Enhanced relationships with community resources and collaboration with existing community-based programs and services as well as by collaborating with health and social services systems, federal, provincial and territorial services and programs, service providers and communities
 - ❖ Facilitated access for children to health care professionals for **assessments**
 - ❖ Development of policies, procedures and protocols related to screening and assessment, service planning, monitoring and evaluation of service plans
 - ❖ Data collection and reporting to better understand the scope of children's needs and nature of existing service gaps
- ❖ **Indicate the target number of children who will receive services: 2815, 1400 enrolled at EBS**

The school principal estimates a minimum of 1,200 active students currently

Describe the results or outcomes of the planned work.

- Children spend most of their time at school in Pikangikum, and the PMAT team will ensure daily emergency health services and follow-up integrated with the school for prompt response and follow-up
- Children to have access to required, essential emergency response services primarily prehospital medical services but in addition to additional all-hazards emergency response required to enable medical services to children
- Service delivery shifts from a REACTIVE to a PROACTIVE approach by making upstream investments in emergency services planning and ensuring wrap-around service delivery that integrates with existing community health options such as the Nursing station or Ornge Paramedics
- Children can receive early intervention with community-based access to the health supports they require, which allows them to maintain quality of life without disruption to their regular activities, lives, and learning
- Children will always have access to proper medical transportation services between the airport and nursing station with safe vehicles and trained staff, in addition to medical transportation from their homes or from wherever they may be injured in the community to the nursing station or other location to transfer to Ornge or other approved medical facility

- The combination of specialist supports such as certified Paramedics combined with community-based cross-trained responders will ensure Pikangikum's unique standards and barriers (such as language) are addressed meaningfully.
- Early emergency medical response as well as proactive medical visits in community homes will reduce the instances of children having to be medevac'd as well as the associated stress and financial burden to families and funders that results from later interventions or worse yet additional child deaths
- In exigent circumstances, children will be able to be transported outside of community via ice road or over open water if needed even during low water or in unstable ice (through Airboat Proof of Concept) thus guaranteeing a way of ensuring that in the event there are no air ambulance options into Pikangikum no children will die as a result of awaiting safe transport by land out of community to another medical facility
- Dr Mazurik as well as the Ornge COO Wade Durham have indicated this is a continuing risk and gap – the issue of needing transport to Red Lake in the event of no airlift options.
- Increased communication and collaboration with other health care providers, service providers, and programs through enhanced and expanded referral pathways – increased continuity and wrap-around care

IF this were not to be approved on an expedited basis, given the attached recommendation letters, including the Caring Society support letter which provides the context of the intent of Jordan's Principle and the ongoing impacts to Pikangikum – children's unmet needs will continue to grow and we are already at crisis levels, so more fatalities aren't just possibly, they will be expected. As this is an emergency services gap, in addition to the appeals process IFNA would reserve the right to file both CHRT emergency motions as well as emergency motions in federal court as was required when the Indigenous Police Chiefs of Ontario had to take such steps due to the clear continuing public safety risk.

Despite the above, we hope that we have satisfied any requirements of ISC, and instead of expending further energy on legal disputes, we can be united in focused on meeting the heretofore unmet emergency health services of Pikangikum children.

Given that ISC has been aware of these risks and gaps since at least the last Jordan's Principle submission - a same-day approval is requested on March 1, 2024, as the overall scope of the PMAT and forewarning of the Jordan's Principle request was provided to ISC as early as February 28, 2024, in writing.

Please check how you will measure the above activities and deliverables:

- Participant Feedback
- Community Survey
- Narrative Reports and Data Collected
- Evaluation
- Other (please specify):
 - o Interim Report
 - o Final Annual Report
 - o Financial Expenditure Report
 - o IFNA will agree to quarterly meetings and quarterly progress reports to ensure the PMAT scope and deliverables are maintained and to update if any additional sustainable opportunities arise.

*** Please note that reporting requirements are reflected on schedule 2 of your agreement/amendment ***

PART B: BUDGET

BUDGET	2024-25 Quarterly	Details/Comments
1. Salaries	\$532,250	<p>1 FTE PMAT Team Lead @ \$133,000/year = \$33,250 per quarter <i>Team Lead to manage the PMAT team, budget, and staff</i></p> <p>0.25 FTE Director / EMS Chief Support @ 15k per quarter <i>To oversee high-level operations of the Pre-hospital All-hazards Community Emergency Response (PACER) team.</i></p> <p>1 FTE PMAT Admin Support 50k per quarter <i>Full-time administrative officer coordinator/assistant - may be contracted or staff given a short commitment window to assist with the day-to-day operations of the team (travel, financials, paperwork etc.)</i></p> <p>1x Local FTE PMAT support @ \$20k a quarter <i>Community-based position. Booking clients, data entry, processing referrals etc.</i></p> <p><u>24/7 PMAT Response Team</u> <i>*24/7 coverage and coverage for those taking time off, vacation, respite, etc.</i></p> <p>Cross-trained* PMAT Community Paramedic 1200/day x 92 days x 2.5 = \$276,000 (12-hour shifts x \$100/hr)</p> <p>Cross-trained* local PMAT EMR 600/day x 92 days x 2.5 = \$138,000 (12-hour shifts x \$50/hr)</p> <p>Cross-training At least one member on shift (especially night/after-hours coverage is intended to have specialty cross-training so that medical assistance can be provided to children impacted by house fires or vehicle accidents/rollovers where additional specialized tools or skills may be required).</p>
2. Benefits	\$95,805	18% employee benefits
3. Training	\$25,000	<p>Training to ensure team practice keeps in line with best practice guidelines across professional fields, maintaining the appropriate standards for care as would be received elsewhere.</p> <p>Community emergency response driver training and capacity</p>

4. Travel / accommodations	\$100,000	Frequent travel to the serviced communities and urban settings where populations reside, respecting the ongoing COVID-19 guidelines and restrictions.
5. Medical consulting/Directives and Project Management	\$ 75,000	Overall Project management assistance and review of policies, and procedures, including ensuring medical directives to support best practice care.
6. Rent & utilities	\$ 40,000	Rent and Utilities for Office Space / Accommodations ensure accessibility to serviced communities as well as regional support.
7. Telephone, fax, communications including base station as well as mobile Starlink for PMAT vehicle and subscriptions	\$ 30,000	Appropriate means of communication such as cellular phones (for service duty only) and services for program staff, including Starlink to ensure a reliable connection when mobile, connectivity at Pediatric home visit sites, and relating monthly data plans
8. Postage & Freight	\$10,000	For the cost of shipping freight to northern fly-in communities via local airlines.
9. Office supplies	\$ 25,000	Standard office supplies such as stationery, desks, chairs writing instruments, computers, printers, and accessories - uniforms
10. Medical supplies & equipment	\$ 50, 000	Equipping the team with appropriate resources, specific to the PMAT team including stop-the-bleed kits and maintaining a stock of equipment for caring for and providing clients with resources including Stretcher units and Medical Response equipment such as PMAT portable x-ray/ultrasound
11. EMR Licensing Fees and Implementation	\$25, 000	Registration and maintenance of licensing for response teams using electronic medical records and ensuring integration with Nursing Station as well as Ornge.
12. Translation Services	\$10,000	Ensure any community educational materials regarding the new emergency response team are available to the community membership (to be translated into Ojibwe/Ojicree and syllabics).
13. Response vehicles*	\$ 750, 000	Ice rescue air boat combo = \$500,000 Ice Rescue Airboat Trng and Tow/Response Vehicle = \$250,000 Given the 3-month duration, the priority will be on the imminent risk of ice break-up season where there will be a 1–2-month gap of no ice road or water transport and an Airboat is the only alternate transport that would meet the gap identified by the Team.
14. Pediatric Ultrasound Support and Pediatric Mobile MRI Proof of Concept	\$94,202	Ultrasound: Wages: \$750/day x 15 days/month x 3 months = \$33, 750 Travel: \$18,000 (air) + \$12,500 accommodation = \$ 30,500 Equipment: portable unit, looking at \$6,800 plus taxes per probe x 3 = \$23,052 Tablets x 2 = \$4,300 2 rugged cases = \$500 IOS adapter \$700 each (one per probe, sometimes an extra charge) = \$2,100

		Will allow for at-school and at-home assessments for Pediatric clients by PMAT team members, in-house training as well as off-site monitoring by an Ultrasound technician. Will allow for at-school and at-home assessments for Pediatric clients by PMAT team members, in-house PMAT training sessions in community as well as off-site monitoring by an Ultrasound technician
15. Equipment & buildings*	\$650,000	Backup generator \$40,000 Temp PMAT office/accommodation trailers x 1 = \$300,000 Trailer hookups x 2 (moving into location, sewer, water, electric, generator hook up) = \$140,000 Furniture and supplies = \$20,000 Heated Quonset hut for equip = \$150,000
16. IT services	\$5,000	IT service for Team and EMR
17. Pediatric Mobile MRI	400,000	Pediatrics and Swoop® Portable MR Imaging™ (hyperfine.io) Costs TBC Estimate by Dr. Kirlew Dr. Kirlew mentioned that this uniquely benefits Pikangikum as parents can sit with children and given the large families (8-10 children in some homes often children are not able to get an escort or a parent leaving to escort creates additional risks for the children left behind). This closes that gap, in the last year multiple children have had head injuries or suspected head injuries including falling at school as reported by the School Principal. We are already in contact with Queens on another project and will pursue partnership.

One-time start-up costs	Quarterly Operational Costs for School-Based PMAT
13. PMAT Airboat Medevac Alternative \$750,000 *15. PMAT Equip & Temp Office/Rooms \$650,000* *17. Pediatric Mobile MRI* \$400, 000 (estimate)*	1. Salaries \$532,250 2. Benefits \$95,805 3. Training \$25,000 4. Travel/accommodation. \$100, 000 5. Medical Directives & Project Support \$75,000 6. Rent/utilities \$40,000 7. Telephone/fax/comms \$10,000 9. Office supplies = \$25,000 10. Medical supplies/equip = \$50,000 11. EMR Licensing Fees \$25,00 12. Translation services \$10,000 14. Pediatric Ultrasound Support \$94,202 16. IT Services \$5,000
* One-time initial cost = \$1,800,000 *	Cost for Quarter/3 months = \$1,087,257
Admin = \$180,000	Admin for Quarter = \$108,726
Total *One-time initial cost* = \$1,980,000 <i>Urgent approval required as Airboat needs to be confirmed by Mar 5th to be here for ice road break up and to mitigate that risk ensuring emergency health services for Children. A separate request from Jordan's Principle will be made for a general-purpose use vessel. This vessel and temp housing will be designated and labeled for PMAT use only. Additionally, Pediatric MRI was specifically requested by Dr Kirlew as he's used it in WAHA. The</i>	Total Cost per Quarter = \$1,195,983 *For total cost of the year multiply this by 4. [\$4, 783, 932]

<i>Equip and Accommodations/office for PMAT is also critical as there are no accommodations in Pikangikum readily available.</i>	
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Additional Note from IFNA IES Director on urgency and consultations regarding this Application:

In the last 24 - 36 hours alone, we had the funeral of an 11 yr old who committed suicide 4 days before her birthday. She died between the time of the first Jordan's Principle application and the denial a week later. Instead of being able to grieve in peace Pikangikum staff were compiling information to support this application to prevent further loss of life. I have also been made aware of multiple other children in Pikangikum suffering from medical conditions that required immediate emergency health services, which only reinforces the urgent call for assistance received from the Pikangikum School Principal.

In the last 24 hours, I have also met with ISC staff and we confirmed there is no dispute as to the gap in emergency health needs of children, but because the previous application 'may' have also benefited adults that was a main reason for denial. While I personally believe this position of ISC headquarters staff is a misunderstanding at best, and at worst flagrantly goes against the plain reading of CHRT decisions, now leading to increased risks and likely actual preventable deaths in children - this application is entirely new. It is based on the request of the School Principal. But it also explicitly addresses the issues raised by ISC by creating an exclusively child focused, "School Based - Pediatric Emergency Medical Assistance Team (PMAT)"

In the last 24 hours, I have also met with the following professionals and subject matter experts, all of whom are involved in some way with health care services to children in Pikangikum. All unanimously agreed that this need is a life and death issue, obviously urgent, and that this School Based PMAT will clearly address the unmet health services needs of children in Pikangikum:

Support Letters Included

Principal Parastou Ziadlou (Masters In Teaching)
Dr. David Folk (Pikangikum Physician)
Dr. Michael Kirlew (Family and ER Physician)
Dr. Laurie Mazurik (Ornge and ER Physician)
Dr. Ranjit Baboolal (Pediatrician/Neonatologist)

Support Letters Available on Request

ACP Josh Ricciuto (Advanced Care Paramedic)
EMS Chief Ron Laverty (Critical Care Paramedic)
CEO Matt Hoppe (IFNA CEO & Hospital Board member)
NP Brian Lepage (Nurse Practitioner, MSc)

Concurrently I had also consulted with Dr Cindy Blackstock and Brittany Mathews along with Pikangikum Health Authority representatives and a representative from the Chiefs of Ontario. In these meetings as well, there has also been unanimous agreement not just on this Jordan's Principle application but also that the initial one should have been approved and was clearly within the intent of CHRT rulings and the law.

Every recommendation and application we've been made has been solution focused and developed by and with the professionals directly involved in Pikangikum - doctors, nurses, paramedics and more. However, in the event I or we have missed something - I am formally requesting that you contact me directly if any additional information or clarification is required before making a final decision on this application.

I also write this note having been briefed this week on the heightened risk facing Ontario and Pikangikum this fire season. There was limited snow this winter, MNRF is facing high turnover and there are limited fire crews, with over 100 fires burning already in provinces to our west (and the fires move this way.) There are already also shortages on pilots, aircrafts and host communities. This means the risk to children is only further exacerbated and we need to act now. We need to have the PMAT in place ahead of flood and fire season.



Nicholas Rhone
Director Integrated Emergency Services, IFNA

PART C: APPROVAL

1. The undersigned on behalf of the organization declares that:

- The information in this application and all accompanying documents are accurate and completed;
- No current or former public servant or public office holder to whom *The Conflict of Interest and Post-employment Code for the Public Services, The Values and Ethics Code for the Public Service, or The Conflict of Interest and Post-Employment Code for Public Office Holders* applies, shall derive any direct benefit from this Application for Funding, including any employment, payments or gifts, unless the provision and receipt of such benefits is in compliance with such Code;
- The application is made on behalf of the named organization above with its full knowledge and consent.

2. I acknowledge that should this application be approved; funding will be conditional upon the organization entering into a written and signed agreement with Health Canada.

3. Officer authorized by the organization:

Name: Mathew Hoppe

Title or Position held with the organization: Chief Executive Officer

Telephone number: 807-737-1902

Fax number: 807-737-3501

Email address: mhoppe@ifna.ca

4. Signature of Authorized Officer:
Digital Signed

Date:
March 1, 2024

*** Must be signed by individual(s) authorized to legally bind the organization ***



**INDEPENDENT FIRST
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TAB 2 – PMAT Initial Client Map



Pikangikum Student locations to be served by: IFNA IES Pediatric Medical Assistance Team (PMAT)



NAD 1983 UTM 15N
Sources: IFNA, 2024

Legend

- Student Address (295)
- ✱ Nursing Station

1:15,000

0 180 360 720 Meters



Updated: 2024/02/28 2100CST
This map document is confidential and shall not be shared without express permission from IFNA or Pikangikum First Nation Chief and Council. IFNA makes no guarantees of the accuracy or reliability of this map, and is not responsible for its misinterpretation or misuse.





INDEPENDENT FIRST
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TAB 3 – Community Principal and Physician Support Letters



From: Parastou Ziadlou <parastouziadlou@ebs-school.org>

Sent: Wednesday, February 28, 2024 5:19 PM

To: Ky Petes <kylepeters57@gmail.com>; Amanda Sainnawap <amandasainnawap@gmail.com>; shirleykeeper@ebs-school.org; Nicholas Rhone <nrhone@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; Mathew Hoppe <mhoppe@ifna.ca>; lisa.westaway@sac-isc.gc.ca

Subject: IFNA's Support Letter - Pikangikum First Nation

You don't often get email from parastouziadlou@ebs-school.org. [Learn why this is important](#)

To whom it may concern,

Here's a letter approved by the Pikangikum Education Authority to support IFNA Emergency Services Jordan's Principle Application for School Based Pediatric Emergency Medical Assistance Team funding on an emergency/immediate basis.

Kind regards,

Parastou Ziadlou
BA, HBA, TESL, MT, PQP
Secondary and PLAR Principal
Eenchokay Birchstick School
Pikangikum First Nation, Ontario



PIKANGIKUM EDUCATION AUTHORITY

Pikangikum First Nation
Pikangikum, Ontario, P0V 2L0
Telephone: (807) 773-1093
Fax: (807) 773-1014

February 28, 2024

Indigenous Services Canada

To Whom it May Concern,

This letter is to support IFNA Emergency Services Jordan's Principle Application for School Based Pediatric Emergency Medical Assistance Team funding on an emergency/immediate basis. I have been the Secondary and PLAR Principal since September 2023 and previously I have served as the Vice Principal and in other roles at the Pikangikum Education Authority over the last 8 years. I am a qualified Principal with a Masters in Teaching.

We currently are facing a crisis within our school and with our youth, especially after the passing of one of our students [REDACTED] by suicide four days away from her 12th birthday on February 20, 2024. Today was the funeral for [REDACTED].

We are also in support of broader IFNA applications to ensure overall emergency medical services in Pikangikum which is also a gap that directly affects our students. Our total student population between 4 and 18 years old is approximately 1,200 students. We have worked with IFNA in the past when it comes to evacuations and other emergencies and appreciate their advocacy and support on behalf of our community and children.

On February 27, 2024 I reached out to Nick Rhone, the IFNA Director of Integrated Emergency Services because we have seen risks to our students further escalating and we are in need of emergency assistance to avoid further loss of life in our student population. While there has been ongoing health services gaps, recently these gaps have been more pronounced and below is a short summary:

1. A child was injured within the last week and required immediate medical transport from the school (this has been an ongoing gap)
2. It has come to our attention that the recent suicide was actually partially due to the fact that there were some youth that had been all talking about suicide and when of the youths weren't responding [REDACTED] thought the other child had already taken her



PIKANGIKUM EDUCATION AUTHORITY

Pikangikum First Nation
Pikangikum, Ontario, P0V 2L0
Telephone: (807) 773-1093
Fax: (807) 773-1014

- own life so she did as well. The other child however was okay; she just hadn't been responding. That group of girls continues to be at risk as a number of them had been talking about suicide and this risk continues, with an additional burden on our staff and supports as in the event of another attempt we do not have any emergency medical response in place
3. We continue to have students who engage in cutting and other behaviours that require immediate emergency medical attention and we do not have this capacity
 4. We also have many children who have suffered sexual abuse and they are not comfortable going to the Nursing Station
 5. Some students continue to grieve to the other fire deaths last year as well as a suicide by a high school student last year

In addition to the above, currently we are experiencing a minimum of 2 suicide attempts a week by including attempts in the school bathrooms, where students have self-inflicted deep wounds causing major bleeding. A lack of an immediate medical response such as Paramedics is a matter of life and death for these children. Based on the escalated risk we are currently facing we believe having the PMAT team based out of the school and able to assist with school hours as well as after school response support is a necessary step in addressing the health needs of our children. We are requesting a response within the next 24-48 hours given the ongoing risk to our youth.

Please note that this PMAT support is distinct and separate from any other ongoing mental health or other allied health supports as it is specifically focused on life-saving immediate medical care and/or transport if needed vs just prevention or counseling. We will work with IFNA to make office space available for them to work from school on a daily basis.

Parastou Ziadlou
BA, HBA, TESL, MT, PQP
Secondary and PLAR Principal
Eenchokay Birchstick School
Pikangikum First Nation, Ontario
Cell: (807)728-2458



P.O. Box 5010, 34 Prince Street
Sioux Lookout, ON P8T 1K6

Ph: 807-737-1902
Fx: 807-737-1026

February 29, 2024

To Whom It May Concern,

I am a community physician who works in Pikangikum.

Recently there were three children in the community who tragically died due to medical illness. This has now been followed by another child who has serious medical issues and now being worked up in Toronto at Sick Kids.

I am very concerned about these outcomes. The children of Pikangikum deserve improved access to care including the services of a full-time Pediatrician, nurses with focused pediatric training. In addition more increased developmental services are required with regular hearing and vision screening so no child is left behind. The needs for mental health are huge and augmenting the present services and ensuring emergency response services are urgently required. While the above services are important, without emergency health services as will be provided by the Pediatric Medical Assistance Team (PMAT) some children will not and have not survived long enough to make it to the nursing station or have passed away while awaiting emergency medical transport. Clearly emergency health services for children, including paramedic response, is an essential and currently missing gap.

As such, in the immediate term, I fully support the IFNA Jordan's Principle application for the school-based PMAT. There is no doubt that this is an important step in ensuring we start addressing the unmet health services needs of the children of Pikangikum. This team will be able to work with the other health professionals and fill a needed gap in emergencies. I am hoping there are no further delays as inadequate funding and delays in funding have been and continue to be a factor in these deaths and tragic outcomes.

It is imperative that increased child health services are available in Pikangikum, including the PMAT so that all children can be assured of a healthy future.

Sincerely,

David Folk, B. Sc., M.B., Ch. B, CCFP, FCFP
Mamow Medical Director
Interim SLRPSI Medical Director
Community Physician



February 29, 2024

Indigenous Services Canada

To Whom It Will Concern,

My name is Dr. Michael Kirlaw and I currently will be serving as the Medical Director for the IFNA Community Paramedicine Initiative – providing advice, consultation, and guidance for the development of this integral program. This letter is to support the IFNA Emergency Services Jordan's Principle Application for the School-Based Pediatric Emergency Medical Assistance Team (PMAT) funding on an emergency and immediate basis to address some of the unmet needs of children in Pikangikum First Nation.

I have been a physician working across the North for nearly two decades – beginning my career in Sioux Lookout, Ontario as a physician at the Sioux Lookout Meno Ya Win Health Centre (SLMHC) and since January 2020 in Moose Factory, Ontario as a clinician for a full-scope family practice in the Weeneebayko Area Health Authority (WAHA). I provide patient care and service for many First Nations communities and community members and have served as a primary care physician in Wapekeka First Nation for 10 years. I have been an advocate for healthcare equity for First Nations by providing light and context to the many disparities and injustices that I have witnessed daily. I am a qualified physician, have served in emergency department settings, and am a professor at multiple post-secondary institutions within the province.

The health care system on-reserve is far inferior to what non-Indigenous people can expect – this system and its glaring gaps are greatly contributing to the loss of life in our pediatric and youth population – as seen in Pikangikum recently with multiple preventable child deaths. We are currently facing a crisis in the North – I have been present to see the effects of youth suicide across these communities – with multiple young children ending their lives within days of each other, spurring fears of youth suicide pacts that can span communities.

I have witnessed the complex and compounding issues youth in Pikangikum are facing, including but not limited to:

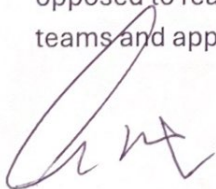
- Intentional self-harm
- Intentional self-poisoning
- Misuse of alcohol and drugs
- Suicidality
- Sexual abuse
- Exposure to intergenerational trauma without adequate time and resources to develop coping mechanisms

- Lack of access to reliable shelter, water, and food resources
- Lack of access to reliable emergency medical transport

There is no doubt that the creation and implementation of the school-based IFNA PMAT Team – to be located in Eenchokay Birchstick School – will provide enhanced and increased access to emergency health service(s) support for youth living in Pikangikum First Nation. This program will save the lives of children experiencing health and mental health emergencies but also provide important upstream investments in the health and wellness of youth by proactively working with them (and educators) in an environment students are comfortable with to build relationships and monitor those in need over time. Based on the disproportionate risk present in Pikangikum First Nation the presence of the PMAT team based at EBS will be able to provide support during school hours as well as after hours, wraparound, aftercare, and monitoring of high-risk youth – all necessary steps in addressing the health needs of children in Pikangikum.

IFNA has worked tirelessly to create relationships with many stakeholders, partners, physicians, and other allied professionals to ensure that the support they provide is appropriate, safe, and flexible to change as they are committed to working directly with communities to provide advocacy and service. I am committed to working with IFNA long-term to ensure that any initiatives, such as this (to address the unmet needs of children in Pikangikum and across IFNA) are successful and sustainable. I am also in support of the broader IFNA applications to ensure overall emergency medical services and other integral supports in Pikangikum First Nation (as well as the other 4 IFNA communities) as these applications also seek to address wide gaps within current systems and structures.

Please note that this PMAT application and team scope is distinctly child focused and separate from any other ongoing mental health or other allied health supports as it is specifically focused on life-saving immediate medical care and/or transport if needed as opposed to reactive approaches after the fact or prevention. It will however augment other teams and approaches.



Dr. Michael Kirlew BSc MD CCFP-EM FCFP FRRM

Assistant Professor Northern Ontario School of Medicine

Assistant Professor University of Ottawa & Queens University

Cell: 807-738-2784 Email: michaelkirlew@icloud.com



INDEPENDENT FIRST NATIONS ALLIANCE

To Whom it may concern:

Re: Mitigating Pediatric Morbidity and Mortality in Pikangikum

Through the Development of Mobile Pediatric Medical Assistance Team

February 29, 2024

My name is Dr. Laurie Mazurik and I work with IFNA as Medical Director in Integrated Emergency Services (IES.) I am assisting with development of 911 Paramedic Services and work alongside IFNA IES Director Nick Rhone as well as IFNA EMS Chief Ron Laverty. I additionally work in the community as a physician, and with ORNGE Medical Transfer Service. (My CV is attached.)

I witness the ongoing unmet medical and health needs of children in Pikangikum every day I work there and as an ORNGE physician see how the lack of northern resources compound the problem.

Many talk about how the situation is complicated and there are no easy solutions. At some point action is needed. IFNA is action oriented and within < 1 year brought ambulances and Paramedics to the community, so they have a choice beyond an SUV. Sadly, I'm also aware that neither the provincial or federal government has been funding these needed emergency health services.

The IFNA Jordan's Principle proposal of supporting the School with a Mobile Pediatric Medical Assistance Team would be an important first step in harm prevention and reduction for the Children in Pikangikum. This would be entirely child focused, can support emergency medical care, do home follow ups, and be integrated into the health network through the nursing station.

I have no doubt a service like this would save lives. We have already had 3 Pediatric deaths in Pikangikum this month alone and must act. We can easily build a system to both track and monitor impacts as well as identify gaps that we can resolve. I will personally be part of its implementation and support the needed collaboration.

In short, this IFNA application is an initiative to address the unmet health services needs of children in Pikangikum. As such, I strongly support this Jordan's Principle application being approved as it would be a step in reducing the level of harm to children that currently exists in Pikangikum.

Sincerely,

Laurie Mazurik MD FRCPC(EM) MBA EMDM



Laurie Mazurik
MD FRCPC MBA EMDM

CONTACT

Sunnybrook Health
Science Centre
2075 Bayview Avenue
C753
Toronto, Ontario M4N 3M5

lmazurik@ornge.ca

+1-647-292-0871

Strengths

Clinical: I have been an emergency and critical care transport physician in Ontario for ~ 25 years. I also have extensive disaster medicine expertise, including infectious disease containment and personal protective equipment. Since 2020 I have dedicated 0.25 my time to working in remote Indigenous communities to support innovative approaches to care. I currently work as the Medical Director for Integrated Emergency Medical Service, for Indigenous First Nations Alliance in NW Ontario.

Virtual Care and Telemedicine. As a transport physician for ORNGE Critical Care Transport (air and land) I have spent thousands of hours talking with nursing stations, remote clinicians and paramedics in transport to support care decisions. This includes radio, phone, and video conferencing.

Initiative: STRONGERR Project. July 1, 2020 -June 30, 2021. I will be working in remote northern communities to experience their challenges and collaborate staff to identify ways to strengthen: 1. Care in situ 2. Telemedicine support 3. Staff retention and 4. Relationships with ORNGE. The result is a now a collaborative process in development between Health Force Ontario, Ontario Health North, Northern School of Medicine and ORNGE.

Executive Skills: Since being a member of the SARS 2003 Operation Centre, Ontario, I have been recruited and/or awarded contracts to provide input on health system issues related to health care provider safety, service disruption threats or shortages due to overcapacity or unanticipated crises:

Select key leadership roles. (A detailed CV is follows).

1. **National and International Standards for Emergency Preparedness in Health Care** (Working Group Chair: Health Standards Organization).
2. **Complex Health Education Strategies related to Safety.** (Principle Investigator/Project Lead. Stakeholders: Global Affairs Canada, Public Health Agency of Canada, Defense Research Canada, Ontario Ministry of Health). Done by developing diverse, web-based international teams, designing online education, internet games, live technical training and mass casualty simulations
3. **2010 G20 Summit: GTA Mass Trauma Plan.** (Lead. Included the development of a web-based Dashboard for information sharing between over 25 hospitals, first responders and government. Stakeholders: GTA and surrounding LHIN Hospitals, multiple LHINS, MOHLTC, Criticall, ORNGE and TEMS).
4. **Emergency Operation Centre Design, World Health Organization:** Provided input into the design of Public Health Emergency Operation Centres across the world.

I look forward to an opportunity to provide service and learn from NWT and Nunavut!

Sincerely,



Laurie Mazurik

MD FRCPC MBA EMDM

EDUCATION

Medical Degree, 1987
University of Saskatchewan

Fellow, 1991
Royal College of Physicians
Canada
(Emergency Medicine)

**Masters of Business
Administration**,
Rotman School of Business,
University of Toronto, 2013

European **Masters** in
Disaster Medicine, 2015

SKILLS

Project Leadership

Stakeholder Engagement

Government Relationships

Interprofessional Team
Building

Standards Development

Current Appointments

1991- Critical Care Transport Physician ORNGE

1991- Emergency Medicine Physician

Sunnybrook Health Sciences Centre, Toronto

1991- Faculty of Medicine, University of Toronto

2005- Medical Director, Centennial College Toronto

2013- Executive Officer, World Association of Disaster Medicine.

2022- Medical Director, Integrated Emergency Services, IFNA (Independent First Nations Health Alliance) NW Ontario

Recent Past Appointments

2020-2022 Covid Surge Readiness Advisor SLFNHA (Sioux Lookout First Nations Health Authority). Prepared SIT Reps and conducted regional stakeholder e-tabletops.

2022: Medical Director NoMAT Pilot. Nomadic medical assistance team deployed to First Nation Communities in NW Ontario during a Covid Surge. Pilot March-April 2022 Funder ISC (Indigenous Services Canada).

2018-2021 Chair, Working Group Developing Standards for Emergency Preparedness in Health Care (Health Standards Organization)

2015-17 Canadian Chair, World Congress Toronto, April 25-28, 2017, World Association of Disaster and Emergency Medicine. I led the organization of 20 interprofessional web-based teams, with members distributed across the world, to build the program and workshops presented. There were close to 1000 attendees from 65 countries.

2015-17: Project Lead, Development of Medical CBRN Training for Civilians in High-Risk Countries. Organisation for Prohibition of Chemical Weapons (OPCW) / Global Affairs Canada: OPCW is a Nobel Peace Prize winning organisation whose goal is to eradicate chemical weapons globally. This was a very complex project, that spanned 4 countries, and involved multiple stakeholders, languages and cultures.

2015-17. Project Lead, Canada Global Partnership Program Initiative: Assisting Jordan to Establish National Medical Guidelines for CBRN Events and Responder Safety. At the request of the Canadian Government, my team worked with the Jordanian military and civilian health care providers to research and develop a

program to protect staff from chemical agents, and treat affected patients. The result was a training manual with over 250 pages to guide their national CBRN framework.

2011-2015. Project Lead, Establishing a National CBRNE Training Program for Health Care (Public Health Agency of Canada Champion; Canadian Safety and Security Program; Funder \$2.26 Million Dollars). *Processes* included: a. using technology to facilitate curriculum building with a distributed international team, b. training individuals and agencies in situational awareness, and c. conducting multi-agency health crises simulations both live and virtual to assess their ability to collaborate and sustain services under duress.

2011-2013. Financial Unit Manager. Sunnybrook Emergency Physician's Group. I worked with our executive team to build a financial management system for 30 + Physicians, and a budget of ~ 5million dollars, that navigated complex government and university funding agreements and required an "internal taxation" system to support poorly funded activities such as education and research.

Past Appointments

2010 Toronto Central Local Health Integrated Network, Strategic Lead, G20 Preparation and Response:

This was a multi-agency team that developed service disruption threat assessment tools, mitigation and response strategies for dealing with resource shortages. This included the real-time situation reports and agile/adaptive plan capability for 7 major academic hospitals, Toronto EMS, and over 200 stakeholder health teams in downtown core of Toronto during the event.

Results 1. Development of a GTA Mass Trauma Protocol that included activation of multiple non-trauma hospitals accepting trauma according to a protocol co-developed by all GTA surgeons and TEMS, 2. Information exchange protocol supporting data transfer between all hospitals, Criticall, TEMS, ORNGE and Minster of Health using smart phones. 3. Unprecedented situational awareness by stakeholders that allowed hospitals to sustain health services during protests and riots.

2008-13. Working Group. Seniors and Aging Populations: Continuity of Care in Crises Conditions: Public Health Agency of Canada. Member.

This International Team explored the means to both support and utilize seniors for a community response teams during periods of health care resource shortages regardless of cause.

2008-10 Health Force Ontario Grant: \$613 K, Teaching Capacity Creation in Health Care. Centennial College, Toronto. Design Lead. We built web-based education enhance inter-professional collaboration and used crisis simulation to bring health care providers from different sectors hospitals, community health clinics, community health teams and public together to decide how to use limited resources for the benefit of the greatest number of patients.

2007-10. Canadian Standards Association: Establishing National Standards for Personal Protection Equipment Use by First Responders and Health Care Providers. Working Group Member of an International National Team consisting of government agencies, industry, subject matter experts and frontline organizations collaborating to integrate multiple standards into a one.

2007-8. Pandemic Preparations in Greater Toronto Area (GTA). Used mass simulations to develop and evaluate plans. Lead.

Over a period of a year, I built over 20 teams to develop a large tabletop and a live pandemic exercise (400+ Participants). Involved all GTA Hospitals, Rehab/LTC/Chronic Care, Public Health Agency of Canada, Public Safety Canada, Ontario Ministry of Health, Toronto Public Health 3M, Roche, CBC and 5 colleges and universities in Toronto. This effort revealed significant gaps in plans and potential solutions in the form of tele-health, tele-buddy (buddying frail patient with health care student), utilization of students in mass immunization programs, minor flu clinics, community health teams, etc.

2006-8 Code Orange (Hospital Disaster Plan) Re-design: Sunnybrook Health Science Centre. Lead. Required detailed analysis of each hospital unit e.g. from patient care to lab, diagnostic imaging, pharmaceuticals, security, housekeeping, food services, administrative leadership, psychosocial health and volunteers to elicit from them their strategies to prevent, prepare for and respond to health care shortages. Each unit then had to design and share their plans with others. A mass simulation to exercise plans was conducted and reports generated to further develop resiliency.

AWARDS/Nominations

2019, President's Spirit Award
Centennial College. A Team Award for inspiring over 650 students, staff and health care providers to participate in a mass casualty simulation.

2004 & 2005: Nominated
Nationally for Excellence in Emergency Medicine Education, Canadian Association of Emergency Physicians

2002,1993: Winner, Anna Jarvis Award for Emergency Medicine Education, Emergency Medicine Fellowship Program, University of Toronto

Professional Memberships

1988- Canadian Medical Protection Association

1988- Ontario College of Physicians and Surgeons

1991- Fellow of Royal College of Physicians and Surgeons

1991-Ontario Medical Association

2004- Canadian Association of Emergency Medicine Physicians

2005- World Association of Disaster and Emergency Medicine

Past Appointments (Continued)

2006-9 Health Canada Grant, Inter-professional Disaster and Emergency Action Studies, Centennial College Toronto. \$800K. Content Expert and Design Lead. This was an interprofessional project that involved 5 colleges and universities and the undergraduate programs of medicine, nursing, paramedicine, pharmacy, social work, police & fire services, and media design. I lead the creative design team that developed interprofessional, multi-player internet and board games, and on-line curriculum, that all engaged in, prior to participating in a mass casualty exercise that involved 400+ participants.

Centennial College is uniquely designed with a simulated hospital and we were able to staff it with professionals from multiple hospitals. Students supported the professionals and played the roles of patients/victims.

Health System Simulations & Problem-Solving Teams

These initial Centennial College exercises were so successful, that 25 or more have been conducted there and in other locations: London (Ontario), Halifax, (NS), Windsor, Niagara Falls, Sudbury, Hamilton, Nunavut (Iqaluit), Muscat (Oman), Beth Israel Deaconess Hospital (Harvard), and Prague (Czech Republic). Participants range from learners, professionals, all levels of health care, government, media and industry. Each event is co-created with local participants targeting specific threats.

The simulations provide safe spaces for teams to tackle “wicked problems”. By design they cause the “spontaneous self-organization” of fragmented teams to creatively collaborate in order to find solutions. The concepts that emerge, have seeded changes to health system, pre-hospital and hospital practice in the realm of efficiency and resilience. Participation is now mandatory for University of Toronto Emergency Medicine Residents, and there is a waiting list to attend the annual events.

Education /Teaching

Emergency Medicine:

I have done and continue to teach emergency medicine residents, students, advanced and critical care paramedics, physician assistants and staff physicians, through rounds and simulations AND present at conferences annually. I have not listed all these here. My average time contribution to this is over 100 h/yr. until this year, where COVID 19 has reduced opportunities. What is listed are contributions that involved *team* collaboration.

Specific to Pre-hospital Care:

ORNGE: Designed, piloted and then rolled out across the province an Advanced and Critical Care Land/Flight Paramedic OSCE (objective structured clinical examination) to be used for skills assessment and certification. Included web base preparation site, skills assessments and patient simulation with interprofessional and family interaction.

Leadership Style

Passionate

Fearless

Empowering

Adaptive

Education /Teaching (Continued)

ORNGE: Designed and built web-based e-learning modules to train paramedics and transport physicians in use of ventilators and intra-aortic balloon pumps in transport.

2000-9 Medical Director Education Sunnybrook Centre for Pre-Hospital Medicine. Designed, Piloted and in ongoing development: OSCE Certification for Advanced Care Paramedics in greater Toronto Area. Over 20 formal OSCE's conducted and several hundred medics evaluated. Includes on-line preparation, practice sessions and final OSCE.

Other:

2014-15 Contributing Author to: "Ebola Clinical Care Guidelines for Canadian Clinicians" Network of Public Health Intelligence-Sponsor. Supported by Canadian Association of Emergency Physicians, Canadian Critical Care Society, Association of Medical Microbiology and Infectious Diseases Canada. Part of an international team.

2014 - Canadian Association of Emergency Physicians: Representative to Federal Government for Ebola Related Issues.

2014-15 World Health Organization: Emergency Operation Centre. Design Consultant. Examined, WHO's current EOC design, recent consultant suggestions, researched and provided recommendations for virtual EOC design.

2014-15 Consultant, Selecting Personal Protective Equipment and Training for Ebola and other Serious Communicable Diseases. Sunnybrook Health Science Centre Emergency Preparedness Team. Co-Lead and worked with international team (Emory, CDC) and Sunnybrook to co-develop Staff Protection Guidance from Ebola.

2003 Education and Medical Expert Consultant for Ontario Ministry of Health, SARS Operation Centre. Initiated organization of Intensivists into working group and collaborated with Intensivists to create on-line Training Modules for Donning/Doffing PPE in High Risk Procedures.

Recent Publications/Presentations

2020: June 6 Mental Health in the COVID 19 Pandemic : Panel Member

Virtual Conference Disaster Psychiatry Canada

<https://dpc2018.files.wordpress.com/2020/04/mental-health-in-the-covid-19-pandemic-2.pdf>

2020: April 22. CAEP Town Hall: Updates

<https://caep.ca/covid-19-town-hall-april-22/>

2020: April 1.CAEP Town Hall: COVID 19 PPE

<https://caep.ca/covid-19-town-hall-april-1/>

2020: March 25 International Federation of Emergency Medicine COVID 19 Webinar

<https://www.ifem.cc/critical-guidance-for-mitigating-the-impact-of-the-covid-19-pandemic-on-the-safety-and-integrity-of-emergency-departments-around-the-globe/>

2020: March COVID 19 PPE. Anton Helman: Emergency medicine Cases.

<https://emergencymedicinecases.com/covid-19-ppe/>

My Vision of Health Care

Increased Diversity

Greater use of
Telemedicine

Empowered Patient
Self Care

Reduced Time to
Definitive Care

2019. Psychiatric Dimensions of Disaster. National Conference. Toronto. Tabletop. Design this with input from Dr. Jodi Lofchy (Head of Psychiatry, St. Joseph Hospital, Toronto) to introduce practitioners and health care providers to the challenges of managing cultural diversity, mental health issues and occupational stress injury in health care systems. 160 participants, including representation from provincial and federal governments, and first nations.

2019. Interdisciplinary Trauma Conference. Provincial. Toronto. “Disaster 101. Health Standards are Coming”. An oral presentation on how to conduct organizational and health system threat assessments and build plans to mitigate them. Additionally, I was a member of the Expert Panel for open discussion session at the closing.

2018. Trauma Association of Canada Conference, Toronto. National. “Planning for Mass Trauma Events in an Urban Setting: The GTA Experience”. Oral Presentation.

2018: Psychiatric Dimensions of Disaster. National Conference. Toronto. “Mass Casualty Readiness in the Greater Toronto Area.” Oral presentation outlining strategies for casualty distribution and the management of psychosocial impacts of such events on patients, staff, loved ones and the public.

2018. Canadian Association of Emergency Medicine Conference. Poster. “Use of live actor patients during a hospital-wide mass casualty simulation exercise to garner institutional commitment to long term drills.” Nicole Kester-Greene, Claudia Cocco, Susan DeSousa, Will Thomas-Boaz, Avery Nathens, Rob Burgess, Sharon Ramagnano, Caroline Filipowska, & Laurie Mazurik

2017: Disaster 100 Pod Cast. Emergency Medicine Cases.
Mazurik,L, Kolleyck,D, Bezanason, J.
<https://emergencymedicinecases.com/disaster-medicine/>

2017: Best Case Ever. Biohazard Preparedness. Pod Cast.
<https://emergencymedicinecases.com/?s=best+case+ever+mazurik>

2016 Ten Recommendations to Consider when setting up a Chemical, Biological, Radiological-Nuclear Program for Hospitals. Funded by Global Affairs Canada to assist the health care providers in Jordan to deal with chemical attacks. Evidence based, 250-page Manual. Mazurik, L Principal Author. Hall,T, Rocchi, M.

January 2015: International Society for Traumatic Stress Studies (ISTSS) 31st Annual Meeting - Complexity Science. New Orleans, USA. Published Abstracts.

1. Shultz JM, Baingana F, Espinel Z, Mazurik L, Helpman L, Neria, Y. **West Africa Ebola Outbreak: The Trauma Signature** (Oral presentation). “Back to Basics: Integrating Clinical and Scientific Knowledge to Advance the Field of Trauma.” New Orleans Marriott, New Orleans, LA, 5 November 2015. *Session Abstract Book*; 14.

2. Shultz JM, Baingana F, Espinel Z, Mazurik 3. Shultz JM, Génereux M, Roy M, Maltais D, Hall T, Mazurik L. **Complexity Science, Disaster Mental Health, and Community Resilience: The Remarkable Saga of the Lac-Mégantic Runaway Train** (Poster). Integrating Clinical and Scientific Knowledge to Advance the Field of Trauma.” New Orleans Marriott, New Orleans, LA, 6 November 2015. *Poster Abstract Book*; 180.

2015. European Congress on Emergency Medicine, Torino, Italy. Poster, Published Abstract #2084 and Presentation: “Does Open Web Collaboration Accelerate the Development of Personal Protection Guidance for Health Care Workers who Treat Patients with Serious Communicable Diseases?” Mazurik,L., Hall,T., Wax, R.

References

Dr. Terri Farrell

Medical Director
Sioux Lookout First Nation
Health Authority

807-738-3645

terri.farrell@slfna.com

Trevor Hall

B. Comm., BScN, EMDM

Vice President, Healthcare
Safety and Risk Management

HIROC

Thall@hiroc.com

Dr. Bruce Sawadsky

Chief Medical Officer Ornge

(647) 629-2979

bsawadsky@ornge.ca

Ellen Bull

BScN, MAEd

Retired Chair Collaborative
BScN and Paramedic Degree
Programs, Centennial College

ellenbull123@gmail.com

2015. “Measuring the duration of knowledge retained by participants who have taken the Advanced HAZMAT Life Support (AHLS) Provider Course”. Mazurik, L., Rocchi, M., Wood, S., Turner, L., Hall, T., Walter, F. Laurie Mazurik)

2014. Ebola Training: Protected Code Blue. Social Media.

Lead developer (0\$ Budget)

Sunnybrook Rounds:

<https://www.youtube.com/watch?v=4QAFnxfwcaM>

Spray Germ Challenge: <https://www.youtube.com/watch?v=Nkih62zzAFw>

University Health Network: Ebola Training

https://www.youtube.com/watch?v=qKfHzTOOK_M

2014. Ebola, Clinical Care Guidelines. Christian, M., Libman, M., Mazurik, L. **Publication.**

2014: Trained Observer Principles for the Use of Personal Protection Equipment. Slide Share

<https://www.slideshare.net/allisonomara/trained-observers-for-donning-doffing-ppe-cbrne-collaborative1-45099400>

2012. Canadian Association of Emergency Physicians National Conference, Niagara Falls, Presentation: “Smart Ways To Detect and Manage Surges”. Mazurik, L.

2010. Three Meetings on Simulation in Healthcare, Orlando, IPE Ontario, Royal College of Physicians and Surgeons Simulation Summit. Poster Using Simulation Disasters and Emergencies to Enhance Teamwork and Collaboration (with Trish Dryden, J. Maher, P. Gignac, M. Rocchi, and L. Mazurik)

2009. Collaborating Across Borders 2- Serious Games: An Interprofessional Disaster/Emergency Simulation Workshop, Halifax Nova Scotia (Co-presentation with Trish Dryden, Cheryl Martin and Laurie Mazurik)

Ranjit T. Baboolal MBBCh, MS, MRCP(UK), FRCPC
Paediatrician • Neonatologist

Indigenous Services Canada

Feb 29th, 2024

To whom it may concern,

This letter is to lend support to IFNA's Application for the School-Based Pediatric Emergency Medical Assistance Team (PMAT) funding on an emergency basis, under the provisions of Jordan's Principle. We are directed by Community leadership to respond to identified needs of children and youth in Pikangikum First Nation. A timely response is critical.

I stand with the community. I respectfully ask that resources, be made available to the children and youth of the First Nations Community of Pikangikum.

The request makes sense. It shows the children and youth of Pikangikum that they are valued. We care and we will earn their trust by being there when they need us and for the long run.

To be meaningful, it must be the start to building capacity in a school-based system of care that meets the needs of children and youth on their terms.

Thank you for your consideration of this pressing matter,

Respectfully,



Ranjit Baboolal

1265 E. Arthur St. Suite 707, Thunder Bay, ON P7E 6E7
Tel: 807 622 6366 • Fax: 807 622 1078.
email: ranjit.baboolal@rbaboolal.com



INDEPENDENT FIRST
NATIONS ALLIANCE

IFNA.CA

TAB 4 – Band Council Resolutions



January 30, 2024

Independent First Nations Alliance
34 Prince Street
Sioux Lookout, Ontario P8T 1K6

RE: Letter of Authorization

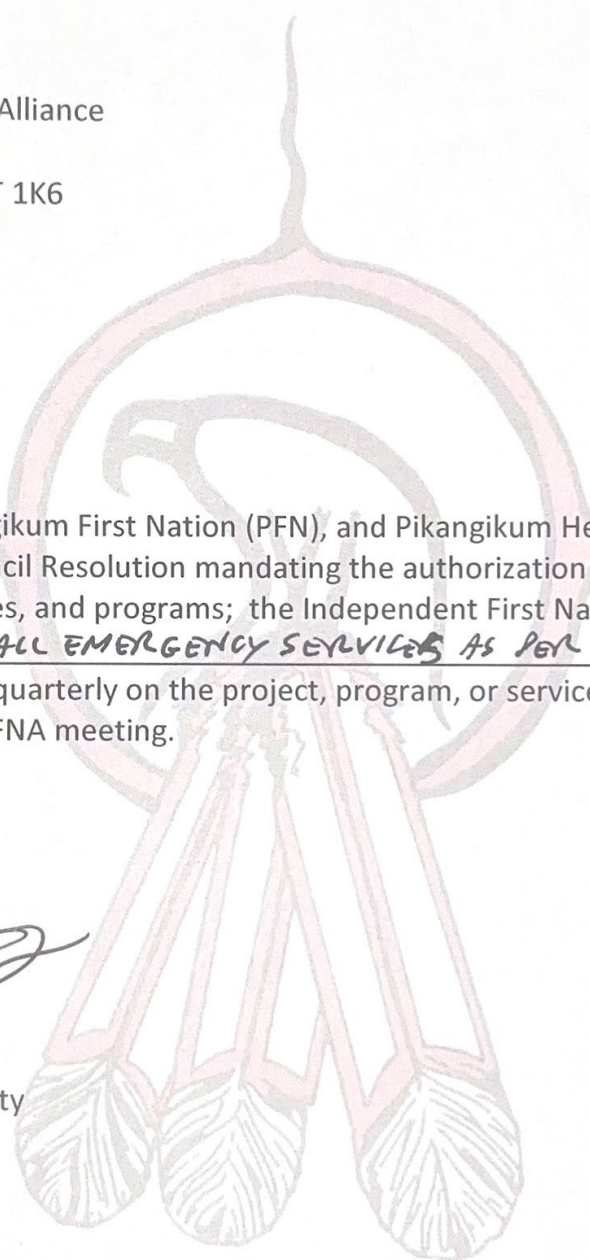
To Whom it May Concern;

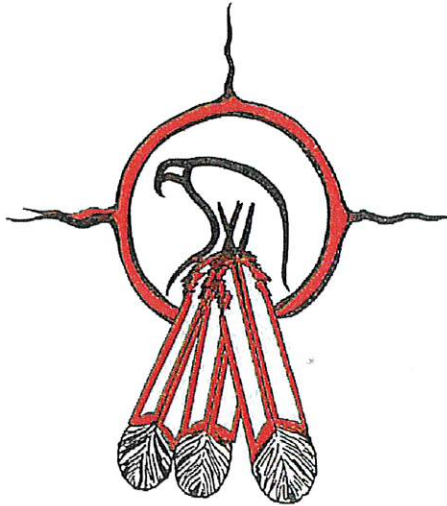
On behalf of Pikangikum First Nation (PFN), and Pikangikum Health Authority (PHA), pursuant to the Band Council Resolution mandating the authorization of current and future proposals, projects, services, and programs; the Independent First Nations Alliance (IFNA) is authorized to CONTINUE ALL EMERGENCY SERVICES AS PER BCR 2022-11-136. IFNA will provide updates quarterly on the project, program, or service to PFN and PHA as part of the quarterly PHA and IFNA meeting.

Sincerely,



Billy Joe Strang
Chief Executive Officer
Pikangikum Health Authority





Pikangikum First Nation

Box 323 Pikangikum, ON P0V 2L0

Phone: 807-773-5578

Fax: 807-773-5536 and 807-773-5324

Dated the 25th day of November, 2022

BCR No: 2022-11-136

Province: Ontario

Band Council Resolution of Pikangikum First Nation

WHEREAS the IFNA Chiefs in Assembly passed Chiefs' Resolution 2022/09 - Emergency Services in IFNA Communities at the Chiefs Meeting held in Thunder Bay, Ontario at the Valhalla Hotel on November 9 and 10, 2022; and

WHEREAS the Chief and Council of Pikangikum First Nation are in agreement with the content of the resolution.

THEREFORE BE IT RESOLVED that the Chief and Council of Pikangikum First Nation have reviewed fully and hereby endorse Chiefs' Resolution 2022/09 - Emergency Services in IFNA Communities in its totality and seek immediate implementation of the resolution.

Quorum: 7

Chief

Councilor

Councilor

Councilor

Councilor

Councilor

Councilor

Councilor

Councilor



INDEPENDENT FIRST NATIONS ALLIANCE

SIoux LOOKOUT OFFICE

P.O. Box 5010, 98 King Street, Sioux Lookout, ON P8T 1K6

Toll Free: 1-888-253-IFNA

Tel: (807) 737-1902 | Fax: (807) 737-3501

Chiefs' Resolution 2022/09

Emergency Services in IFNA Communities

WHEREAS the IFNA Chiefs' Council has passed Resolution 2020-07, 2021-05 and Resolution 2021-13, calling for the immediate establishment of IFNA Integrated Emergency Services (IES); and

WHEREAS IFNA communities continued to experience an ongoing unacceptable risk to their community members and youth, due to a lack of equitable emergency services, and this situation is now further worsened due to the Provincial and National shortage of paramedics, nurses, and physicians; and

WHEREAS IFNA has made progress with regards to its capacity to provide emergency services including fire rescue and emergency medical services, as evidenced by the emergency deployment of two ambulances to Pikangikum First Nation; and

WHEREAS there continues to be a lack of funding provided by either the Provincial or Federal government for the actual operation, maintenance, and infrastructure needs for IFNA to provide such services, and where such funding exists it does not flow directly to the communities or to IFNA but rather to other agencies or entities and to date there has been insufficient progress to address IFNA community safety needs.

THEREFORE, BE IT RESOLVED that the IFNA Chiefs in Assembly authorize IFNA to fully activate its emergency operations centre (EOC) and to remain activated until resolved with equitable funding and services, with the usual authority present in any emergency declaration; and

BE IT FURTHER RESOLVED that IFNA Chiefs in Assembly authorize and direct IFNA IES Director and CEO or their designate to act as is required on behalf of the communities and to negotiate directly with government funders and other agencies as required;



including the discretion to make requests and secure immediate direct funding for IFNA Emergency Services if required; and

BE IT FURTHER RESOLVED that the IFNA Chiefs in Assembly direct the Federal and Provincial governments as well as any other agencies that receive or possess funding on behalf of IFNA communities to ensure that IFNA is granted the necessary sustainable funding to operate and ensure emergency integration within the IFNA communities, to improve their safety in accordance with their individual community needs; and

BE IT FURTHER RESOLVED that IFNA will make it a priority to use community personnel and existing community infrastructure to aid in the delivery of these services wherever possible, and use its position to ensure improved services provided to the community in a way that is coordinated and puts community needs first, including flowing through funding directly to IFNA communities where they have the desire and capacity to oversee their own programs; and

BE IT FINALLY RESOLVED that any paramedic, fire-rescue, emergency response, nursing or physician services currently being funded to outside agencies on behalf of IFNA communities or by using IFNA community statistics to obtain such funding, including contractors, SLFNHA or NAN, should be funded directly to IFNA effective immediately, unless the IFNA CEO agrees otherwise in writing. Any funding that currently flows directly to the community shall continue and IFNA shall ensure that there is no loss of services or reduction of services to any IFNA community

DATED THIS 10th DAY OF NOVEMBER 2022 IN THUNDER BAY, ONTARIO

Chief Donny Morris
KITCHENUHMAYKOOSIB INNINUWUG

Proxy Derek Maud
LAC SEUL FIRST NATION



A handwritten signature in blue ink, appearing to read "Charlie Beardy", written over a horizontal line.

Chief Charlie Beardy
MUSKRAT DAM FIRST NATION

A handwritten signature in black ink, appearing to read "Shirley Lynne Keeper", written over a horizontal line.

Chief Shirley Lynne Keeper
PIKANGIKUM FIRST NATION

A handwritten signature in black ink, appearing to read "Allan Gustafson", written over a horizontal line.

Chief Allan Gustafson
WHITESAND FIRST NATION



March 1, 2024

Re: Jordan's Principle request for PACER and PMAT services in Pikangikum First Nation

To whom it may concern,

On February 27, 2024, Nicholas Rhone, IFNA Integrated Emergency Services Director, contacted the Caring Society following Indigenous Services Canada (ISC) denying a Jordan's Principle request for Pre-Hospital All-Hazards Emergency Response (PACER) services in Pikangikum First Nation. Since this denial, the Caring Society understands that IFNA has also placed a request for a Pediatric Medical Assistance Team (PMAT). The Independent First Nations Alliance (IFNA) is a First Nations-led Tribal Council that works to provide support to the communities they serve, including Pikangikum First Nation. Both requests for PACER and PMAT services are intended to address the ongoing unmet emergency health service needs of Pikangikum children and youth needing immediate medical attention. Per Mr. Rhone, the request was placed to address and prevent the escalating rates of children experiencing severe harm or dying because there are no emergency life-saving medical services in the community.

The Caring Society is a co-complainant in the ongoing Canadian Human Rights Tribunal proceeding, which found that Canada is discriminating against First Nations children in its provision of the First Nations Child and Family Services program and its failure to implement Jordan's Principle (2016 CHRT 2). Mr. Rhone contacted the Caring Society because of our role as a party member to seek general information on the Tribunal orders and express concerns with this recent denial of PACER services.

Jordan's Principle is a child-first legal obligation focused on the substantive equality rights of First Nations children. It is needs-based and driven by principles of the best interests of the child and distinct community circumstances. Jordan's Principle ensures First Nations children can access the products, services, and supports they need, when they need them. Cost or other administrative considerations are not factors in determining a request.

Group requests are available to address systemic and structural issues that impact First Nations children in a community. They ensure an efficient and effective method for First Nations and community organizations to develop and implement strategies that redress the stark inequalities faced by First Nations children, focused on needs and equitable outcomes for First Nations children.

The Caring Society is saddened to hear from Mr. Rhone that there continues to be high rates of suicide and suicide attempts among the children in Pikangikum, with the most recent tragic loss of a young girl just four days before her 12th birthday on February 20, 2024. The Caring Society understands that IFNA and Pikangikum Health Authority (PHA) continue to alert ISC to this ongoing crisis. The Caring Society is also aware that Billy Joe Strang, PHA CEO, has alerted

ISC to the fact that in the past, some children who have attempted suicide were initially found alive. He has personal knowledge of cases where a lack of immediate pre-hospital emergency responses and safe transport were contributing factors in those children not surviving.

Despite its own proactive efforts, the current emergency medical structure in Pikangikum is insufficient. Canada's policies do not allow ISC nurses to leave the nursing station and many children are not comfortable seeking medical care at the nursing station. The Caring Society is also aware that ISC has cut overnight nursing funding, further compounding the gap in services, as children are completely without access to medical care during these hours. In one tragic case, a 4-year-old child was brought to the nursing station with a respiratory illness and was later discharged, only to pass away at home four hours later. There were no emergency services to provide emergency assistance in the home or provide urgent transport back to the nursing station. IFNA and PHA state that a lack of emergency medical services, which by nature can provide urgent care, is a contributing factor to this child not surviving.

It is concerning to the Caring Society that ISC appears to be denying emergency medical response services due to ISC's own interpretation that the request is not child-specific and not intended to address the unmet needs of children. It is clear on the face of the request that it is focused on ensuring children have access to emergency services, which is a specific gap resulting in serious and, in some cases, irremediable harm to children in Pikangikum First Nation.

The Caring Society was copied on an email between ISC Ontario Region and IFNA in which the Ontario Region commits to working with IFNA and the province to address the emergency needs of the children. Per IFNA, ISC indicated that while the department has no immediate plan to address the identified urgent needs of the children, they are advocating to the Ontario Ministry of Health and others to possibly meet the needs. ISC's response is inconsistent with Jordan's Principle. The Tribunal has ruled that the government or department of first contact must determine and fund the service without engaging in administrative procedures, and can seek reimbursement from other governments or departments after the child(ren) receives the service. This is core to the spirit and intent of Jordan's Principle to prevent First Nations children from being denied essential services or experiencing delays in receiving them.

The Caring Society is concerned with ISC relying on jurisdictional considerations to delay and deny urgent service provision. The recent Supreme Court of Canada decision on Bill C-92, *An Act respecting First Nations, Inuit and Métis children, youth and families*, affirms that disputes between governments may not interfere with the right of Indigenous children to access the same services as other children in Canada (2024 SCC 5, para. 99). Further, ISC's conduct is suggestive of the "old mindset" identified by the Tribunal in several orders, including 2016 CHRT 16, 2017 CHRT 14, 2018 CHRT 4, 2019 CHRT 7 and 2019 CHRT 9. Characteristics of the "old mindset" include applying a bureaucratic approach and failing to prioritize the best interest of children, to apply a substantive equality approach and to base decisions on actual needs.

The Caring Society is sadly reminded of what occurred in 2017 when two twelve-year-old children tragically took their own lives in Wapekeka First Nation. The community had alerted the federal government to concerns about a suicide pact among children and young people and submitted a detailed proposal seeking funding for an in-community mental health team. Canada left the proposal unaddressed for several months, with the government later saying it

came at an “awkward time in the federal funding cycle” (2017 CHRT 14, para. 89). In its ruling against Canada, the Tribunal stated that this was one of the most tragic and worst-case scenarios in this case. The Tribunal found that the delay in addressing the urgent needs of the children was “intentional and justified by Canada according to its financial and administrative considerations.” Ultimately, the Tribunal found that Canada’s conduct was “devoid of caution and without regard for the serious consequences on the children and families” (2019 CHRT 39, para. 241). Again, ISC’s conduct with respect to the urgent needs of children in Pikangikum is suggestive of the “old mindset,” including failing to act or make changes in response to known harms.

ISC is legally bound to determine all requests placed to Jordan’s Principle in a manner consistent with the Tribunal orders, including the principles of substantive equality, the best interests and culturally relevant needs of children, and accounting for distinct community circumstances. Pikangikum First Nation and IFNA are urgently trying to protect children in Pikangikum, uphold their dignity, and honour the sacred gift these children are. The requests IFNA has placed to meet the unmet emergency health service needs of Pikangikum children and youth are urgent. This need must be addressed as children are dying and experiencing preventable harm.

The Caring Society urges ISC to immediately address the concerns and needs identified by IFNA and Pikangikum First Nation in a meaningful way in line with the Tribunal’s orders, the Back-to-Basics Approach, and with compassion to help this community protect its children.

Thank you,



Cindy Blackstock, Ph.D.

Executive Director, First Nations Child & Family Caring Society

CC:

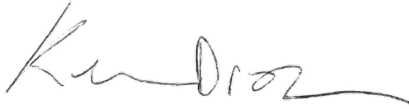
Matthew Hoppe, Chief Executive Officer, Independent First Nations Alliance

Nicholas Rhone, Integrated Emergency Services Director, Independent First Nations Alliance

Carolina Budiman, Pikangikum Health Authority

Brittany Mathews, Director of Reconciliation & Policy, First Nations Child & Family Caring Society

This is **Exhibit “4”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

From: Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>
Date: Tuesday, March 5, 2024 at 5:27 PM
To: Nicholas Rhone <nrhone@ifna.ca>
Cc: groupequest-jordansprincipleon / principedejordan-demandedegroupe <groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>, Abdi, Adan <adan.abdi@sac-isc.gc.ca>, Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>, Brittany Mathews <bmathews@fncaringsociety.com>, Cindy Blackstock <cblackst@fncaringsociety.com>, Monika Konrad <mkonrad@nan.ca>, Emily King <Emily.King@coo.org>
Subject: RE: Escalation - 24-25 IFNA PMAT (Pediatric Pre-Hospital Medical Assistance Jordan's Principle Request

Some people who received this message don't often get email from christine.simard-chicago@sac-isc.gc.ca. [Learn why this is important](#)

Hi Nick,

Thank you for your email. The ISC# is 216671-P8L8 for your reference. I will continue to follow up with HQ and will add this email into your file and the JPCMS system as well. Once we receive word on a decision, we will reach out immediately.

Miigwetch,

Christine

From: Nicholas Rhone <nrhone@ifna.ca>
Sent: Tuesday, March 5, 2024 5:21 PM
To: Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>
Cc: groupequest-jordansprincipleon / principedejordan-demandedegroupe <groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>; Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>; Brittany Mathews <bmathews@fncaringsociety.com>; cblackst@fncaringsociety.com; Monika Konrad <mkonrad@nan.ca>; Emily King <Emily.King@coo.org>
Subject: RE: Escalation - 24-25 IFNA PMAT (Pediatric Pre-Hospital

Medical Assistance Jordan's Principle Request

Importance: High

Thank you Christine for the response below. I appreciate you getting back to us and I understand that this is out of the region's hands at this point. One quick thing I was asked for today by a Chief's of Ontario representative was the assigned file # for the Application? If you could reply all that would be very helpful.

Since ISC headquarters is aware of the urgent/emergency nature of this request I won't add more here except to say that we will continue to work cooperatively and collaboratively with the Ontario staff team. We have worked successfully on many projects with ISC Ontario region and we will always acknowledge that.

We are still hoping for a positive resolution and I can confirm that as of today (in addition to the Caring Society) we've also asked formally for NAN assistance. It is of note that the only reason we have the capacity to provide emergency medical services was because we were part of the NAN Health Transformation process/Paramedic Taskforce (2020-2023) which ISC had supported. While our first choice is to be collaborative, given the fact that children have already died between the initial application and this one and there is continued risk we have no choice but to advocate at all levels, and at this point also consider emergency court orders if needed as a last resort. We remain open however to an urgent meeting with ISC HQ so that we can provide further information or clarifications, and also avoid further delays or unnecessary court proceedings/costs since all parties are agreed that the unmet emergency health needs of the children exists and we (IFNA) have the capacity to meet that need.

We are continuing to stand by. Your team, or ISC HQ – can reach me by email, or cell 807 738 8321 at any time, afterhours included. In Emergency Services we are responsive 24/7 because the children and communities continue to be at risk 24/7.

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6
Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501

nrhone@ifna.ca | www.ifna.ca

Follow Us: [Facebook](#)

<image001.jpg>

From: Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>

Sent: Tuesday, March 5, 2024 1:40 PM

To: Nicholas Rhone <nrhone@ifna.ca>

Cc: groupequest-jordansprincipleon / principedejordan-demandedegroupe <groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>; Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>

Subject: RE: Escalation - 24-25 IFNA PMAT (Pediatric Pre-Hospital Medical Assistance Jordan's Principle Request)

You don't often get email from christine.simard-chicago@sac-isc.gc.ca. [Learn why this is important](#)

Good afternoon Nick,

Thank you for your email. I have answered your questions below. I will reach out once I receive any indication from HQ on the decision.

Miigwetch,

Christine

From: Nicholas Rhone <nrhone@ifna.ca>

Sent: Monday, March 4, 2024 6:12 PM

To: groupequest-jordansprincipleon / principedejordan-demandedegroupe <groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>; Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>

Cc: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>; Brittany Mathews <bmathews@fncaringsociety.com>; cblackst@fncaringsociety.com; Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>

Subject: RE: Escalation - 24-25 IFNA PMAT (Pediatric Pre-Hospital Medical Assistance Jordan's Principle Request)

Hi Christine, thank you for the response Sunday. We actually had another fatality in Lac Seul (unrelated to Pikangikum) and have been engaged on that since overnight so I'm just getting to this now. I had hoped we may have had a positive response sometime today.

That said, I just noticed the time and it is after 6pm EST – and given that as discussed with members of ISC previously and as indicated in the application [this is an urgent/emergency request \(so we were anticipating a 24-48hr were initially told to expect a decision by Monday...\)](#) I just wanted to check in on when you anticipate a

response given that we filed on Friday March 1, 2024 and given the overall context (see timeline below – and forewarning to ISC) we had actually asked for a same day approval as we could not imagine a more clear cut case. I had also later that evening on Friday provided a list of interim approval requests given the ongoing risks. Though I did not hear back we went ahead and deployed extra support hoping the approval would come through as we have always worked well with the regional staff and know they care about the communities. I also know there was a tragedy in Cat Lake which no doubt has impacted ISC ON Region FNIHB and as such we are grateful to see the request was escalated out of region as of 9am March 3, 2024, and we understand this to mean it has now been at ISC HQ/National Review Committee for review since Sunday.

Finally – if you could confirm a couple things for the record Simone since we are still in a bit of shock regarding how the last Application was denied by HQ, it would be helpful. Further, as a team we are also exhausted going from emergency to emergency and at times spending more time trying to argue to fight for funding than being able to actually focus on the needs of the children. We also know you likely have many many applications and not enough hours in the day, and we empathize with you as well.

To ensure clarity moving forward, please confirm acknowledgement of and/or answers to the following:

1. We acknowledge the hard work of ON ISC FNIHB regional staff and while we do not understand certain decisions, we continue to want to work collaboratively wherever possible
2. Please confirm that the current PMAT Jordan's Principle Application sent up for review included the full initial PDF and Support letter from Dr. Blackstock – **yes, the supporting documentation has been submitted.**
3. Please confirm the expected timeline for a response from the National Review Committee given this was an urgent/emergency request – **the request was escalated as urgent/emergent and we anticipate HQ will treat it as such. Unfortunately, we do not have exact timeline of when a decision will be made at escalation. As soon as we receive a decision, we will advise immediately.**
4. Please confirm receipt of this notification that given the detail included in the application as well as Caring Society letter, IF the application is denied, note that we are requesting an immediate appeal with the materials as filed, but would like detailed answers as to why the application was denied given the level of professional expertise consulted, the agreement by all parties that there are unmet emergency services medical needs and there is agreement that we have the capacity to meet those needs if funded. – **I acknowledge the receipt of this email and will include in the IFNA file. Also, we will share the escalation decision and rationale as soon as received.**

5. Please note that we have requested the assistance of the Caring Society to help us navigate this process and this could include meetings, advocacy and/or other steps as appropriate – **Noted.**
6. Please note that we remain available to meet, to provide any additional information or clarification that your team or the national review team may require to expedite this process **Thank you – we will advise HQ.**
7. Please confirm that the National Review Committee will receive this email including the below timelines summary – **noted - we will share this email with HQ.**

Relevant Timelines to Jordan’s Principle Application from Our perspective (Please add or clarify if missing anything you think relevant)

Mar 04, 2024 – IFNA still awaiting decisions on urgent PMAT Jordan’s Principle application, and formally requests Caring Society assistance

Mar 03, 2024 9:20am – Notification of “escalation to the Full National Review Committee”

Mar 01, 2024 9:04pm – Additional information provided for urgent Application including Caring Society Support Letter and requests for Interim Approvals for weekend coverage

Mar 01, 2024 4:03pm – New (current) school based exclusively child focused - PMAT Jordan’s Principle Application is submitted on an urgent / emergency basis

Feb 29, 2024 – IFNA IES Director notifies ISC ON FNIHB that a new focused urgent PMAT Jordan’s Principle application is on the way just awaiting Physicians input

Feb 28, 2024 (pm)– Pikangikum School Principal after attending the funeral, writes letter of support for a Pediatric Medical Assistance Team (PMAT) Jordan’s Principle Application

Feb 28, 2024 (midday) – Funeral of 11 year old (3rd child in 3 weeks to die in Pikangikum)

Feb 28, 2024 (am) – ISC ON FNIHB Jordan’s Principle team meeting with IFNA, PHA to explain the appeals process – acknowledges there is no questioning the need for this service

Feb 23, 2024 – Denial of PACER Jordan’s Principle request with no specific details as to what about the application was denied or why denied in full with no discussion

Feb 20, 2024 – Submitted supplemental information indicating another child fatality in Pikangikum – with additional information indicating urgency and risk to Pikangikum children

Feb 16, 2024 – Submitted Urgent/Emergency Initial PACER Jordan’s Principle Application – Pre-Hospital All-Hazards

Emergency Response (allowed for ancillary benefits to adults)

Feb 5, 2024 – Joint Meeting with ISC ON FNIHB, PHA, IFNA on risks and need for Jordan’s Principle – Also concurrently meeting with MOH and EMO on emergency

Feb 2, 2024 – Outreach to ISC FNIHB on overall crisis impacting youth in Pikangikum and recent child deaths (Two children under 5 years old)

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6
Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501
nrhone@ifna.ca | www.ifna.ca

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<image001.jpg>

From: groupequest-jordansprincipleon / principedejordan-demandedegroupe <groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>
Sent: Sunday, March 3, 2024 9:20 AM
To: Nicholas Rhone <nrhone@ifna.ca>
Cc: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>; groupequest-jordansprincipleon / principedejordan-demandedegroupe <groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>
Subject: Escalation - 24-25 IFNA PMAT (Pediatric Pre-Hospital Medical Assistance Jordan's Principle Request

You don't often get email from groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca. [Learn why this is important](#)

Good morning,

Please find attached correspondence indicating that the 24-25 IFNA PMAT (Pediatric Pre-Hospital Medical Assistance Jordan's Principle Request has been escalated in full to the National Review Committee.

If you have any questions or wish to discuss, please let me know.

Miigwetch,

Christine Simard-Chicago

Pronouns: she/her

Sr. Manager Jordan's Principle Group Requests/Choose Life Focal Point

NOTE ADDED Earlier Correspondence below just for context -----

From: Nicholas Rhone

Sent: Friday, March 1, 2024 9:04 PM

To: Westaway, Lisa lisa.westaway@sac-isc.gc.ca; Abdi, Adan adan.abdi@sac-isc.gc.ca; Jordans Principle ON / Principe de Jordan jordansprincipleon-principedejordan@sac-isc.gc.ca; Simard-Chicago, Christine (she) christine.simard-chicago@sac-isc.gc.ca
Cc: Carolina Budiman carolina.budiman@pikangikum.ca; Vernon Kejick vernon.kejick@pikangikum.ca; Billy Joe Strang billy.strang@pikangikum.ca; Laura Loewen laura.loewen@pikangikum.ca; Amos Pascal amos.pascal@pikangikum.ca; Mathew Hoppe mhoppe@ifna.ca; Ron Laverty rlaverty@ifna.ca; Jenna Johns jjohns@ifna.ca; James Booty jbooty@ifna.ca; Patrick Nolan pnolan@ifna.ca; cblackst@fncaringsociety.com; Brittany Mathews bmathews@fncaringsociety.com; Linda Debassige ldebassige@ifna.ca; Connor Howie chowie@ifna.ca
Subject: RE: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Good evening Lisa/JP team. Lisa, I appreciate you adding to Adan's response and the openness to discuss weekend coverage concerns. I will answer your questions below and have a tangible request/solution as there are indeed weekend gaps since we have no approved funding of any kind at the moment for emergency health services. Sorry for my delay in response, in the time since I've been drafting this email there has been a house fire (no reported injuries) and some other things occurring.

1. In advance of Monday, please see the attached letter from Dr. Cindy Blackstock for inclusion in your review.
 - a. As part of our due diligence we had consulted with the Caring Society given their longstanding experience in navigating the implementation of Jordan's Principle on a regional and national level.
 - b. I know you to be a person who truly cares about the communities and I am hopeful that after you've had a chance to review all the documentation, and if we can have further discussions to clarify any concerns remaining – that we may be able to move forward collaboratively.

2. In terms of your suggestions:
 - a. I did speak to Brian at the PHA and that surge capacity is only around 170k and a totally different scope and need than what our application is addressing, as confirmed by

the Physicians support letters. I will defer to their position on why the PMAT team is unique and necessary. I confirmed with Brian a social worker is on-call as surge support.

- b. To highlight the difference in PMAT scope however - even if there were multiple social workers or mental workers added, the reality is if a child needs emergency medical services interventions (eg. oxygen, collar and boarding for transport due to a neck injury) or other safe transport – that gap is missing. Further, only 1 of the 3 recent child fatalities was related to the suicide pact so the risks are far beyond that. We have children that have major infections that the physicians have said a Paramedic Pediatric team going to check on them and early interventions could be life and death.

3. In terms of an immediate weekend solution I'm requesting approval as follows:

- a. Interim coverage based on the PMAT scope with a Paramedic and I can have a First Responder that can deploy by Sunday
- b. Approval for charter on standby 1400hrs departure Sunday (under 5k) to get our second Responder there with his emergency responder kit.
- c. If approved we could also look at temporarily making available to the PMAT some of our community security guards that are cross-trained as First Responder/Emergency Medical Responders to bolster coverage until Monday (assuming we can back-fill them)
- d. If we are to have potential coverage for Monday/Tuesday we also generally need to give people 24-48 hours notice so approval for coverage through to next Sunday would also be appreciated including any required travel or charters.
- e. To coordinate all of that – this is why the Team Lead position is in the application so an interim approval on that would also be appreciated. We have learned the hard way from years of emergency coordination that we must properly set up structure from the start (even short term coverage.) Note that this interim coverage is not sustainable and is just through the weekend into Monday and allowing for a transition once we can get an answer after the full application is reviewed.

I am still working as I am monitoring the house fire and some other issues happening in the community. I'll be available this weekend if you or Adan do end up having any clarifications on the above or other updates.

Looking forward, I sincerely hope there is a positive resolution on Monday. The children of Pikangikum deserve the dignity of 24/7 emergency medical/health services. Jordan River Anderson points the way. And I think we have a sacred responsibility – speaking to my colleagues at ISC – to find a way to make this happen without further delays or preventable deaths.

One of my favourite quotes hung on the wall when I was training to be an officer years ago. Some attribute it to John Lewis. It was a reminder for when one had to wrestle with doing the right thing, at the right time. It simply said, “**If not us, then who? If not now, then when?**”

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6
Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501
nrhone@ifna.ca | www.ifna.ca

Follow Us: [Facebook](#)

<image001.jpg>

From: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>
Sent: Friday, March 1, 2024 4:32 PM
To: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Nicholas Rhone <nrhone@ifna.ca>; Jordans Principle ON / Principe de Jordan <jordansprincipleon-principedejordan@sac-isc.gc.ca>; Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>
Cc: Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal <amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Laverty <rlaverty@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; James Booty <jbooty@ifna.ca>; Patrick Nolan <pnolan@ifna.ca>
Subject: RE: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Hi Nick,

I would like to add to Adan's response. If you feel that the 4 children who were involved in the suicide pact are at imminent risk currently, Jordan's Principle can support the one-on-one support required immediately. Jordan's Principle has funded the Pikangikum Health

Authority with surge support however if an increase is required, this will be supported. Please link with the PHA. The full proposal will be reviewed on Monday.

Nia:wen / Miigwetch / Thank you / Merci

Lisa Westaway

Regional Executive, First Nations and Inuit Health Branch, Ontario Region

Directrice Executive Régionale, Direction Générale de la santé des Premières nations et des Inuits, Région de l'Ontario

Indigenous Services Canada / Government of Canada

Services Autochtones Canada / Gouvernement du Canada

lisa.westaway@sac-isc.gc.ca

My working hours and your working hours may be different. Please do not feel obliged to reply outside your normal working hours. Mes heures de travail et vos heures de travail peuvent être différentes. Veuillez ne pas vous sentir obligé de répondre en dehors de vos heures de travail normales.

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From: Abdi, Adan <adan.abdi@sac-isc.gc.ca>

Sent: Friday, March 1, 2024 4:41 PM

To: Nicholas Rhone <nrhone@ifna.ca>; Jordans Principle ON / Principe de Jordan <jordansprincipleon-principedejordan@sac-isc.gc.ca>;

Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>

Cc: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick

<vernon.kejick@pikangikum.ca>; Billy Joe Strang

<billy.strang@pikangikum.ca>; Laura Loewen

<laura.loewen@pikangikum.ca>; Amos Pascal

<amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>;

Ron Laverty <rlaverty@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; James

Booty <jbooty@ifna.ca>; Patrick Nolan <pnolan@ifna.ca>

Subject: RE: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Hello Nick,

Thank you so much for the application. The team will review the request urgently early next week. We will let you know if you there are any questions following our initial review.

Thanks again,
Adan

From: Nicholas Rhone <nrhone@ifna.ca>
Sent: Friday, March 1, 2024 4:03 PM
To: Jordans Principle ON / Principe de Jordan <jordansprincipleon-principedejordan@sac-isc.gc.ca>; Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>
Cc: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal <amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Laverty <rlaverty@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; James Booty <jbooty@ifna.ca>; Patrick Nolan <pnolan@ifna.ca>
Subject: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Good afternoon Adan and JP Review Committee/Focal Point.

Please find the attached formal JP Application attached, this was first mentioned immediately after receiving notification from the School Principal on February 27/28 this week, so I trust you were already aware of the overall scope and critical risks.

Given the ongoing emergency we are requesting a decision at the regional level today and our hope is we've provided enough information to allow this determination. If you believe this needs to be escalated to HQ please advise as we have additional documentation including from the Caring Society that we will attach. The merits of the application, clear focus on children exclusively, and documentation by some of the top physicians in the country are all included in the document. Some of the one time costs for the Airboat/Mobile MRI we can discuss to confirm any details if needed.

This is time sensitive and you have my cell if need to discuss further. The PHA is copied and I believe others will be notified given the continued high risk to Pikangikum children, and multiple deaths in the last couple weeks.

I am truly hoping we can work together collaboratively with Ontario FNIHB region and build on the many past successful projects we have completed in partnership previously.

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

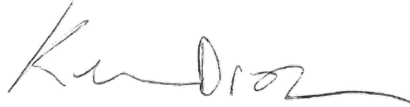
Sioux Lookout Office

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Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807)
737-3501

nrhone@ifna.ca | www.ifna.ca

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This is **Exhibit “5”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N



March 6, 2024

The Honourable Patty Hajdu, MP
Minister of Indigenous Services
House of Commons
Ottawa, ON K1A0A6

via email: patty.hajdu@parl.gc.ca

Dear Minister Hajdu,

RE: Urgent Issue with Jordan's Principle Application – Pikangikum First Nation

I am writing to you on an urgent basis further to last week's meeting with Prime Minister Justin Trudeau, and our ongoing discussions regarding the serious mental health crisis in Nishnawbe Aski Nation Territory.

You heard unequivocally at this meeting from NAN Youth that federal commitments in the area of mental health are the number one priority. This not only includes working together to find new solutions, but to ensure that supports that are already supposed to be in place are working as they should to support our young people. This includes Jordan's Principle Applications and the reason for my letter.

In early February, ISC was advised by Independent First Nations Alliance (IFNA) of the crisis in Pikangikum First Nation impacting youth, and the recent deaths of two children under five years of age. Shortly thereafter, there was a joint meeting with the federal and provincial governments with an urgent Jordan's Principle Pre-hospital All-hazards Emergency Response Application submitted on February 16, 2024.

Tragically, on February 20, 2024, supplemental information was submitted because an 11-year old child took her life.

There was also additional information submitted indicating the heightened risk to other children, and urgency of this Jordan's Principle Application. Three days later, it is our understanding that this request was denied, with no detail as to why.

During this time, there were other tragedies in the NAN territory, ones that IFNA had to respond to, but they were also forced to draft a new Jordan's Principle Application to focus on a Pediatric Medical Assistance which was submitted on March 1, 2024 – to ensure that the children in Pikangikum will be safe. I also share the concerns put forward by Dr. Cindy Blackstock in her



letter of support dated March 1, 2024, for this Application and do not need to articulate those same details here.

It is now March 6, 2024, and there has still been no response to the JP Application. I do not have to tell you that urgent requests are to be processed within 48 hours of receipt, and in line with the Orders set out by the *Canadian Human Rights Tribunal*. I am honestly at a loss.

I am requesting an urgent discussion with you tomorrow when we meet at the Political Table, and would suggest that the teams meet as soon as possible to ensure an approach that results in a positive outcome for this Application. We cannot continue to allow our children's lives to be left in the balance of the bureaucracy.

I know that you heard our Youth last week. We must do better.

Miigwetch,


NISHNAWBE ASKI NATION

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

Grand Chief Alvin Fiddler

Cc. *Chief Shirley Keeper, Pikangikum First Nation
Independent First Nations Alliance, Matthew Hoppe
NAN Executive Council*

This is **Exhibit “6”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a solid horizontal line.

Kevin Droz
LSO#: 82678N

From: "Wilson, Gina" <Gina.Wilson@sac-isc.gc.ca>
Date: March 19, 2024 at 11:31:28 AM EDT
To: Cindy Blackstock <cblackst@fncaringsociety.com>
Cc: Brittany Mathews <bmathews@fncaringsociety.com>, Molly Rasmussen <mrasmussen@fncaringsociety.com>, "Wilson-Clark, Samantha (she-elle)" <Samantha.Wilson-Clark@sac-isc.gc.ca>, "St-Aubin, Candice (she-elle-kwe)" <candice.st-aubin@sac-isc.gc.ca>, "Buckland, Robin" <Robin.Buckland@sac-isc.gc.ca>, "Kovacevic, Michelle" <Michelle.Kovacevic@sac-isc.gc.ca>
Subject: Re: Urgent Jordan's Principle - Pikangikum First Nation

Thank you for your e-mail Cindy.

Both myself and my team have been actively involved on this file.

First, I would like to acknowledge the loss of the three year old child in Pikangikum. Our thoughts and prayers are with the family and the community.

We are working to move IFNA's initiative forward.

My staff are meeting with IFNA this afternoon. Unfortunately, IFNA was not available before today.

I will ask that my staff circle back to you with an update on this initiative.

Gina

Sent from my iPhone

On Mar 19, 2024, at 10:52 AM, Cindy Blackstock <cblackst@fncaringsociety.com> wrote:

Good morning Gina

I have been advised that a three year old girl passed away

yesterday. While details of this tragedy are still unfolding we beg Canada to take immediate and full measures to approve this well documented request and safeguard the children from further tragedies.

It is clear this meets the definition of urgency, that Canada has violated the 48 hour time frame for determination and that Canada has not provided a CHRT compliant reason for delaying determination.

I am requesting your personal involvement in this matter and ask that you please take urgent action to ensure the request is determined in accordance with the CHRT and the safety and best interests of the children?

I remain available at any time (including after business hours) to assist. You may reach me on my mobile at [REDACTED]

Thank you
Cindy
Sent from my iPhone

On Mar 8, 2024, at 6:15 PM, Wilson, Gina
<Gina.Wilson@sac-isc.gc.ca> wrote:

Hi Cindy,

Agreed, I will put my personal attention as requested.

We will work with the community to establish a path forward.

We have also received additional requests from the community that are pending review.

ISC will aim to meet with the community to discuss and clarify the multiple funding requests to make an informed decision and organize a meeting as early as possible.

We will update as new information is received.

Sent from my iPhone

On Mar 8, 2024, at 5:00 PM, Cindy

Blackstock
<cblackst@fncaringsociety.com> wrote:

Hello Gina

I am happy to hear that follow up actions are underway as this is a very urgent request where the timelines to respond have already lapsed. We would greatly appreciate your personal attention to this matter as children have already passed away in a manner linked to the lack of services being requested.

As Brittany noted below and we discussed in early December, we would also really appreciate having a contact person at ISC to reach out to address urgent cases.

Given the urgent nature of this request, I will be available over the weekend to you if there is anything I can do to move this to determination so that the children's needs are met. You can reach me on email or on my mobile.

Regards

Cindy

On Mar 8, 2024, at 4:42 PM,
Wilson, Gina
<Gina.Wilson@sac-isc.gc.ca> wrote:

Some people who received this message don't often get email from gina.wilson@sac-isc.gc.ca. [Learn why this is important](#)

Actually, looking at the rest of my emails now and I can see that follow up actions are well underway. Thank you.

From: Brittany Mathews
<bmathews@fncaringsociety.com>
>
Sent: Friday, March 8, 2024 2:25 PM
To: Wilson, Gina
<Gina.Wilson@sac-isc.gc.ca>
Cc: Cindy Blackstock
<cblackst@fncaringsociety.com>;
Molly Rasmussen
<mrasmussen@fncaringsociety.com>; Wilson-Clark, Samantha (she-elle) <Samantha.Wilson-Clark@sac-isc.gc.ca>; St-Aubin, Candice <candice.st-aubin@sac-isc.gc.ca>
Subject: Urgent Jordan's Principle
- Pikangikum First Nation

Good afternoon Deputy
Minister,

I am writing to you at the direction of Dr. Blackstock with the below urgent Jordan's Principle case. The Caring Society typically contacts Samantha Wilson-Clark and Candice St-Aubin when families and communities come forward with urgent Jordan's Principle matters that ISC is not determining in a compliant and compassionate manner per the Tribunal orders and Back-to-Basics Approach. Unfortunately, both Samantha and Candice are on leave and have not indicated an alternate contact person who can address these urgent cases for children and families.

I am forwarding you the below emails with the permission of Nick Rhone with Independent First Nations Alliance (IFNA),

who submitted an urgent PMAT request to ISC on March 1, 2024. This request was placed following a denial of a similar request for PACER services. Both requests are intended to address the ongoing unmet emergency health service needs of children and youth in Pikangikum First Nation. Per 2017 CHRT 35, Canada has been ordered to determine urgent group requests within 48 hours and Canada will make all reasonable efforts to provide immediate crisis intervention supports. The request was submitted seven days ago; unfortunately, ISC has not determined the request nor worked with IFNA and Pikangikum to ensure immediate crisis intervention supports are in place.

I am attaching a letter the Caring Society sent to provide information on the Tribunal orders and urge ISC to immediately address the concerns to address and prevent the escalating rates of children experiencing severe harm or dying because there are no emergency life-saving medical services in the community. The Caring Society is saddened to hear from IFNA and Pikangikum First Nation that there continues to be high rates of suicide and suicide attempts among children in Pikangikum, with the most recent tragic loss of a young girl just four days before her 12th birthday on February 20, 2024. The Pikangikum Health Authority CEO notes that there are

cases where a lack of immediate pre-hospital emergency responses and safe transport were contributing factors in those children not surviving.

The Caring Society is asking that ISC work with IFNA and Pikangikum to provide immediate crisis intervention supports and ensure that this urgent request is determined to ensure supports are in place.

If there is an ISC staff person who is better placed to receive these urgent requests that the Caring Society continues to receive from families and communities, please don't hesitate to let me know. I will note that on December 1, 2023, ISC had committed to identifying an ISC staff person the Caring Society could direct people to with a commitment from ISC that the difficulties would be resolved in a manner compliant with the Tribunal orders. Unfortunately, ISC has not yet identified this staff person. I'm attaching an email to that end.

Thank you,

Brittany Mathews *(she/her)*

Director of Reconciliation & Policy
First Nations Child & Family Caring
Society

bmathews@fncaringsociety.com

613-230-5885

fncaringsociety.com

Facebook: [@caringsociety](https://www.facebook.com/caringsociety)

Twitter: [@caringsociety](https://twitter.com/caringsociety)

Instagram: [@spiritbearandfriends](https://www.instagram.com/spiritbearandfriends)

From: Simard-Chicago,
Christine (she)
<[christine.simard-
chicago@sac-isc.gc.ca](mailto:christine.simard-chicago@sac-isc.gc.ca)>
Date: Tuesday, March 5,
2024 at 5:27 PM
To: Nicholas Rhone
<nrhone@ifna.ca>
Cc: grouprequest-
jordansprincipleon /
principedejordan-
demandedegroupe
<[grouprequest-
jordansprincipleon-
principedejordan-
demandedegroupe@sac-
isc.gc.ca](mailto:grouprequest-
jordansprincipleon-
principedejordan-
demandedegroupe@sac-
isc.gc.ca)>, Abdi, Adan
<adan.abdi@sac-isc.gc.ca>,
Westaway, Lisa
<[lisa.westaway@sac-
isc.gc.ca](mailto:lisa.westaway@sac-
isc.gc.ca)>, Brittany Mathews
<[bmathews@fncaringsociety
.com](mailto:bmathews@fncaringsociety.com)>, Cindy Blackstock
<[cblackst@fncaringsociety.c
om](mailto:cblackst@fncaringsociety.com)>, Monika Konrad
<mkonrad@nan.ca>, Emily
King <Emily.King@coo.org>
Subject: RE: Escalation -
24-25 IFNA PMAT (Pediatric
Pre-Hospital Medical
Assistance Jordan's Principle
Request

Some people who received this message don't often get email from christine.simard-chicago@sac-isc.gc.ca. [Learn why this is important](#)

Hi Nick,

Thank you for your email. The ISC# is 216671-P8L8 for your reference. I will continue to follow up with HQ and will add this email into your file and the JPCMS system as well. Once we receive

word on a decision, we will reach out immediately.

Miigwetch,

Christine

From: Nicholas Rhone

<nrhone@ifna.ca>

Sent: Tuesday, March 5, 2024

5:21 PM

To: Simard-Chicago, Christine

(she) <[christine.simard-](mailto:christine.simard-chicago@sac-isc.gc.ca)

[chicago@sac-isc.gc.ca](mailto:christine.simard-chicago@sac-isc.gc.ca)>

Cc: grouprequest-

jordansprincipleon /

principedejordan-

demandedegroupe

<[grouprequest-](mailto:grouprequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca)

[jordansprincipleon-](mailto:grouprequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca)

[principedejordan-](mailto:grouprequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca)

[demandedegroupe@sac-](mailto:grouprequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca)

[isc.gc.ca](mailto:grouprequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca)>; Abdi, Adan

<adan.abdi@sac-isc.gc.ca>;

Westaway, Lisa

<lisa.westaway@sac-isc.gc.ca>;

Brittany Mathews

<bmathews@fncaringsociety.com

>; cblackst@fncaringsociety.com;

Monika Konrad

<mkonrad@nan.ca>; Emily King

<Emily.King@coo.org>

Subject: RE: Escalation - 24-25

IFNA PMAT (Pediatric Pre-Hospital

Medical Assistance Jordan's

Principle Request

Importance: High

Thank you Christine for the response below. I appreciate you getting back to us and I understand that this is out of the region's hands at this point. One quick thing I was asked for today by a Chief's of Ontario

representative was the assigned file # for the Application? If you could reply all that would be very helpful.

Since ISC headquarters is aware of the urgent/emergency nature of this request I won't add more here except to say that we will continue to work cooperatively and collaboratively with the Ontario staff team. We have worked successfully on many projects with ISC Ontario region and we will always acknowledge that.

We are still hoping for a positive resolution and I can confirm that as of today (in addition to the Caring Society) we've also asked formally for NAN assistance. It is of note that the only reason we have the capacity to provide emergency medical services was because we were part of the NAN Health Transformation process/Paramedic Taskforce (2020-2023) which ISC had supported. While our first choice is to be collaborative, given the fact that children have already died between the initial application and this one and there is continued risk we have no choice but to advocate at all levels, and at this point also consider emergency court orders if needed as a last resort. We remain open however to an urgent meeting with ISC HQ so that we can provide further information or clarifications, and also avoid further delays or unnecessary court

proceedings/costs since all parties are agreed that the unmet emergency health needs of the children exists and we (IFNA) have the capacity to meet that need.

We are continuing to stand by. Your team, or ISC HQ – can reach me by email, or cell 807 738 8321 at any time, afterhours included. In Emergency Services we are responsive 24/7 because the children and communities continue to be at risk 24/7.

Nick

Nicholas Rhone
Director, Integrated
Emergency Services - IFNA
& IFNA Regional Fire-
Rescue Chief

Sioux Lookout Office
56-D Front Street, Sioux
Lookout, ON P8T 1K6
Tel: (807) 737-1902 | Cell:
(807) 738-8321 | Fax:
(807) 737-3501
nrhone@ifna.ca | www.ifna.ca

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<image001.jpg>

From: Simard-Chicago, Christine
(she) <christine.simard-chicago@sac-isc.gc.ca>

Sent: Tuesday, March 5, 2024
1:40 PM

To: Nicholas Rhone
<nrhone@ifna.ca>

Cc: groupequest-jordansprincipleon / principedejordan-demandedegroupe <groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>; Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>
Subject: RE: Escalation - 24-25 IFNA PMAT (Pediatric Pre-Hospital Medical Assistance Jordan's Principle Request

You don't often get email from christine.simard-chicago@sac-isc.gc.ca. [Learn why this is important](#)

Good afternoon Nick,

Thank you for your email. I have answered your questions below. I will reach out once I receive any indication from HQ on the decision.

Miigwetch,

Christine

From: Nicholas Rhone <nrhone@ifna.ca>

Sent: Monday, March 4, 2024 6:12 PM

To: groupequest-jordansprincipleon / principedejordan-demandedegroupe <groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>

isc.gc.ca>; Simard-Chicago,
Christine (she) <christine.simard-chicago@sac-isc.gc.ca>

Cc: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Westaway, Lisa
<lisa.westaway@sac-isc.gc.ca>;
Brittany Mathews
<bmathews@fncaringsociety.com
>; cblackst@fncaringsociety.com;
Carolina Budiman
<carolina.budiman@pikangikum.ca
>; Vernon Kejick
<vernon.kejick@pikangikum.ca>

Subject: RE: Escalation - 24-25
IFNA PMAT (Pediatric Pre-Hospital
Medical Assistance Jordan's
Principle Request

Hi Christine, thank you for the response Sunday. We actually had another fatality in Lac Seul (unrelated to Pikangikum) and have been engaged on that since overnight so I'm just getting to this now. I had hoped we may have had a positive response sometime today.

That said, I just noticed the time and it is after 6pm EST – and given that as discussed with members of ISC previously and as indicated in the application [this is an urgent/emergency request \(so we were anticipating a 24-48hr were initially told to expect a decision by Monday...\)](#) I just wanted to check in on when you anticipate a response given that we filed on Friday March 1, 2024 and given the overall context (see timeline below – and forewarning to ISC) we had actually asked for a same day approval as we could not imagine a more clear

cut case. I had also later that evening on Friday provided a list of interim approval requests given the ongoing risks. Though I did not hear back we went ahead and deployed extra support hoping the approval would come through as we have always worked well with the regional staff and know they care about the communities. I also know there was a tragedy in Cat Lake which no doubt has impacted ISC ON Region FNIHB and as such we are grateful to see the request was escalated out of region as of 9am March 3, 2024, and we understand this to mean it has now been at ISC HQ/National Review Committee for review since Sunday.

Finally – if you could confirm a couple things for the record Simone since we are still in a bit of shock regarding how the last Application was denied by HQ, it would be helpful. Further, as a team we are also exhausted going from emergency to emergency and at times spending more time trying to argue to fight for funding than being able to actually focus on the needs of the children. We also know you likely have many many applications and not enough hours in the day, and we empathize with you as well.

To ensure clarity moving forward, please confirm acknowledgement of and/or answers to the following:

1. We acknowledge the hard work of ON ISC

FNIHB regional staff and while we do not understand certain decisions, we continue to want to work collaboratively wherever possible

2. Please confirm that the current PMAT Jordan's Principle Application sent up for review included the full initial PDF and Support letter from Dr. Blackstock – **yes, the supporting documentation has been submitted.**
3. Please confirm the expected timeline for a response from the National Review Committee given this was an urgent/emergency request – **the request was escalated as urgent/emergent and we anticipate HQ will treat it as such. Unfortunately, we do not have exact timeline of when a decision will be made at escalation. As soon as we receive a decision, we will advise immediately.**
4. Please confirm receipt of this notification that given the detail included in the application as well as Caring Society letter, IF the application is denied, note that we are requesting an immediate appeal with the materials as filed, but would like detailed answers as to why the application was

denied given the level of professional expertise consulted, the agreement by all parties that there are unmet emergency services medical needs and there is agreement that we have the capacity to meet those needs if funded. – I acknowledge the receipt of this email and will include in the IFNA file. Also, we will share the escalation decision and rationale as soon as received.

5. Please note that we have requested the assistance of the Caring Society to help us navigate this process and this could include meetings, advocacy and/or other steps as appropriate – Noted.
6. Please note that we remain available to meet, to provide any additional information or clarification that your team or the national review team may require to expedite this process Thank you – we will advise HQ.
7. Please confirm that the National Review Committee will receive this email including the below timelines summary – noted - we will share this email with HQ.

**Relevant Timelines to
Jordan's Principle
Application from Our**

perspective (Please add or clarify if missing anything you think relevant)

Mar 04, 2024 – IFNA still awaiting decisions on urgent PMAT Jordan’s Principle application, and formally requests Caring Society assistance

Mar 03, 2024 9:20am – Notification of “escalation to the Full National Review Committee”

Mar 01, 2024 9:04pm – Additional information provided for urgent Application including Caring Society Support Letter and requests for Interim Approvals for weekend coverage

Mar 01, 2024 4:03pm – New (current) school based exclusively child focused - PMAT Jordan’s Principle Application is submitted on an urgent / emergency basis

Feb 29, 2024 – IFNA IES Director notifies ISC ON FNIHB that a new focused urgent PMAT Jordan’s Principle application is on the way just awaiting Physicians input

Feb 28, 2024 (pm)– Pikangikum School Principal after attending the funeral, writes letter of support for a Pediatric Medical Assistance Team (PMAT) Jordan’s Principle Application

Feb 28, 2024 (midday) – Funeral of 11 year old (3rd child in 3 weeks to die in Pikangikum)

Feb 28, 2024 (am) – ISC ON FNIHB Jordan’s Principle team meeting with IFNA, PHA to explain the appeals process – acknowledges there is no

questioning the need for this service

Feb 23, 2024 – Denial of PACER Jordan's Principle request with no specific details as to what about the application was denied or why denied in full with no discussion

Feb 20, 2024 – Submitted supplemental information indicating another child fatality in Pikangikum – with additional information indicating urgency and risk to Pikangikum children

Feb 16, 2024 – Submitted Urgent/Emergency Initial PACER Jordan's Principle Application – Pre-Hospital All-Hazards Emergency Response (allowed for ancillary benefits to adults)

Feb 5, 2024 – Joint Meeting with ISC ON FNIHB, PHA, IFNA on risks and need for Jordan's Principle – Also concurrently meeting with MOH and EMO on emergency

Feb 2, 2024 – Outreach to ISC FNIHB on overall crisis impacting youth in Pikangikum and recent child deaths (Two children under 5 years old)

Nicholas Rhone

Director, Integrated
Emergency Services - IFNA
& IFNA Regional Fire-
Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux
Lookout, ON P8T 1K6
Tel: (807) 737-1902 | Cell:
(807) 738-8321 | Fax:
(807) 737-3501
nrhone@ifna.ca | www.ifna.ca

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<image001.jpg>

From: groupequest-jordansprincipleon / principedejordan-demandedegroupe
<groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>

Sent: Sunday, March 3, 2024 9:20 AM

To: Nicholas Rhone
<nrhone@ifna.ca>

Cc: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Westaway, Lisa
<lisa.westaway@sac-isc.gc.ca>;
groupequest-jordansprincipleon / principedejordan-demandedegroupe
<groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca>

Subject: Escalation - 24-25 IFNA PMAT (Pediatric Pre-Hospital Medical Assistance Jordan's Principle Request

You don't often get email from groupequest-jordansprincipleon-principedejordan-demandedegroupe@sac-isc.gc.ca. [Learn why this is important](#)

Good morning,

Please find attached correspondence indicating that the 24-25 IFNA PMAT (Pediatric Pre-Hospital Medical Assistance Jordan's Principle Request has been escalated in full to the National Review Committee.

If you have any questions or wish to discuss, please let me know.

Miigwetch,

Christine Simard-Chicago
Pronouns: she/her
Sr. Manager Jordan's Principle
Group Requests/Choose Life Focal
Point

**NOTE ADDED Earlier
Correspondence below just
for context** -----

From: Nicholas Rhone
Sent: Friday, March 1, 2024 9:04 PM
To: Westaway,
Lisa lisa.westaway@sac-isc.gc.ca;
Abdi, Adan adan.abdi@sac-isc.gc.ca; Jordans Principle ON /
Principe de
Jordan jordansprincipleon-principedejordan@sac-isc.gc.ca;
Simard-Chicago, Christine
(she)christine.simard-chicago@sac-isc.gc.ca
Cc: Carolina
Budiman carolina.budiman@pikangikum.ca; Vernon
Kejick vernon.kejick@pikangikum.ca;
Billy Joe
Strang billy.strang@pikangikum.ca
; Laura

Loewen laura.loewen@pikangikum.ca; Amos
Pascal amos.pascal@pikangikum.ca; Mathew
Hoppe mhoppe@ifna.ca; Ron
Lavery rlavery@ifna.ca; Jenna
Johns jjohns@ifna.ca; James
Booty jbooty@ifna.ca; Patrick
Nolan pnolan@ifna.ca; cblackst@fncaringsociety.com; Brittany
Mathews bmathews@fncaringsociety.com; Linda
Debassige ldebassige@ifna.ca;
Connor Howie chowie@ifna.ca
Subject: RE: Jordan's Principle
PMAT_Urgent/Emergency
Application for Pikangikum

Good evening Lisa/JP team. Lisa, I appreciate you adding to Adan's response and the openness to discuss weekend coverage concerns. I will answer your questions below and have a tangible request/solution as there are indeed weekend gaps since we have no approved funding of any kind at the moment for emergency health services. Sorry for my delay in response, in the time since I've been drafting this email there has been a house fire (no reported injuries) and some other things occurring.

1. In advance of Monday, please see the attached letter from Dr. Cindy Blackstock for inclusion in your review.
 - a. As part of our due diligence we had consulted with the Caring Society given their longstanding

experience in navigating the implementation of Jordan's Principle on a regional and national level.

- b. I know you to be a person who truly cares about the communities and I am hopeful that after you've had a chance to review all the documentation, and if we can have further discussions to clarify any concerns remaining – that we may be able to move forward collaboratively.

2. In terms of your suggestions:

- a. I did speak to Brian at the PHA and that surge capacity is only around 170k and a totally different scope and need than what our application is addressing, as confirmed by the Physicians support letters. I will defer to their position on why the PMAT team is unique and necessary. I confirmed with Brian a social worker is on-call as surge support.
- b. To highlight the difference in PMAT

scope however - even if there were multiple social workers or mental workers added, the reality is if a child needs emergency medical services interventions (eg. oxygen, collar and boarding for transport due to a neck injury) or other safe transport – that gap is missing. Further, only 1 of the 3 recent child fatalities was related to the suicide pact so the risks are far beyond that. We have children that have major infections that the physicians have said a Paramedic Pediatric team going to check on them and early interventions could be life and death.

3. In terms of an immediate weekend solution I'm requesting approval as follows:

- a. Interim coverage based on the PMAT scope with a Paramedic and I can have a First Responder that can deploy by Sunday
- b. Approval for charter on standby 1400hrs departure Sunday (under 5k)

to get our second Responder there with his emergency responder kit.

- c. If approved we could also look at temporarily making available to the PMAT some of our community security guards that are cross-trained as First Responder/Emergency Medical Responders to bolster coverage until Monday (assuming we can back-fill them)
- d. If we are to have potential coverage for Monday/Tuesday we also generally need to give people 24-48 hours notice so approval for coverage through to next Sunday would also be appreciated including any required travel or charters.
- e. To coordinate all of that – this is why the Team Lead position is in the application so an interim approval on that would also be appreciated. We have learned the hard way from years of

emergency
coordination that
we must properly
set up structure
from the start
(even short term
coverage.) Note
that this interim
coverage is not
sustainable and is
just through the
weekend into
Monday and
allowing for a
transition once we
can get an answer
after the full
application is
reviewed.

I am still working as I am
monitoring the house fire and
some other issues happening in
the community. I'll be available
this weekend if you or Adan do
end up having any clarifications
on the above or other updates.

Looking forward, I sincerely hope
there is a positive resolution on
Monday. The children of
Pikangikum deserve the dignity of
24/7 emergency medical/health
services. Jordan River Anderson
points the way. And I think we
have a sacred responsibility –
speaking to my colleagues at ISC –
to find a way to make this happen
without further delays or
preventable deaths.

One of my favourite quotes hung
on the wall when I was training to
be an officer years ago. Some
attribute it to John Lewis. It was a

reminder for when one had to
wrestle with doing the right thing,
at the right time. It simply said, **“If
not us, then who? If not now,
then when?”**

Nick

Nicholas Rhone
Director, Integrated
Emergency Services - IFNA
& IFNA Regional Fire-
Rescue Chief

Sioux Lookout Office
56-D Front Street, Sioux
Lookout, ON P8T 1K6
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(807) 738-8321 | Fax:
(807) 737-3501
nrhone@ifna.ca | www.ifna.ca

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<image001.jpg>

From: Westaway, Lisa
<lisa.westaway@sac-isc.gc.ca>
Sent: Friday, March 1, 2024 4:32
PM
To: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Nicholas Rhone
<nrhone@ifna.ca>; Jordans
Principle ON / Principe de Jordan
<jordansprincipleon-principedejordan@sac-isc.gc.ca>;
Simard-Chicago, Christine (she)
<christine.simard-chicago@sac-isc.gc.ca>
Cc: Carolina Budiman
<carolina.budiman@pikangikum.ca>; Vernon Kejick
<vernon.kejick@pikangikum.ca>;
Billy Joe Strang
<billy.strang@pikangikum.ca>;

Laura Loewen
<laura.loewen@pikangikum.ca>;
Amos Pascal
<amos.pascal@pikangikum.ca>;
Mathew Hoppe
<mhoppe@ifna.ca>; Ron Laverty
<rlaverty@ifna.ca>; Jenna Johns
<jjohns@ifna.ca>; James Booty
<jbooty@ifna.ca>; Patrick Nolan
<pnolan@ifna.ca>

Subject: RE: Jordan's Principle
PMAT_Urgent/Emergency
Application for Pikangikum

Hi Nick,
I would like to add to Adan's response. If you feel that the 4 children who were involved in the suicide pact are at imminent risk currently, Jordan's Principle can support the one-on-one support required immediately. Jordan's Principle has funded the Pikangikum Health Authority with surge support however if an increase is required, this will be supported. Please link with the PHA. The full proposal will be reviewed on Monday.

Nia:wen / Miigwetch / Thank you
/ Merci

Lisa Westaway
Regional Executive, First Nations
and Inuit Health Branch, Ontario
Region
Directrice Executive Régionale,
Direction Générale de la santé des
Premières nations et des Inuits,
Région de l'Ontario
Indigenous Services Canada /
Government of Canada
Services Autochtones Canada /
Gouvernement du Canada

lisa.westaway@sac-isc.gc.ca

My working hours and your working hours may be different. Please do not feel obliged to reply outside your normal working hours. Mes heures de travail et vos heures de travail peuvent être différentes. Veuillez ne pas vous sentir obligé de répondre en dehors de vos heures de travail normales.

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From: Abdi, Adan

[<adan.abdi@sac-isc.gc.ca>](mailto:adan.abdi@sac-isc.gc.ca)

Sent: Friday, March 1, 2024 4:41 PM

To: Nicholas Rhone

[<nrhone@ifna.ca>](mailto:nrhone@ifna.ca); Jordans

Principe ON / Principe de Jordan

[<jordansprincipeon-principedejordan@sac-isc.gc.ca>](mailto:jordansprincipeon-principedejordan@sac-isc.gc.ca);

Simard-Chicago, Christine (she)

[<christine.simard-chicago@sac-isc.gc.ca>](mailto:christine.simard-chicago@sac-isc.gc.ca)

Cc: Westaway, Lisa

[<lisa.westaway@sac-isc.gc.ca>](mailto:lisa.westaway@sac-isc.gc.ca);

Carolina Budiman
<carolina.budiman@pikangikum.ca>; Vernon Kejick
<vernon.kejick@pikangikum.ca>;
Billy Joe Strang
<billy.strang@pikangikum.ca>;
Laura Loewen
<laura.loewen@pikangikum.ca>;
Amos Pascal
<amos.pascal@pikangikum.ca>;
Mathew Hoppe
<mhoppe@ifna.ca>; Ron Laverty
<rlaverty@ifna.ca>; Jenna Johns
<jjohns@ifna.ca>; James Booty
<jbooty@ifna.ca>; Patrick Nolan
<pnolan@ifna.ca>

Subject: RE: Jordan's Principle
PMAT_Urgent/Emergency
Application for Pikangikum

Hello Nick,

Thank you so much for the application. The team will review the request urgently early next week. We will let you know if there are any questions following our initial review.

Thanks again,
Adan

From: Nicholas Rhone
<nrhone@ifna.ca>
Sent: Friday, March 1, 2024 4:03 PM
To: Jordans Principle ON / Principe de Jordan
<jordansprincipleon-principedejordan@sac-isc.gc.ca>;
Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>
Cc: Westaway, Lisa

<lisa.westaway@sac-isc.gc.ca>;
Carolina Budiman
<carolina.budiman@pikangikum.ca>; Vernon Kejick
<vernon.kejick@pikangikum.ca>;
Billy Joe Strang
<billy.strang@pikangikum.ca>;
Laura Loewen
<laura.loewen@pikangikum.ca>;
Amos Pascal
<amos.pascal@pikangikum.ca>;
Mathew Hoppe
<mhoppe@ifna.ca>; Ron Laverty
<rlaverty@ifna.ca>; Jenna Johns
<jjohns@ifna.ca>; James Booty
<jbooty@ifna.ca>; Patrick Nolan
<pnolan@ifna.ca>

Subject: Jordan's Principle
PMAT_Urgent/Emergency
Application for Pikangikum

Good afternoon Adan and JP
Review Committee/Focal Point.

Please find the attached formal JP
Application attached, this was first
mentioned immediately after
receiving notification from the
School Principal on February
27/28 this week, so I trust you
were already aware of the overall
scope and critical risks.

Given the ongoing emergency we
are requesting a decision at the
regional level today and our hope
is we've provided enough
information to allow this
determination. If you believe this
needs to be escalated to HQ
please advise as we have
additional documentation
including from the Caring Society
that we will attach. The merits of
the application, clear focus on

children exclusively, and documentation by some of the top physicians in the country are all included in the document. Some of the one time costs for the Airboat/Mobile MRI we can discuss to confirm any details if needed.

This is time sensitive and you have my cell if need to discuss further. The PHA is copied and I believe others will be notified given the continued high risk to Pikangikum children, and multiple deaths in the last couple weeks.

I am truly hoping we can work together collaboratively with Ontario FNIHB region and build on the many past successful projects we have completed in partnership previously.

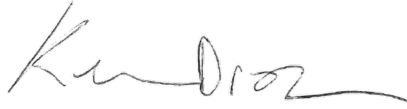
Nick

Nicholas Rhone
Director, Integrated
Emergency Services - IFNA
& IFNA Regional Fire-
Rescue Chief

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56-D Front Street, Sioux
Lookout, ON P8T 1K6
Tel: (807) 737-1902 | Cell:
(807) 738-8321 | Fax:
(807) 737-3501
nrhone@ifna.ca | www.ifna.ca

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This is **Exhibit “7”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N

From: Nicholas Rhone <nrhone@ifna.ca>

Date: Tuesday, March 19, 2024 at 1:52 PM

To: Abdi, Adan <adan.abdi@sac-isc.gc.ca>, Jenna Johns <jjohns@ifna.ca>, Carolina Budiman <carolina.budiman@pikangikum.ca>, Laura Loewen <laura.loewen@pikangikum.ca>, Amos Pascal <amos.pascal@pikangikum.ca>, Mathew Hoppe <mhoppe@ifna.ca>, Ron Lavery <rlavery@ifna.ca>, Buckland, Robin <Robin.Buckland@sac-isc.gc.ca>, Wilson-Clark, Samantha (she-elle) <Samantha.Wilson-Clark@sac-isc.gc.ca>, O'Connor, Shelagh <shelagh.oconnor@sac-isc.gc.ca>, Hayman, Callan <callan.hayman@sac-isc.gc.ca>

Cc: Cindy Blackstock <cblackst@fncaringsociety.com>, Brittany Mathews <bmathews@fncaringsociety.com>, Jonathan Gregg <jgregg@ifna.ca>, Linda Debassige <ldebassige@ifna.ca>, Vernon Kejick <vernon.kejick@pikangikum.ca>, Billy Joe Strang <billy.strang@pikangikum.ca>, Krystyn Ordyniec <kordyniec@nan.ca>, Monika Konrad <mkonrad@nan.ca>

Subject: RE: Meeting to Discuss PMAT Request - Additional update another child death in Pikangikum (3 year old girl, A.P.)

Good morning,

To ISC Staff:

Ahead of the meeting today, just wanted to make sure everyone is aware that we had another child fatality early this morning, a 3yr old. This shows the original request continues to be a child focused Pediatric life saving solution and the ongoing delays in getting a response are believed to be on face value in violation of the CHRT orders on Jordan's Principle. Dr Mazurik, was the physician who ran the Code to try to save that child's life overnight. I spoke to her this morning, and she expressed absolute shock and dismay that despite her and other physician support letters for PMAT, there continued to be no official answer or approval for services to begin.

That said we want to find a way to work cooperatively with ISC HQ as we have always maintained a positive relationship with the ISC regional teams (such as Lisa, Adan, JD, Cheri, Joe and others.)

For efficiency in the meeting, it is also important to publicly deconflict / clarify a number of issues so everyone is aware:

1. The PMAT is entirely distinguishable from the 911 Paramedic scope and any potential future approvals of 911 with MOH do not impact current approvals/needs from PMAT
2. PMAT is also distinguishable from any choose life or other mental health supports as the PMAT is also preventative but able to offer life saving interventions

3. PMAT will be directly linked with the physicians and Nursing Station and ensure that in home emergency checks can be conducted and both preventive assessments as well as post-discharge follow ups for pediatric patients and frankly, the physician support letters from subject matter experts and the application speaks for itself.
4. PMAT is unique IFNA/Pikangikum given the high number of children living in homes where they aren't often able to get to the station to get medical care.
5. PMAT is immediately deployable and given ice roads there are continuing risks to delays why we need and expected approvals today (as they are already overdue)
 - a. Ice roads are deteriorating – and this is why the one-time funding was requested from February
 - b. We have ongoing operational needs and this is why the proposal had quarterly increments in the event Canada opted for an immediate approval pending further discussions
 - c. For example flights along this week to move Paramedics and EMR staff in and out are already quoted at over 30,000 – the ability to do this was already included in our initial PMAT application
6. We will ensure integration not only with ISC and the Nursing station but also with MOH and ensure open lines of communications regarding any efficiencies or costs savings down the line
7. If there is no approval today, we are requesting the name of the accountable decision maker, and reasons in writing as to the delays or lack of approvals or even partial quarterly approvals and when a decision is expected.
8. No approval today would also mean an immediate activation of additional steps to be taken given the ongoing unacceptable risk to children, especially given the fact that it has been universally acknowledged by ISC staff that not only does this PMAT application clearly meet an unmet need of children, but that IFNA has the capacity to meet this need and is just lacking the funding.

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6

Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501

nrhone@ifna.ca | www.ifna.ca

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-----Original Appointment-----

From: Abdi, Adan <adan.abdi@sac-isc.gc.ca>

Sent: Friday, March 15, 2024 2:58 PM

To: Abdi, Adan; Nicholas Rhone; Jenna Johns; Carolina Budiman; Vernon Kejick; Laura Loewen; Amos Pascal; Mathew Hoppe; Ron Laverty; Buckland, Robin; Wilson-Clark, Samantha (she-elle); O'Connor, Shelagh; Hayman, Callan

Subject: Meeting to Discuss PMAT Request

When: March 19, 2024 2:00 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Microsoft Teams Meeting

You don't often get email from adan.abdi@sac-isc.gc.ca. [Learn why this is important](#)

Hello – as discussed with Jenna, we will be meeting to discuss the IFNA's PMAT request. Agenda to follow.

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 268 690 044 943

Passcode: X8dgMv

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Join with a video conferencing device

teams@sac-isc.video.canada.ca

Video Conference ID: 112 051 270 8

[Alternate VTC instructions](#)

Or call in (audio only)

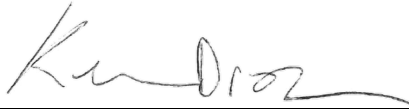
[+1 819-303-3246,,33803085#](tel:+18193033246,33803085#) Canada, Gatineau

Phone Conference ID: 338 030 85#

[Find a local number](#) | [Reset PIN](#)

[Learn More](#) | [Meeting options](#)

This is **Exhibit “8”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

From: Nicholas Rhone <nrhone@ifna.ca>

Sent: Thursday, March 21, 2024 10:36 AM

To: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Jenna Johns <jjohns@ifna.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal <amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Lavery <rlavery@ifna.ca>; Buckland, Robin <Robin.Buckland@sac-isc.gc.ca>; Wilson-Clark, Samantha (she-elle) <Samantha.Wilson-Clark@sac-isc.gc.ca>; O'Connor, Shelagh <shelagh.oconnor@sac-isc.gc.ca>; Hayman, Callan <callan.hayman@sac-isc.gc.ca>

Cc: cblackst@fncaringsociety.com <cblackst@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>; Jonathan Gregg <jgregg@ifna.ca>; Linda Debassige <ldebassige@ifna.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Krystyn Ordyniec <kordyniec@nan.ca>; Monika Konrad <mkonrad@nan.ca>

Subject: Re: Meeting to Discuss PMAT Request - Additional update another child death in Pikangikum (3 year old girl, A.P.)

Update on Jordan's Principle PMAT request / current situation.

This email is to provide an update including our partners as to the current status of this situation.

Application status: Initial Approval

- First, I'd like to thank Robin and Adan for meeting with us on Tuesday and providing verbal approval and email confirmation that 6 months/50% of the total application amount was approved (we are still just awaiting the formal letter and agreement which we hope will arrive today.) We are committed to work together closely as this moves forward.

Immediate Actions Taken/Ongoing risks

- Second, we immediately with that verbal approval in good faith deployed a team of 3 medical responders (one a full-paramedic) to Pikangikum that same Tuesday evening to relieve the Paramedic and local emergency responder was were involved with A.P. (Child who passed away)
- In the 24-36 hr period since then, we had a total of 5 medivacs with a adult male with head injuries, and then 4 (FOUR) of the 5 were pediatric medivacs through all hours of the night and day. I want to give major credit to the ISC Nursing staff, Pikangikum Health Authority and Doctors and the total team effort happening in Pikangikum right now. As the ISC Chief Nursing Officer

Robin I also acknowledge much credit is deserved for the quality NIC's, staff like Anni and others there. The ISC regional staff have been amazing. Lisa, Adan, JD etc, We will always give credit where credit is due.

Ongoing risks/Consequences of Delays

- Third however - I would be remiss to not make everyone aware of the fact that the key issue of getting temp office/ accommodations into the community is still at serious risk. While the temps are low enough for the ice road, Ontario MTO has load restrictions in effect prohibiting this. I've had to go up as high as the PEOC and an ADM to assist us in this. I just had a call from a senior MTO staffer that indicating approx 12 different permitting agencies are involved in trying to get a waiver to happen and usually it's 15-30 days. It took 4+ days for Cat Lake with a declared emergency and even at 4 days there isn't enough lead time given the weekend and warm weather next week so we are doing our best and it seems 50-50 at this point.
- Had we had approvals within the usual Jordan's Principle timelines, none of the above would be an issue. We have also lost weeks of preparation for fire season risks going back and forth and delays on implementation.
- And most importantly, two children in Pikangikum died in between the original Jordan's Principle (PACER) application and one of those deaths happened weeks after the PMAT application even though it was escalated as other by the region and IFNA. Do we know for sure that had the applications been approved immediately we would have saved those children? No one could say that absolutely. But had they been approved at least it we would not have the trauma of wondering what if. And we know it would have increased safety and met unmet needs sooner.

Moving forward positively

- That all said, our goal will continue to be to move forward together positively and keep the children as the focus.
- I personally am committed to working with all partners so that even after this crisis, whatever steps we need to take together to ensure these systemic delays or other gaps/issues are addressed proactively and substantively. Perhaps a solutions table of some sort and where necessary CHRT clarifications will be part of that. We can discuss in the days and weeks ahead. I think we all can agree we must have honest discussions about what has been working and what hasn't. After all, truth indeed comes before reconciliation, healing and systemic change.
- Robin, thank you again for listening to our truth on Tuesday with direct discussions with us and immediately responding to our CEO's request in that meeting for an answer.
- I truly believe we will accomplish much working together on tangible solutions so that we can get to a future where no child is ever left behind, or in limbo, or unable to have the dignity of emergency medical health services. I'm not naive about the challenges ahead, but the sacred memory of Jordan River Anderson and the memories of the many many unnamed children within Pikangikum, IFNA and beyond who have also died due to gaps in health services and indeed emergency health services, demand that we never give up trying.

Nick

PS - Running on limited sleep. Headed back to MTO meetings to try to get these approvals done. Available by cell if any further clarifications needed.

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From: Nicholas Rhone <nrhone@ifna.ca>

Sent: Tuesday, March 19, 2024 12:52 PM

To: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Jenna Johns <jjohns@ifna.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal <amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Lavery <rlavery@ifna.ca>; Buckland, Robin <Robin.Buckland@sac-isc.gc.ca>; Wilson-Clark, Samantha (she-elle) <Samantha.Wilson-Clark@sac-isc.gc.ca>; O'Connor, Shelagh <shelagh.oconnor@sac-isc.gc.ca>; Hayman, Callan <callan.hayman@sac-isc.gc.ca>

Cc: cblackst@fncaringsociety.com <cblackst@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>; Jonathan Gregg <jgregg@ifna.ca>; Linda Debassige <ldebassige@ifna.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Krystyn Ordyniec <kordyniec@nan.ca>; Monika Konrad <mkonrad@nan.ca>

Subject: RE: Meeting to Discuss PMAT Request - Additional update another child death in Pikangikum (3 year old girl, A.P.)

Good morning,

To ISC Staff:

Ahead of the meeting today, just wanted to make sure everyone is aware that we had another child fatality early this morning, a 3yr old. This shows the original request continues to be a child focused Pediatric life saving solution and the ongoing delays in getting a response are believed to be on face value in violation of the CHRT orders on Jordan's Principle. Dr Mazurik, was the physician who ran the Code to try to save that child's life overnight. I spoke to her this morning, and she expressed absolute shock and dismay that despite her and other physician support letters for PMAT, there continued to be no official answer or approval for services to begin.

That said we want to find a way to work cooperatively with ISC HQ as we have always maintained a positive relationship with the ISC regional teams (such as Lisa, Adan, JD, Cheri, Joe and others.)

For efficiency in the meeting, it is also important to publicly deconflict / clarify a number of issues so everyone is aware:

1. The PMAT is entirely distinguishable from the 911 Paramedic scope and any potential future approvals of 911 with MOH do not impact current approvals/needs from PMAT
2. PMAT is also distinguishable from any choose life or other mental health supports as the PMAT is also preventative but able to offer life saving interventions
3. PMAT will be directly linked with the physicians and Nursing Station and ensure that in home emergency checks can be conducted and both preventive assessments as well as post-discharge follow ups for pediatric patients and frankly, the physician support letters from subject matter experts and the application speaks for itself.
4. PMAT is unique IFNA/Pikangikum given the high number of children living in homes where they aren't often able to get to the station to get medical care.
5. PMAT is immediately deployable and given ice roads there are continuing risks to delays why we need and expected approvals today (as they are already overdue)
 - a. Ice roads are deteriorating – and this is why the one-time funding was requested from February

- b. We have ongoing operational needs and this is why the proposal had quarterly increments in the event Canada opted for an immediate approval pending further discussions
 - c. For example flights along this week to move Paramedics and EMR staff in and out are already quoted at over 30,000 – the ability to do this was already included in our initial PMAT application
6. We will ensure integration not only with ISC and the Nursing station but also with MOH and ensure open lines of communications regarding any efficiencies or costs savings down the line
 7. If there is no approval today, we are requesting the name of the accountable decision maker, and reasons in writing as to the delays or lack of approvals or even partial quarterly approvals and when a decision is expected.
 8. No approval today would also mean an immediate activation of additional steps to be taken given the ongoing unacceptable risk to children, especially given the fact that it has been universally acknowledged by ISC staff that not only does this PMAT application clearly meet an unmet need of children, but that IFNA has the capacity to meet this need and is just lacking the funding.

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6
Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501
nrhone@ifna.ca | www.ifna.ca

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-----Original Appointment-----

From: Abdi, Adan <adan.abdi@sac-isc.gc.ca>

Sent: Friday, March 15, 2024 2:58 PM

To: Abdi, Adan; Nicholas Rhone; Jenna Johns; Carolina Budiman; Vernon Kejick; Laura Loewen; Amos Pascal; Mathew Hoppe; Ron Laverty; Buckland, Robin; Wilson-Clark, Samantha (she-elle); O'Connor, Shelagh; Hayman, Callan

Subject: Meeting to Discuss PMAT Request

When: March 19, 2024 2:00 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Microsoft Teams Meeting

You don't often get email from adan.abdi@sac-isc.gc.ca. [Learn why this is important](#)

Hello – as discussed with Jenna, we will be meeting to discuss the IFNA's PMAT request. Agenda to follow.

Microsoft Teams meeting

Join on your computer, mobile app or room device

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Meeting ID: 268 690 044 943

Passcode: X8dgMv

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teams@sac-isc.video.canada.ca

Video Conference ID: 112 051 270 8

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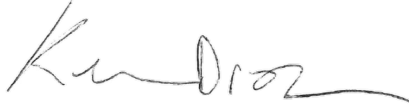
+1 [819-303-3246](tel:+18193033246),33803085# Canada, Gatineau

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This is **Exhibit “9”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N

From: Nicholas Rhone <nrhone@ifna.ca>

Sent: Friday, March 22, 2024 3:44 PM

To: Brittany Mathews <bmathews@fncaringsociety.com>; cblackst@fncaringsociety.com; Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>

Cc: Sarah Clarke <sarah@childandfamilylaw.ca>; EOC Support <eocsupport@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; Linda Debassige <ldebassige@ifna.ca>; Monika Konrad <mkonrad@nan.ca>; Connor Howie <chowie@ifna.ca>; Krystyn Ordyniec <kordyniec@nan.ca>

Subject: Fwd: IFNA Pediatric Medical Assistance Team (PMAT) Request

FYI - I acknowledge the funding approval but certainly this includes some other elements which really mischaracterize what occurred and how.

We will meet to discuss in the days ahead I'm sure. I also had outreach from the Coroner's office who wants to connect to hear the community's concerns directly.

Nick

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From: Lavoie, Camille <camille.lavoie3@sac-isc.gc.ca> on behalf of St-Aubin, Candice (she-elle-kwe) <candice.st-aubin@sac-isc.gc.ca>
Sent: Friday, March 22, 2024 2:34 PM
To: Mathew Hoppe <mhoppe@ifna.ca>
Cc: shirley.lynnekeeper@pikangikum.ca <shirley.lynnekeeper@pikangikum.ca>; Nicholas Rhone <nrhone@ifna.ca>; Buckland, Robin <Robin.Buckland@sac-isc.gc.ca>; Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>; Bruyere, Dawn <dawn.bruyere@sac-isc.gc.ca>
Subject: RE: IFNA Pediatric Medical Assistance Team (PMAT) Request

Certaines personnes qui ont reçu ce courrier ne reçoivent pas souvent du courrier de la part de candice.st-aubin@sac-isc.gc.ca. [Découvrez pourquoi cela est important](#)

Dear Mr. Hoppe,

Please find attached for your attention.

Kind regards,

Camille Lavoie on behalf of

Candice St. Aubin

(she/her/elle/wɪn)

Senior Assistant Deputy Minister / Sous-ministre adjointe principale

First Nations and Inuit Health / Santé des Premières Nations et des Inuits

Indigenous Services Canada / Services aux Autochtones Canada



Indigenous Services
Canada

Services aux
Autochtones Canada

First Nations and Inuit Health Branch
Ontario Region
1455 - 10 Wellington Street, 6604E
Gatineau QC K1A 0H4

March 22, 2024

Matthew Hoppe
Chief Executive Officer
Independent First Nation Alliance
P.O. Box 5010
Sioux Lookout, ON
P8T 1K6

Dear Mr. Hoppe:

RE: IFNA Pediatric Medical Assistance Team (PMAT) Request

Thank you for your Jordans Principle PMAT request.

After careful review, I am pleased to inform you that Indigenous Services Canada (ISC) will fund the Pediatric Medical Assistance Team, for a period of six months in the amount of \$3,381,981. This arrangement becomes effective as of the application date and the funding will flow under the department's Primary Health Care authorities through the Independent First Nation Alliance's existing contribution funding arrangement. Departmental officials will work with IFNA to determine how the remaining funding will flow. We are committed to establishing a plan forward as soon as possible.

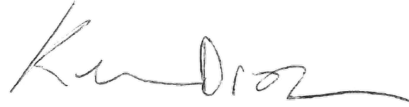
I thank you for your leadership and support to the trilateral discussions with the Ontario Ministry of Health which resulted in a seamless and integrated emergency health services response for Pikangikum First Nation. Should you have questions or require additional information please do not hesitate to contact Ontario Regional Executive, Lisa Westaway at lisa.westaway@isc-sac.gc.ca.

Sincerely,

Candice St-Aubin
Senior Assistant Deputy Minister

cc. Chief Keeper and Council, Pikangikum First Nation
Nicholas Rhone, Director Integrated Emergency Services, IFNA
Robin Buckland, Chief Nursing Officer/Director General
Dawn Bruyere, A/Assistant Director of Nursing, Ontario Region
Lisa Westaway, Regional Executive, Ontario Region

This is **Exhibit “10”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Sent: March 23, 2024 8:14 AM

To: Nicholas Rhone <nrhone@ifna.ca>; Miller, Kevin (He/Him) (SOLGEN) <Kevin.Miller1@ontario.ca>

Cc: Brittany Mathews <bmathews@fncaringsociety.com>

Subject: Re: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Good morning, Dr. Miller, and Nick

This note confirms the Caring Society's support for IFNA's Jordan's Principle request for PMAT services to address the urgent needs of children in the Pikangikum First Nation and allied First Nations communities. We further believe that Canada's failure to respond on an urgent and positive basis to this urgent request was a clear breach of the existing Canadian Human Rights Tribunal (CHRT) orders that is linked to the tragic deaths of children. Canada's non-compliance in this matter is tragically consistent with an ongoing national fact pattern that forms the basis for the Caring Society's non-compliance motion which will be heard by the Canadian Human Rights Tribunal on June 3-4, 2024. You can see the notice of motion (filed December 12, 2023), Caring Society affidavits (filed January 12, 2024) and Canada's reply affidavits (filed March 15, 2024) on the fnwitness.ca timeline.

We are deeply saddened by the tragic passings of the children and pledge our full cooperation with Dr. Miller's review of the same.

Dr. Miller, you may reach me at this email address: cblackst@fncaringsociety.com or on my mobile (best to text first as I fly a lot): [REDACTED] My colleague Brittany Mathews is also available to assist at: bmathews@fncaringsociety.com and phone 613 230-5885.

Regards,

Cindy

From: Nicholas Rhone <nrhone@ifna.ca>
Sent: March 22, 2024 5:50 PM
To: Miller, Kevin (He/Him) (SOLGEN) <Kevin.Miller1@ontario.ca>
Cc: Cindy Blackstock <cblackst@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>
Subject: Fwd: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Dr Miller, thank you again for the call today. As discussed, the issues of systemic delays and gaps in services was certainly an issue and with regard to the most recent fatality - this was while we were still waiting for approvals and we had solutions ready. In addition, Dr Cindy Blackstock added incredible context and her letter which was submitted is attached.

In your capacity as the regional supervising Coroner, I would request that you also include interviews/discussions with Dr Blackstock's team for context and I am certain they will concur that a review of the facts along with urgent recommendations from your office will be a welcome development.

As I mentioned on the phone, it is appalling to me, that there has been a normalization of child deaths on reserves. So much so that even when all parties are agreed on the risk and the solution, there has been a sentiment from our federal partners that well, 'it's this way everywhere,' or 'if we approved this for you, almost every reserve has similar issues.'

The idea that somehow certain health services, but not life saving emergency health services (such as paramedics who can go and visit children in their homes, or respond to ensure they stay alive to get to hospital care) shouldn't be covered immediately under Jordan's Principle is not only obscene, and against the CHRT, but has had continuing fatal consequences.

I consider it a moral and professional obligation to ensure / support an objective review of these incidents with meaningful changes and recommendations.

Nick

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From: Nicholas Rhone <nrhone@ifna.ca>
Sent: Friday, March 1, 2024 9:03 PM
To: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>; Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Jordans Principle ON / Principe de Jordan <jordansprincipleon-principedejordan@sac-isc.gc.ca>; Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>
Cc: Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal <amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Laverty <rlaverty@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; James Booty <jbooty@ifna.ca>; Patrick Nolan <pnolan@ifna.ca>; cblackst@fncaringsociety.com <cblackst@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>; Linda Debassige <ldebassige@ifna.ca>; Connor Howie <chowie@ifna.ca>
Subject: RE: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Good evening Lisa/JP team. Lisa, I appreciate you adding to Adan's response and the openness to discuss weekend coverage concerns. I will answer your questions below and have a tangible request/solution as there are indeed weekend gaps since we have no approved funding of any kind at the moment for emergency health services. Sorry for my delay in response, in the time since I've been drafting this email there has been a house fire (no reported injuries) and some other things occurring.

1. In advance of Monday, please see the attached letter from Dr. Cindy Blackstock for inclusion in your review.
 1. As part of our due diligence we had consulted with the Caring Society given their longstanding experience in navigating the implementation of Jordan's Principle on a regional and national level.
 2. I know you to be a person who truly cares about the communities and I am hopeful that after you've had a chance to review all the documentation, and if we can have further discussions to clarify any concerns remaining – that we may be able to move forward collaboratively.

2. In terms of your suggestions:
 1. I did speak to Brian at the PHA and that surge capacity is only around 170k and a totally different scope and need than what our application is addressing, as confirmed by the Physicians support letters. I will defer to their position on why the PMAT team is unique and necessary. I confirmed with Brian a social worker is on-call as surge support.
 2. To highlight the difference in PMAT scope however - even if there were multiple social workers or mental workers added, the reality is if a child needs emergency medical services interventions (eg. oxygen, collar and boarding for transport due to a neck injury) or other safe transport – that gap is missing. Further, only 1 of the 3 recent child fatalities was related to the suicide pact so the risks are far beyond that. We have children that have major infections that the physicians have said a Paramedic Pediatric team going to check on them and early interventions could be life and death.

3. In terms of an immediate weekend solution I'm requesting approval as follows:
 1. Interim coverage based on the PMAT scope with a Paramedic and I can have a First Responder that can deploy by Sunday
 2. Approval for charter on standby 1400hrs departure Sunday (under 5k) to get our second Responder there with his emergency responder kit.
 3. If approved we could also look at temporarily making available to the PMAT some of our community security guards that are cross-trained as First Responder/Emergency Medical Responders to bolster coverage until Monday (assuming we can back-fill them)
 4. If we are to have potential coverage for Monday/Tuesday we also generally need to give people 24-48 hours notice so approval for coverage through to next Sunday would also be appreciated including any required travel or charters.
 5. To coordinate all of that – this is why the Team Lead position is in the application so an interim approval on that would also be appreciated. We have learned the hard way from years of emergency coordination that we must properly set up structure from the start (even short term

coverage.) Note that this interim coverage is not sustainable and is just through the weekend into Monday and allowing for a transition once we can get an answer after the full application is reviewed.

I am still working as I am monitoring the house fire and some other issues happening in the community. I'll be available this weekend if you or Adan do end up having any clarifications on the above or other updates.

Looking forward, I sincerely hope there is a positive resolution on Monday. The children of Pikangikum deserve the dignity of 24/7 emergency medical/health services. Jordan River Anderson points the way. And I think we have a sacred responsibility – speaking to my colleagues at ISC – to find a way to make this happen without further delays or preventable deaths.

One of my favourite quotes hung on the wall when I was training to be an officer years ago. Some attribute it to John Lewis. It was a reminder for when one had to wrestle with doing the right thing, at the right time. It simply said, **“If not us, then who? If not now, then when?”**

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA

& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6

Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501

nrhone@ifna.ca | www.ifna.ca

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INDEPENDENT FIRST NATIONS ALLIANCE

LAC SEUL | WHITESAND | KITCHENUHMAYKOOSIB INNINUWUG | PIKANGIKUM | MUSKRAT DAM

From: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>

Sent: Friday, March 1, 2024 4:32 PM

To: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Nicholas Rhone <nrhone@ifna.ca>; Jordans Principle ON / Principe de Jordan <jordansprincipleon-principedejordan@sac-isc.gc.ca>; Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>

Cc: Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal <amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Laverty <rlaverty@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; James Booty <jbooty@ifna.ca>; Patrick Nolan <pnolan@ifna.ca>

Subject: RE: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Hi Nick,

I would like to add to Adan's response. If you feel that the 4 children who were involved in the suicide pact are at imminent risk currently, Jordan's Principle can support the one-on-one support required immediately. Jordan's Principle has funded the Pikangikum Health Authority with surge support however if an increase is required, this will be supported. Please link with the PHA. The full proposal will be reviewed on Monday.

Nia:wen / Miigwetch / Thank you / Merci

Lisa Westaway

Regional Executive, First Nations and Inuit Health Branch, Ontario Region

Directrice Exécutive Régionale, Direction Générale de la santé des Premières nations et des Inuits, Région de l'Ontario
Indigenous Services Canada / Government of Canada

Services Autochtones Canada / Gouvernement du Canada

lisa.westaway@sac-isc.gc.ca

My working hours and your working hours may be different. Please do not feel obliged to reply outside your normal working hours. Mes heures de travail et vos heures de travail peuvent être différentes. Veuillez ne pas vous sentir obligé de répondre en dehors de vos heures de travail normales.

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From: Abdi, Adan <adan.abdi@sac-isc.gc.ca>

Sent: Friday, March 1, 2024 4:41 PM

To: Nicholas Rhone <nrhone@ifna.ca>; Jordans Principle ON / Principe de Jordan <jordansprincipleon-principedejordan@sac-isc.gc.ca>; Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>

Cc: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal <amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Laverty <rlaverty@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; James Booty <jbooty@ifna.ca>; Patrick Nolan <pnolan@ifna.ca>

Subject: RE: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Hello Nick,

Thank you so much for the application. The team will review the request urgently early next week. We will let you know if you there are any questions following our initial review.

Thanks again,

Adan

From: Nicholas Rhone <nrhone@ifna.ca>
Sent: Friday, March 1, 2024 4:03 PM
To: Jordans Principle ON / Principe de Jordan <jordansprincipleon-principedejordan@sac-isc.gc.ca>; Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>
Cc: Westaway, Lisa <lisa.westaway@sac-isc.gc.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal <amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Laverty <rlaverty@ifna.ca>; Jenna Johns <jjohns@ifna.ca>; James Booty <jbooty@ifna.ca>; Patrick Nolan <pnolan@ifna.ca>
Subject: Jordan's Principle PMAT_Urgent/Emergency Application for Pikangikum

Good afternoon Adan and JP Review Committee/Focal Point.

Please find the attached formal JP Application attached, this was first mentioned immediately after receiving notification from the School Principal on February 27/28 this week, so I trust you were already aware of the overall scope and critical risks.

Given the ongoing emergency we are requesting a decision at the regional level today and our hope is we've provided enough information to allow this determination. If you believe this needs to be escalated to HQ please advise as we have additional documentation including from the Caring Society that we will attach. The merits of the application, clear focus on children exclusively, and documentation by some of the top physicians in the country are all included in the document. Some of the one time costs for the Airboat/Mobile MRI we can discuss to confirm any details if needed.

This is time sensitive and you have my cell if need to discuss further. The PHA is copied and I believe others will be notified given the continued high risk to Pikangikum children, and multiple deaths in the last couple weeks.

I am truly hoping we can work together collaboratively with Ontario FNIHB region and build on the many past successful projects we have completed in partnership previously.

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA

& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6

Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501

nrhone@ifna.ca | www.ifna.ca

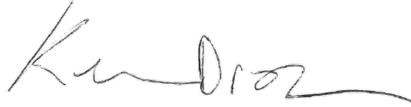
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INDEPENDENT FIRST NATIONS ALLIANCE

LAC SEUL | WHITESAND | KITCHENUHMAYKOOSIB INNINUWUG | PIKANGIKUM | MUSKRAT DAM

This is **Exhibit “11”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

From: Nicholas Rhone <nrhone@ifna.ca>

Sent: March 21, 2024 1:54 PM

To: Cindy Blackstock <cblackst@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>

Subject: Fwd: Meeting to Discuss PMAT Request - Additional update another child death in Pikangikum (3 year old girl, A.P.)

Good afternoon Cindy and Brittany,

Thank you for your ongoing support with our PMAT Jordan's Principle application and your consistent advocacy with ISC. I cannot tell you how supported we (and I personally) have felt these last few weeks. This work is hard and so exhausting – to have the Caring Society's support means a lot. As I noted earlier today, it appears we have at least received a 6 month approval, which we know will have life saving implications for the children in the community. Notwithstanding this partial approval, waiting these last 3 weeks for any indication from ISC about our application has been frustrating to say the least as my email below indicates. This frustration has been compounded by the loss and grief experienced following the death of yet another child while waiting - she was just shy of 3 years old - on Monday night. While we will never know whether an approval pursuant to the CHRT timelines could have saved her life, there is no question it could have helped.

Given the serious delay in having ISC determine our request and our ongoing concerns regarding ISC's approach to considering both the PACER and the PMAT application, you have my permission to share any materials and various correspondence with the CHRT if you think it would help other children, especially as I believe there are other children within IFNA that may also need similar supports in the near future. I just ask that you please redact the identifying information regarding the child who committed suicide in February, found in the application package of any other information that for privacy of the children should be excluded.

If there is anything else we can do to help, please reach out any time. I would also encourage dialogue with other staff, physicians involved (some of whom already wrote support Letters,) Matt Hoppe (IFNA CEO) and/or Pikangikum Health Authority (PHA) as well as they may have other lived experiences to share as well. I remain committed to also working cooperatively with ISC to find solutions, however there does seem to be areas especially as it relates to emergency health services that need explicit clarifications under the CHRT as there appeared differences of approaches even between the region (who actioned this immediately and on an urgent bases) and then headquarters – where there was a excruciating and potential deadly delay of weeks.

Please let me know if you need anything else and thank you again for your advocacy. I do not think we would be where we are without it.

Nick Rhone

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6

Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501

nrhone@ifna.ca | www.ifna.ca

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From: Nicholas Rhone <nrhone@ifna.ca>

Sent: Thursday, March 21, 2024 10:36 AM

To: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Jenna Johns <jjohns@ifna.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal <amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Lavery <rlavery@ifna.ca>; Buckland, Robin <Robin.Buckland@sac-isc.gc.ca>; Wilson-Clark, Samantha (she-elle) <Samantha.Wilson-Clark@sac-isc.gc.ca>; O'Connor, Shelagh <shelagh.oconnor@sac-isc.gc.ca>; Hayman, Callan <callan.hayman@sac-isc.gc.ca>

Cc: cblackst@fncaringsociety.com <cblackst@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>; Jonathan Gregg <jgregg@ifna.ca>; Linda Debassige <ldebassige@ifna.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Krystyn Ordyniec <kordyniec@nan.ca>; Monika Konrad <mkonrad@nan.ca>

Subject: Re: Meeting to Discuss PMAT Request - Additional update another child death in Pikangikum (3 year old girl, A.P.)

Update on Jordan's Principle PMAT request / current situation.

This email is to provide an update including our partners as to the current status of this situation.

Application status: Initial Approval

- First, I'd like to thank Robin and Adan for meeting with us on Tuesday and providing verbal approval and email confirmation that 6 months/50% of the total application amount was approved (we are still just awaiting the formal letter and agreement which we hope will arrive today.) We are committed to work together closely as this moves forward.

Immediate Actions Taken/Ongoing risks

- Second, we immediately with that verbal approval in good faith deployed a team of 3 medical responders (one a full-paramedic) to Pikangikum that same Tuesday evening to relieve the Paramedic and local emergency responder were involved with A.P. (Child who passed away)
- In the 24-36 hr period since then, we had a total of 5 medivacs with a adult male with head injuries, and then 4 (FOUR) of the 5 were pediatric medivacs through all hours of the night and day. I want to give major credit to the ISC Nursing staff, Pikangikum Health Authority and Doctors and the total team effort happening in Pikangikum right now. As the ISC Chief Nursing Officer Robin I also acknowledge much credit is deserved for the quality NIC's, staff like Anni and others there. The ISC regional staff have been amazing. Lisa, Adan, JD etc, We will always give credit where credit is due.

Ongoing risks/Consequences of Delays

- Third however - I would be remiss to not make everyone aware of the fact that the key issue of getting temp office/ accommodations into the community is still at serious risk. While the temps are low enough for the ice road, Ontario MTO has load restrictions in effect prohibiting this. I've had to go up as high as the PEOC and an ADM to assist us in this. I just had a call from a senior MTO staffer that indicating approx 12 different permitting agencies are involved in trying to get a waiver to happen and usually it's 15-30 days. It took 4+ days for Cat Lake with a declared emergency and even at 4 days there isn't enough lead time given the weekend and warm weather next week so we are doing our best and it seems 50-50 at this point.
- Had we had approvals within the usual Jordan's Principle timelines, none of the above would be an issue. We have also lost weeks of preparation for fire season risks going back and forth and delays on implementation.
- And most importantly, two children in Pikangikum died in between the original Jordan's Principle (PACER) application and one of those deaths happened weeks after the PMAT application even though it was escalated as other by the region and IFNA. Do we know for sure that had the applications been approved immediately we would have saved those children? No one could say that absolutely. But had they been approved at least it we would not have the trauma of wondering what if. And we know it would have increased safety and met unmet needs sooner.

Moving forward positively

- That all said, our goal will continue to be to move forward together positively and keep the children as the focus.
- I personally am committed to working with all partners so that even after this crisis, whatever steps we need to take together to ensure these systemic delays or other gaps/issues are addressed proactively and substantively. Perhaps a solutions table of some sort and where necessary CHRT clarifications will be part of that. We can discuss in the days and weeks ahead. I think we all can agree we must have honest discussions about what has been working and what hasn't. After all, truth indeed comes before reconciliation, healing and systemic change.
- Robin, thank you again for listening to our truth on Tuesday with direct discussions with us and immediately responding to our CEO's request in that meeting for an answer.
- I truly believe we will accomplish much working together on tangible solutions so that we can get to a future where no child is ever left behind, or in limbo, or unable to have the dignity of emergency medical health services. I'm not naive about the challenges ahead, but the sacred memory of Jordan River Anderson and the memories of the many many unnamed children within

Pikangikum, IFNA and beyond who have also died due to gaps in health services and indeed emergency health services, demand that we never give up trying.

Nick

PS - Running on limited sleep. Headed back to MTO meetings to try to get these approvals done. Available by cell if any further clarifications needed.

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From: Nicholas Rhone <nrhone@ifna.ca>

Sent: Tuesday, March 19, 2024 12:52 PM

To: Abdi, Adan <adan.abdi@sac-isc.gc.ca>; Jenna Johns <jjohns@ifna.ca>; Carolina Budiman <carolina.budiman@pikangikum.ca>; Laura Loewen <laura.loewen@pikangikum.ca>; Amos Pascal <amos.pascal@pikangikum.ca>; Mathew Hoppe <mhoppe@ifna.ca>; Ron Lavery <rlavery@ifna.ca>; Buckland, Robin <Robin.Buckland@sac-isc.gc.ca>; Wilson-Clark, Samantha (she-elle) <Samantha.Wilson-Clark@sac-isc.gc.ca>; O'Connor, Shelagh <shelagh.oconnor@sac-isc.gc.ca>; Hayman, Callan <callan.hayman@sac-isc.gc.ca>

Cc: cblackst@fncaringsociety.com <cblackst@fncaringsociety.com>; Brittany Mathews <bmathews@fncaringsociety.com>; Jonathan Gregg <jgregg@ifna.ca>; Linda Debassige <ldebassige@ifna.ca>; Vernon Kejick <vernon.kejick@pikangikum.ca>; Billy Joe Strang <billy.strang@pikangikum.ca>; Krystyn Ordyniec <kordyniec@nan.ca>; Monika Konrad <mkonrad@nan.ca>

Subject: RE: Meeting to Discuss PMAT Request - Additional update another child death in Pikangikum (3 year old girl, A.P.)

Good morning,

To ISC Staff:

Ahead of the meeting today, just wanted to make sure everyone is aware that we had another child fatality early this morning, a 3yr old. This shows the original request continues to be a child focused Pediatric life saving solution and the ongoing delays in getting a response are believed to be on face value in violation of the CHRT orders on Jordan's Principle. Dr Mazurik, was the physician who ran the Code to try to save that child's life overnight. I spoke to her this morning, and she expressed absolute shock and dismay that despite her and other physician support letters for PMAT, there continued to be no official answer or approval for services to begin.

That said we want to find a way to work cooperatively with ISC HQ as we have always maintained a positive relationship with the ISC regional teams (such as Lisa, Adan, JD, Cheri, Joe and others.)

For efficiency in the meeting, it is also important to publicly deconflict / clarify a number of issues so everyone is aware:

1. The PMAT is entirely distinguishable from the 911 Paramedic scope and any potential future approvals of 911 with MOH do not impact current approvals/needs from PMAT
2. PMAT is also distinguishable from any choose life or other mental health supports as the PMAT is also preventative but able to offer life saving interventions
3. PMAT will be directly linked with the physicians and Nursing Station and ensure that in home emergency checks can be conducted and both preventive assessments as well as post-discharge follow ups for pediatric patients and frankly, the physician support letters from subject matter experts and the application speaks for itself.
4. PMAT is unique IFNA/Pikangikum given the high number of children living in homes where they aren't often able to get to the station to get medical care.

5. PMAT is immediately deployable and given ice roads there are continuing risks to delays why we need and expected approvals today (as they are already overdue)
 - a. Ice roads are deteriorating – and this is why the one-time funding was requested from February
 - b. We have ongoing operational needs and this is why the proposal had quarterly increments in the event Canada opted for an immediate approval pending further discussions
 - c. For example flights along this week to move Paramedics and EMR staff in and out are already quoted at over 30,000 – the ability to do this was already included in our initial PMAT application
6. We will ensure integration not only with ISC and the Nursing station but also with MOH and ensure open lines of communications regarding any efficiencies or costs savings down the line
7. If there is no approval today, we are requesting the name of the accountable decision maker, and reasons in writing as to the delays or lack of approvals or even partial quarterly approvals and when a decision is expected.
8. No approval today would also mean an immediate activation of additional steps to be taken given the ongoing unacceptable risk to children, especially given the fact that it has been universally acknowledged by ISC staff that not only does this PMAT application clearly meet an unmet need of children, but that IFNA has the capacity to meet this need and is just lacking the funding.

Nick

Nicholas Rhone

Director, Integrated Emergency Services - IFNA
& IFNA Regional Fire-Rescue Chief

Sioux Lookout Office

56-D Front Street, Sioux Lookout, ON P8T 1K6

Tel: (807) 737-1902 | Cell: (807) 738-8321 | Fax: (807) 737-3501

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-----Original Appointment-----

From: Abdi, Adan <adan.abdi@sac-isc.gc.ca>

Sent: Friday, March 15, 2024 2:58 PM

To: Abdi, Adan; Nicholas Rhone; Jenna Johns; Carolina Budiman; Vernon Kejick; Laura Loewen; Amos Pascal; Mathew Hoppe; Ron Laverty; Buckland, Robin; Wilson-Clark, Samantha (she-elle); O'Connor, Shelagh; Hayman, Callan

Subject: Meeting to Discuss PMAT Request

When: March 19, 2024 2:00 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Microsoft Teams Meeting

You don't often get email from adan.abdi@sac-isc.gc.ca. [Learn why this is important](#)

Hello – as discussed with Jenna, we will be meeting to discuss the IFNA's PMAT request. Agenda to follow.

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 268 690 044 943

Passcode: X8dgMv

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Join with a video conferencing device

teams@sac-isc.video.canada.ca

Video Conference ID: 112 051 270 8

[Alternate VTC instructions](#)

Or call in (audio only)

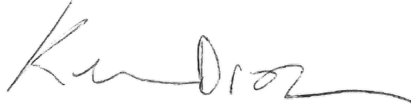
[+1 819-303-3246,33803085#](tel:+1819303324633803085) Canada, Gatineau

Phone Conference ID: 338 030 85#

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This is **Exhibit “12”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

From the office of
Dr. Michael Kirlew, BSc MD CCFP-EM FCFP FRRM

Moose Factory, Ontario // michaelkirlew@icloud.com // 807-738-2784

March 27, 2024

Dear Dr. Blackstock,

I am writing further to my letter of February 29, 2024, that I provided to IFNA in support of its Jordan's Principle application for the implementation of a mobile Pediatric Medical Assistance Team (PMAT). I understand that you are raising issues at the human rights tribunal about Jordan's Principle and if this letter will help, please share it.

I am a Community and Family Physician who once practiced on a long-term basis providing care for Wapekeka First Nation for 12 years between 2007-2020. During this time, I was also a Staff Physician at Sioux Lookout Meno Ya Win Health Centre and an investigating Coroner for Ontario's Northwest Region. These roles have greatly informed my work and the experience with which I speak. I have seen similarities in the occurrences and needs between Wapekeka and Pikangikum First Nations but also between the stark barriers they continue to face. What was apparent from the experience in Wapekeka is that even when governments are presented with concrete, credible solutions to support and rescue Indigenous children at risk, the current bureaucracy will not or cannot respond and children are dying as a result. In Wapekeka, there was a clear and identified suicide crisis occurring among the youth – this reoccurring tragedy resulted, in part, from the lack of sustainable funding and lack of access to mental health services in the community. These unnecessary wait periods are negatively affecting children and youth who are already in need – how much longer do they need to wait to be treated with equity and care?

I am currently serving as the Medical Director of the IFNA Community Paramedicine Initiative – providing advice, consultation, and guidance for the development of this integral program. I have been working alongside Nicholas Rhone, IFNA Regional Fire Rescue Chief and Director of Integrated Emergency Service (IES) as well as Ron Laverty, IFNA IES Emergency Medical Services Chief on these initiatives for some time. I wrote my February 29, 2024, letter of support as it is my professional and medical opinion that PMAT is crucial to saving the lives of children in Pikangikum. I have firsthand experience working with northern First Nations as a family physician working in the north for nearly two decades. I also worked in Wapekeka First Nation for 10 years, where I witnessed the youth suicide crisis firsthand. As a physician I have watched children (and adults) experience serious harm and die as a direct result of the lack of unmet medical and health needs on the ground. We have solutions but we are obstructed from implementing these solutions when bureaucracy and a seeming lack of political will interfere.

I am frustrated that Indigenous Services Canada took so long to even have a meeting with our IFNA staff to review the PMAT Jordan's Principle application. There was no indication for weeks if it would be approved. The application was urgent. Emergency health services of this sort are essential services to support this demographic but were still absent, and a clear unmet health need. It was submitted to help the children in Pikangikum, who experience a significant and

elevated level of medical distress, which I have seen firsthand. My understanding is that the application was submitted on March 1, 2024. At no time did anyone from Indigenous Services Canada reach out to me to talk to me about my recommendation or support for this application.

While Indigenous Services Canada sat on our application, we lost another child. On Monday March 18, 2024, Dr. Mazurik (who also wrote a letter in support of the PMAT application) attempted to save the life of a three-year-old child in Pikangikum. While I cannot discuss the specifics of this child's experience, I am heartbroken and devastated that we lost yet another child in a crisis moment when we have solutions that can be implemented to save children. I am also angry. I know of no reason why this application would be delayed in its review and approval. IFNA has demonstrated through its outstanding track record that it is professional, efficient, and competent in delivering holistic emergency health services to the community. It is integral this timing issue be resolved so that IFNA or any other communities desperately seeking these services are supported promptly and without unnecessary delay moving forward.

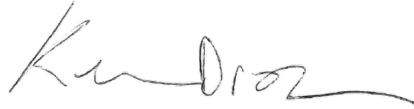
I hope this letter helps in some small way. I hope the Caring Society and your supporters can see that First Nations and their allies have strong, effective solutions to help children. We just need the government to help us when we ask.

Sincerely,

A handwritten signature in purple ink, appearing to read 'M. Kirlew', is positioned below the 'Sincerely,' text.

Dr. Michael Kirlew BSc MD CCFP-EM FCFP FRRM
Assistant Professor Northern Ontario School of Medicine
Assistant Professor University of Ottawa & Queens University
Cell: 807-738-2784 Email: michaelkirlew@icloud.com

This is **Exhibit "13"** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

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

Kevin Droz
LSO#: 82678N



Keewatin Tribal Council

23 Nickel Road, Thompson, Manitoba R8N 0Y4

Ph: (204) 677-2341 Fax: (204) 677-0256

February 22, 2024

Honourable Justin Trudeau
Office of the Prime Minister
80 Wellington Street, Ottawa, ON K1A 0A2

Dear Prime Minister:

On March 23, 2023 a Regional State of Emergency was declared by the Eleven Nation membership of Keewatin Tribal Council which will remain in place until the crisis is addressed. Our Nation communities are plagued by an opioid epidemic, chronic underfunding of health care services and inadequate infrastructure. This crisis threatens our communities and most tragically, our youth.

As we reach the anniversary of the Regional State of Emergency, we find ourselves bridge financing Canada to deliver much needed services. I have been advised by our finance department that Keewatin Tribal Council is now bridge financing seven million dollars (\$7,000,000.00) under Jordan's Principle. This cannot continue and must be addressed immediately.

Since declaring a Regional State of Emergency, we have put forward plans to address underlying issues with little to no response including:

- Direct submission to Indigenous Services Canada on July 12, 2023 for the KTC Trauma Support & Rehabilitation Proposal to address root cause and healing.
- Letter to Minister Freeland on November 17, 2023 offering solutions and collaboration to address four areas: Health, Public Safety, Infrastructure, Social and Economic Development and expanding the Senior Officials Table. There has been no response despite repeated follow ups.
- A Letter to your office on February 9, 2024 seeking to address the issues and solutions where Minister Freeland has given no reply.

I am requesting:

- The issue of financing under Jordan's Principle and millions owed be addressed immediately.
- A meeting with you and relevant ministers, to discuss funding and other mechanisms to implement Nation- developed solutions and to provide context on our Nations.

.../2

Barrrens Lands - Bunibonilzee - Fox Lake - God's Lake - Manto Sipi - Northlands

Sayisi Dene - Shamattawa - Tataskweyak - War Lake - York Factory

(2)

Your office may contact Paulette LeDrew at pledrew@ktc.ca to confirm arrangements.


Sincerely,



Walter Wastesicoot
Grand Chief

cc: Honourable Chrystia Freeland, Deputy Prime Minister and Minister of Finance
Honourable Patty Hajdu, Minister of Indigenous Services Canada
Honourable Gary Anandasangaree, Minister of Crown-Indigenous Relations
Honourable Wab Kinew, Premier of Manitoba
Chief Michael Sewap, Barren Lands First Nation
Chief Richard Brian Hart Jr. Bunibonibee Cree Nation
Chief Morris Beardy, Fox Lake Cree Nation
Chief Hubert Watt, God's Lake Narrows First Nation
Chief Michael Yellowback, Manto Sipi First Nation
Chief Simon Denechezhe, Northlands Denesuline First Nation
Chief Jason Bussidor, Sayisi Dene First Nation
Chief Jordna Hill, Shamattawa First Nation
Chief Taralee Beardy, Tataskweyak First Nation
Chief Betsy Kennedy, War Lake First Nation
Chief Darryl Wastesicoot, York Factory Cree Nation
Franciso Cali Tzay, Special Rapporteur on the Rights of Indigenous Peoples

This is **Exhibit “14”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a solid horizontal line.

Kevin Droz
LSO#: 82678N

Background

Jordan's Principle is a legal rule named in memory of Jordan River Anderson, a First Nations child from Norway House Cree Nation in Manitoba. It is a child-first principle to ensure First Nations children can access the products, services and supports they need, when they need them. Jordan's Principle is a legal rule that stems from the Canadian Human Rights Tribunal's 2016 finding that the federal government was racially discriminating against First Nations children. The Tribunal ordered the federal government to fully implement Jordan's Principle.

In Canada, paediatricians often take care of children who have additional health and educational needs, including First Nations children. Paediatricians and paediatricians-in-training (residents) need to understand Jordan's Principle so that they can help children and their families access the supports they need.

The Canadian Paediatric Society (CPS) is a national professional organization involved in professional education and knowledge translation on child and youth health. In 2022, the CPS undertook to:

- whether and to what degree paediatricians and residents understand Jordan's Principle and
- understand their comfort and ability to support First Nations children and their families to access and receive the services and supports they need and deserve.

The CPS First Nations, Inuit, and Métis Health Committee partnered with the Children's Hospital of Eastern Ontario's Research Institute to survey 2,920 Canadian paediatricians and paediatric residents about their awareness and experiences of accessing supports through Jordan's Principle. This was done through a 25-item questionnaire in English and French.

Study highlights

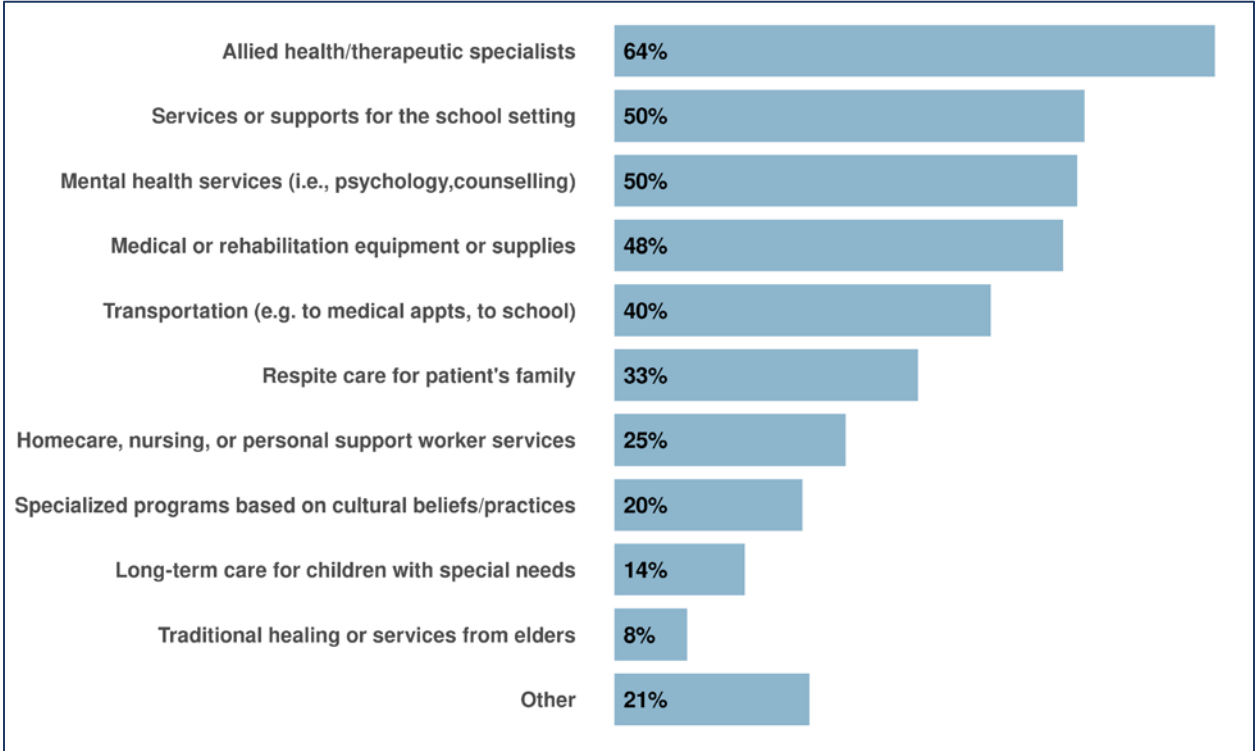
Respondent profile

- 219 paediatricians and residents (collectively referred to as "respondents") who care for First Nations children completed the survey.
- All provinces and territories except Nunavut were represented with at least one respondent.
- Practice locations included dedicated pediatric academic teaching hospitals, community hospitals, private office-based practices, and other practice settings.

Knowledge gaps for paediatricians were common

- 90% of respondents indicated they were aware of Jordan’s Principle before completing the survey, but only about half could correctly identify eligibility criteria.
- Only 59% had ever tried to access services or supports through Jordan’s Principle for an eligible patient. Of the 41% who had never attempted, the most common reasons cited were not knowing what services may be covered, not knowing how to access funding, or believing that none of their patients needed any eligible services.
- Some respondents noted that, in certain areas, some families knew how to access Jordan’s Principle themselves and did not require a physician’s help.
- Respondents reported requesting several types of supports through Jordan’s Principle to address their patients’ health, school, or cultural needs. The most common included allied health (such as speech therapy, physiotherapy, dieticians, etc.), school supports, and mental health services. Medications (especially for First Nations children without non-insured health benefits coverage), housing, formula, and grocery support were the most reported supports in the category of “Other.” See Figure 1 for more detail.

Figure 1. Types of supports and services requested through Jordan’s Principle



Many respondents reported challenges

The 129 respondents who attempted to access supports reported many challenges. Over one-quarter reported difficulty reaching someone to discuss a request. Among their comments:

“With almost every application (I have now stopped even trying to access Jordan’s Principle) it is a complete waste of time. Emails get ignored. Phone calls ignored. Requests get only approved until ‘fiscal’ year end.”

“Very different experiences depending on location - in [one province or territory], relatively seamless and straightforward process. In [another province or territory] - marked challenges with access, extremely slow turnaround times and large numbers of refusals.”

“While someone may get back to you relatively quickly, i.e., 5-7 days, getting actual funding approved and then getting the actual services in place takes MONTHS and in some cases just never gets completed at all.”

Thirty respondents provided additional information about barriers to accessing services or supports through Jordan’s Principle. The most common included: difficulty reaching someone; excessively time-consuming; difficulty navigating the process; or being asked for an unreasonable amount of information.

Delays were common and resulted in negative outcomes

Delays were very common, especially for urgent cases. Of the 22 respondents who responded to a question about urgent cases, only 3 (14%) had ever such a case processed within the 12-hour standard agreed to by the federal government. For non-urgent cases (77 respondents), only 24 respondents (31%) said a case was responded to within the 48-hour standard.

Delays in services for children can lead to negative outcomes. Of the 99 respondents who responded to a question about implications of delays accessing Jordan’s Principle, 28 reported a negative outcome for a patient or family. These included: developmental/educational impacts; medical complications; worsened mental health; unnecessary separation from family; delay of therapy; and prolonged hospitalization. For example:

“Poor blood sugar control in a pediatric diabetes patient who was waiting for access to technology to assist in monitoring.”

“Prolonged hospital stays (for months, recurrently) while trying to get services into the rural/remote home. Family unable to be there in hospital frequently due to other child care responsibilities, so our young patients are unattended and institutionalized instead of receiving care in their homes...”

“Delays caused further delays in development as therapies were slow to start.”

“Inability to access respite services resulting in caregiver burnout and family separation.”

“If we had to rely on Jordan’s Principle only, and not the kind actions of a community pharmacist, the child would not have received medications on time, and would have required emergency airplane transport out of his community and hospital admission.”

“I have a patient who has been living in the city for 2-3 months awaiting approval of a request to modify the home environment to be accessible for his special needs.”

Unfortunately, denials were common. One-third of respondents experienced at least one denial, and 23% reported that one-quarter or more of their applications were denied.

Where do we go from here?

Paediatricians and paediatric residents provided valuable insight into physicians’ awareness and knowledge of Jordan’s Principle, as well as the barriers to accessing supports and services. The CPS will continue to educate its members about Jordan’s Principle as a legal rule and how, when properly implemented by the federal government, it can support First Nations children and families. We will also continue to advocate for changes in Jordan’s Principle to ensure that no First Nations child experiences unnecessary denials, delays, or disruption in receiving the care that they need.

For more information

To make a request through Jordan’s Principle, [visit Indigenous Services Canada’s website](#).

Learn more about Jordan’s Principle through [the First Nations Child and Family Caring Society](#).

In memory of Jordan River Anderson

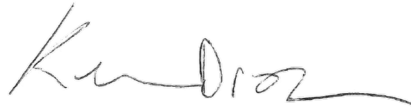
The family of Jordan River Anderson provided the gift of his name to be used to support other First Nations children. Because of this, it is important that we always use the full term “Jordan’s Principle” instead of acronyms or shortened forms.

Study team

Nick Barrowman, Children’s Hospital of Eastern Ontario Research Institute
Cindy Blackstock, First Nations Child and Family Caring Society of Canada
Ryan Giroux, St. Michael’s Hospital, Unity Health Toronto
Jennifer King, First Nations Child and Family Caring Society of Canada
Radha Jetty, Children’s Hospital of Eastern Ontario
Elizabeth Moreau, Canadian Paediatric Society
Dennis Newhook, Children’s Hospital of Eastern Ontario Research Institute
Brett Schrewe, University of British Columbia, Faculty of Medicine
Anne Tsampalieros, Children’s Hospital of Eastern Ontario Research Institute

This document is also available at www.cps.ca. Posted March 2024

This is **Exhibit "15"**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N

Social Paediatrics

The social paediatrics community within the Canadian Paediatric Society grew out of a common belief that while paediatricians highly value the psychosocial aspects of patient care, there is a need for a distinct focus on social paediatrics.

Social paediatrics has roots internationally, and in Canada has largely blossomed in Quebec under pioneer Dr. Gilles Julien. His philosophy centres on the rights of the child as described in the UN Convention. Dr. Julien's inter-sectoral, community-based approach shows that we can rally together to battle toxic stress, adverse childhood experiences and mitigate the ill effects of the social determinants of health.

The Social Paediatrics Section will bring together clinicians, researchers, advocates and educators to share, collaborate and learn with and from each other. We also plan to continue along the path carved by the CPS strategic plan, which identifies a strong commitment helping members incorporate an approach to social determinants into daily practice.

Section fee: \$25

Section Executive

President, **Matthew Carwana**

Vice President, **Sara Jassemi**

Past President, **Shazeen Suleman**

Secretary-Treasurer, **Meta van den Heuvel**

Members at Large: **Bonnieca Islam, Christine Loock and Katrina Stockley**

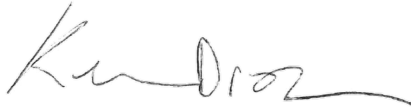
Resident Liaison, **Gunjan Mhapankar**

National Ground Rounds

Recordings of past National Grand Rounds (<https://cps.ca/en/grand-rounds>) are available for CPS members and searchable by subspecialty/special interest.

Last updated: Oct 23, 2023

This is **Exhibit "16"**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

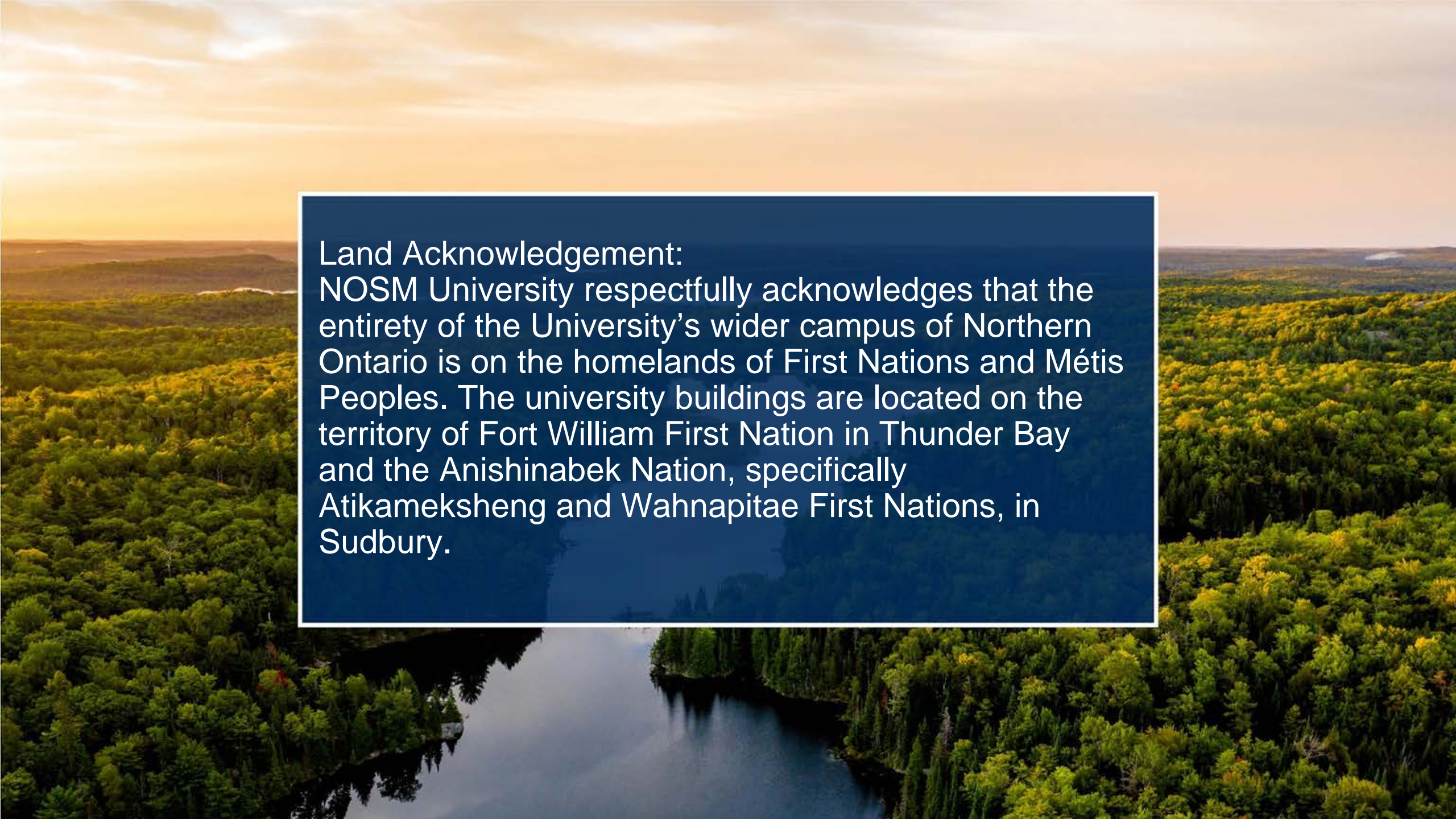
A handwritten signature in black ink, appearing to read "Kevin Droz". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kevin Droz
LSO#: 82678N



Pediatrics Residency Program

Thunder Bay– Sudbury– Sault Ste. Marie North Bay– Sioux Lookout

An aerial photograph of a vast, dense forest in Northern Ontario, Canada. The forest is a mix of green and yellow-green, suggesting early autumn. A river or lake winds through the lower portion of the image, reflecting the sky. The sky is a mix of orange, yellow, and blue, indicating a sunset or sunrise. The text is overlaid on a dark blue rectangular background in the center of the image.

Land Acknowledgement:
NOSM University respectfully acknowledges that the entirety of the University's wider campus of Northern Ontario is on the homelands of First Nations and Métis Peoples. The university buildings are located on the territory of Fort William First Nation in Thunder Bay and the Anishinabek Nation, specifically Atikameksheng and Wahnapiatae First Nations, in Sudbury.

A Unique Pediatric Training Program

- **Training opportunities** in northern urban centers in addition to world-class subspecialty and acute care rotations at CHEO (Children's Hospital of Eastern Ontario)
- Unique and challenging **hands-on** learning experience
- Unparalleled **preceptor support** from physicians committed to Northern Ontario
- **Early integration** as a key member of teams dedicated to professionalism, high quality patient care and excellent medical education

A Unique Pediatric Training Program

- Commitment to **resident learning** rather than resident service
- Self-directed, learner-centered training to meet your **career goals**, with previous residents having matched to:
 - Hematology/Oncology
 - Endocrinology
 - Emergency
 - Cardiology
 - Adolescent Medicine
 - NICU!
- Exposure to the culture and social

Fabric of **Francophone**, **Northern Urban/Rural**, **Indigenous** communities

A Unique Pediatric Training Program

- **Financial support** from NOSM for:
 - Resident travel to and from core clinical placements away from the home base
 - All mandatory educational activities at home base locations
- **Accommodation support** from NOSM for core rotations away from primary residence
- Opportunity to participate in **research** under expert guidance, with **funding** available for:
 - Research
 - Professional development
 - Conferences

Structure of Our Program

- Average of 3-4 residents per year
 - New this year: 1 IMG spot
- A resident's home base campus is either:
 - NOSM West (Thunder Bay , Sault Ste. Marie), or
 - NOSM East (Sudbury , North Bay)
- With core tertiary rotations at CHEO (Children's Hospital of Eastern Ontario) in Ottawa
- CBD curriculum started in 2021

Structure of Our Program

PGY1

Seven (7) blocks in Northern Consulting Pediatrics

- Six (6) at your home base, one (1) at other campus

Five (5) blocks at CHEO

- One (1) block in CHEO CTU Junior (wards)
- One (1) block in CHEO Emergency
- One (1) block in CHEO Surgery
- Two (2) blocks in a CHEO subspecialty (e.g. GI, ID, Resp, Nephro etc.)

One (1) block in an elective (anywhere)

Structure of Our Program

PGY2

Six (6) blocks in Northern Consulting Pediatrics

- Five (5) at your home base, one (1) at other campus

Six (6) blocks at CHEO

- Two (2) blocks in CHEO Perinates
- One (1) block in CHEO PICU
- Two (2) blocks in a CHEO subspecialty (e.g. Gastroenterology)
- One (1) block in CHEO Night Float and Surgical Subspecialty
Outpatient/Research

One (1) block in an elective (anywhere)

Structure of Our Program

PGY3

Six (6) blocks in Northern Consulting Pediatrics

- Five (5) at your home base, one (1) in Sioux Lookout

Seven (7) blocks at CHEO

- One (1) block in CHEO Emergency
- One (1) block in CHEO NICU
- One (1) block in CHEO PICU
- One (1) block in CHEO CTU Senior
- Two (2) blocks in a CHEO subspecialty (e.g. Gastroenterology)
- One (1) block in CHEO Night Float and Selective of your choice

Structure of Our Program

PGY4

Seven (7) blocks in Northern Consulting Pediatrics

Three (3) blocks in CHEO subspecialties

Three (3) blocks of elective (anywhere)

Northern Consulting Pediatrics

- **Consulting** General Pediatrics clinics
 - Not primary care!
 - Good balance between **clinic** and **hospital**
 - Exceptional **abn call exposures**:
 - Peds ward, NICU (Level 2b and 2c), Emergency, L&D, phone consults
- **Outreach** to rural communities
 - Dryden, Fort Frances, Elliot Lake, Little Current, Sioux Lookout
- **Multidisciplinary** clinics and Visiting Subspecialists
 - Diabetes, Oncology, Cystic fibrosis
 - Cerebral palsy including Botox injections
 - High-risk neonatal followup

Thunder Bay

- Population 120,000, catchment area 250,000
- TBRHSC (Thunder Bay Regional Health Sciences Centre) is a state-of-the-art acute care facility serving the healthcare needs of people living in Thunder Bay and Northwestern Ontario
- Excellent hiking and nature just steps away!



Sudbury

- Population 165,000
- HSN (Health Sciences North) is a regional referral centre for a population of over 600,000 across Northeastern Ontario
- 30 lakes within city boundaries
- Five beautiful provincial parks close by!



Sault Ste. Marie

- Population 75,000
- Sault Area Hospital provides primary, secondary and tertiary care to residents of the City of Sault Ste. Marie, and secondary and tertiary care to an additional 40,000 residents in Algoma District



North Bay

- Population 56,000
- On the shores of beautiful Lake Nipissing
- NBRHC (North Bay Regional Health Centre) is a district referral centre
- One Kids Place provides communitybased rehabilitation and related support services for children living in the Districts of Muskoka, Nipissing and Parry Sound



Ottawa (CHEO)

- World-class children's hospital
- Catchment area of over 1 million people including Baffin region
- 6000 admissions/year
- 70,000 Emergency visits/year
- Bilingual
- Multicultural environment & diverse population
 - Large newcomer and refugee population
 - Northern and rural populations



Ottawa (CHEO)

- Great outdoor opportunities, with Gatineau Park, mountain biking, hiking, white water rafting, cross country skiing and the canal.
- Winterlude, Tulip Festival, Blues Fest, etc.
- Large student population with two universities
- Rich in culture and activities:
 - Museums, art, theatre, music, etc.



Diverse Academics

- **Academic Half -Day**
 - NOSM-specific curriculum
 - Guided by resident feedback and exam performance
 - PBL, RLS, EBM, Research curriculum, didactic lectures
- **Whole -program Academic Events**
 - Morning Report and CPS Rounds
 - CHEO Grand Rounds
 - Academics: PALS/NRP, NICU bootcamp, Sim sessions, Social Pediatrics, OSCE
 - Also adapted virtually with a lot of success!



Wellness and Peer Support

- We are a welcoming and tightly -knit group who take care of each other !
- Ice Cream Rounds
- Wine & Whine
 - Facilitated debriefing sessions to discuss challenges, personal development...and celebrate!
- Wellness Half Days
- Fatigue Risk Management days
- Academic event socials
 - Virtual Halloween Party
 - Christmas Party & Steal-a-gift



Myths about NOSM

- ✘ We live in the middle of nowhere
- ✘ We only see simple pediatrics cases when in the North
- ✘ We don't get enough subspecialty/tertiary care experience
- ✘ We only accept medical students from NOSM
- ✘ We have no residency colleagues
- ✘ Our residents don't match to subspecialty programs

Reasons to Choose NOSM

Live in beautiful Northern Ontario & Ottawa



Reasons to Choose NOSM

Experience an **unmatched variety** of clinical settings and different cultures. Benefit from the perfect mix of tertiary and community training!



Reasons to Choose NOSM

Be supported by strong clinical preceptors who know and **care about you**. Appreciate the challenge of General Pediatrics in the North!



Reasons to Choose NOSM

Enjoy a high level of independence from PGY-1. Take advantage of many opportunities for procedures. Work-up undifferentiated patients from the first presentation for **amazing learning** !



Reasons to Choose NOSM

Our small program is tight-knit PGY-1 to PGY-4, come join our family!



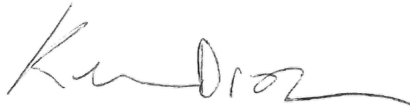
Thank you for joining us!

We really appreciate you coming to learn about our program and hope you consider NOSM Pediatrics.



- Please contact us at pedschiefresident@nosm.ca anytime with questions
- Follow us on instagram [@nosmpediatrics!](https://www.instagram.com/nosmpediatrics)

This is **Exhibit “17”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Friday, July 7, 2023 10:34 AM
To: Gutierrez, Liliana
Cc: Gideon, Valerie; Cindy Blackstock; Wilson-Clark, Samantha
Subject: Re: Taku requests follow up

Hi Liliana,

In Samantha's absence, would you be able to provide an update on the below request? I will note once more that the determination has been outstanding since March. Assuming that all required information has been submitted, is there any reason that you can give as to what is holding up this determination?

Many thanks,
Molly

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Date: Wednesday, June 28, 2023 at 9:17 AM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>, Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: Re: Taku requests follow up

Good morning Samantha,

Thank you for the confirmation. I'm very glad to hear that this event will be able to proceed as planned.

I'd like to follow up about the other outstanding request for Taku River for the school meal assistance program that was placed in March. After speaking with Jorge, he confirmed that while the current school year is coming to a close as of tomorrow, if approved, the program can take place in the 2023-24 school year, though it is unfortunate that children had to miss out on warm school lunches this year.

Can you please provide an update as to when a determination on this request will be relayed?

Thank you,
Molly

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Date: Monday, June 26, 2023 at 12:24 PM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Cc: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>, Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: RE: Taku requests follow up

Hello Molly,

I can confirm that the notice of decision was communicated to the requestor via email on Friday June 23.

Thank you,

Samantha

From: Molly Rasmussen <mras mussen@fncaringsociety.com>
Sent: Friday, June 23, 2023 12:17 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: Re: Taku requests follow up

Good afternoon Samantha,

I am following up once more on the below. Please let me know when the Nation can expect to hear about this request.

Thank you,
Molly

From: Molly Rasmussen <mras mussen@fncaringsociety.com>
Date: Tuesday, June 20, 2023 at 9:44 AM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>, Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: Re: Taku requests follow up

Hello Samantha,

I spoke with Jorge, and unfortunately, he indicated that they did not receive a determination for the Ha Kusteyee event. Do you have an update as to when the Taku River Tlingit First Nation can expect to hear back on this request?

Thank you,
Molly

From: Molly Rasmussen <mras mussen@fncaringsociety.com>
Date: Tuesday, June 13, 2023 at 2:34 PM
To: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Cc: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>, Cindy Blackstock <cblackst@fncaringsociety.com>
Subject: Re: Taku requests follow up

Hi Samantha,

Many thanks for this update on this request, I'm sure that Jorge will be relieved to receive a determination.

I'm wondering if you have any insights into where the Nation's capital requests stand, though I'd be happy to revisit this once this group request has been determined.

Thank you,
Molly

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Date: Tuesday, June 13, 2023 at 1:51 PM
To: Molly Rasmussen <mras mussen@fncaringsociety.com>

Cc: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>, Cindy Blackstock <cblackst@fncaringsociety.com>

Subject: RE: Taku requests follow up

Hello Molly,

I'm writing to confirm that the National Office will prioritize this escalated request and make a determination on this group request this week.

Thank you,
Samantha

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>

Sent: Monday, June 12, 2023 3:24 PM

To: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; Cindy Blackstock <cblackst@fncaringsociety.com>; Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>

Subject: Re: Taku requests follow up

Hello all,

Thank you for acknowledging receipt.

I did hear from Jorge yesterday, he told me that he was contacted by the region regarding the Ha Kusteyee event in particular and was advised that given the amount of funding required, the request was escalated to HQ as the region did not have sufficient resources to approve. Jorge indicated that the conversation with the region gave him the impression that the request would not be approved.

Jorge also indicated that in order for this event to proceed, the community would require funds no later than on July 1. Is there a way that we can expedite this determination? We recognize that this is a tight turnaround, but I note that it was only made so by the delays in processing on ISC's end, given the request was placed in March. I also note that if this request is denied or further delayed, children from three different Tlingit communities will be denied the opportunity to participate in this important cultural event, due to ISC's own administrative delays.

Thank you,
Molly

From: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>

Date: Friday, June 9, 2023 at 1:19 PM

To: Cindy Blackstock <cblackst@fncaringsociety.com>, Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>, Molly Rasmussen <mrasmussen@fncaringsociety.com>

Subject: RE: Taku requests follow up

Hi Cindy,

I was copied on this message also and I understand the region left a message with Mr. Buznego on June 7th and has someone assigned case managing the group requests from the First Nation. Sam may have more specific information on the requests themselves.

Thanks Val

From: Cindy Blackstock <cblackst@fncaringsociety.com>

Sent: Friday, June 9, 2023 12:57 PM

To: Gideon, Valerie <Valerie.Gideon@sac-isc.gc.ca>; Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>;

Molly Rasmussen <mrasmsussen@fncaringsociety.com>

Subject: FW: Taku requests follow up

Hello Valerie,

You will see from the email chain below that Taku River FN has made a request via Jordan's Principle for support for a food relief program for children (since January 2023) and funds for their Ha Kusteyee cultural event (since March 2023). The children's cultural day is scheduled for July and the Caring Society has brought this case to ISC's attention again on Monday and have not received a response. The Nation has also put in capital requests and are experiencing a cascade of information requests versus asking for all needed info at once and one each occasion ISC resets the capital clock—you will recall this is something we tried to address via Back to Basics

From: Jorge Llaca Buznego <education.mgr@gov.trtfn.com>

Date: Wednesday, June 7, 2023 at 4:52 AM

To: Larocque, Deanne <Deanne.Larocque@sac-isc.gc.ca>, Steeves, Sarah <Sarah.Steeves@sac-isc.gc.ca>

Cc: Simrita Sidhu <jordansprinciple@3nations.org>, Raymond Cauchi <Raymond@acc-society.bc.ca>

Subject: FW: Taku requests follow up

Hello everyone,

This is my 6th email following up on the status of our Jordan Principle applications. I do not know how many times I have phoned the BC region, but no one seems to answer. At this point I doubt if there are people working there.

Here I am again, one more time, asking for an update on our ISC-120764-Q4K3 & **ISC-138597-P2Z6** applications. Hopefully, I get something different that "we are reviewing your file" or "we are experiencing a high volume of applications".

I seem to understand that the Jordan's Principle is "**a child-first principle designed to ensure First Nation children do not experience delays, denials, or disruptions of services**" I wonder if I misunderstood, misread, or misinterpret what the Jordan Principle was meant to address, because I have only experienced delays, disruptions of services and misinformation from officer to officer all across the Jordan Principle program....

What is most important here is that our Youth and Children needs have not been addressed.... Is there somebody who cares about our needs, the Taku Nation, and its people? If so, where can I find that person? Where do I need to go to make the case for Taku?

I wish somebody would at least read our requests and realize that Ha Kusteyee celebration is happening in a month and questions why we still don't have a response from the program that claims to "ensure First Nations children access the products, services and supports they need, when they need them."

Sincerely,

Jorge Llaca Buznego, Ph.D

Education Manager

250.651.7900 ext. 450

education.mgr@gov.trtfn.com



We are concerned these children will lose an opportunity to learn and celebrate their culture do to the long delays at ISC in determining the requests for what appear to clearly be administrative reasons which are not permitted under 2017 CHRT 35.

Can you please assist in expediting a response to Jorge Llaca Buznego?

Thank you

Cindy Blackstock
Executive Director
First Nations Child & Family Caring Society
cblackst@fncaringsociety.com
613-230-5885

New Address Alert!

The Caring Society will be moving to the address below on February 18, 2022:
First Nations Child & Family Caring Society
350 Sparks Street, Unit 202
Ottawa ON
K1R 7S8

This is **Exhibit “18”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", is written over a solid horizontal line.

Kevin Droz
LSO#: 82678N

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Friday, November 24, 2023 2:09 PM
To: Wilson-Clark, Samantha; Houlihan, Amanda
Cc: [REDACTED] Nanaquawetung, Lincoln; Parenteau, Darla; [REDACTED]
Subject: Re: ISC-158479-Y4Y2 [REDACTED]

Hi Samantha,

Thank you for confirming the below! I will be in touch if any concerns arise.

Thanks again,
Molly

From: Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Date: Friday, November 24, 2023 at 1:49 PM
To: Molly Rasmussen <mrasmussen@fncaringsociety.com>, Houlihan, Amanda <amanda.houlihan@sac-isc.gc.ca>
Cc: [REDACTED] Nanaquawetung, Lincoln <lincoln.nanaquawetung@sac-isc.gc.ca>, Parenteau, Darla <darla.parenteau@sac-isc.gc.ca>, [REDACTED]
Subject: RE: ISC-158479-Y4Y2 [REDACTED]

Hello Molly,

I can confirm that the issue of the decline has been resolved and reimbursement for last night's meal will be processed. The regional team will connect with [REDACTED] to obtain the receipt.

In addition, we can confirm that:

- The hotel and meal extension from Nov 30 to Dec 30, 2023 has been booked through SARF with the hotel.
- The grocery cards have been picked up by the courier and are on the way to be delivered to mom at the hotel today.
- The gas gift cards were sent by courier to the hotel on Nov 20, 2023.
- The regional team is working with mom to process a moving and storage request.

Thank you,
Samantha

From: Molly Rasmussen <mrasmussen@fncaringsociety.com>
Sent: Friday, November 24, 2023 11:26 AM
To: Houlihan, Amanda <amanda.houlihan@sac-isc.gc.ca>
Cc: [REDACTED] <[REDACTED]> Nanaquawetung, Lincoln <lincoln.nanaquawetung@sac-isc.gc.ca>; Parenteau, Darla <darla.parenteau@sac-isc.gc.ca>; [REDACTED] Wilson-Clark, Samantha <Samantha.Wilson-Clark@sac-isc.gc.ca>
Subject: Re: ISC-158479-Y4Y2 [REDACTED]
Importance: High

Hello again,

████████ informed me that the credit card on file for the room and purchases is declining. As such, she and her children were unable to have lunch, and had to pay out of pocket for their dinner. ██████████ indicated that as of 9:00PM last night, the issue was still not resolved.

Can someone please look into this and ensure that the credit card that will be used when ██████████ returns to the hotel on November 30th is set to accommodate their stay and meals. ██████████ will also need to be reimbursed for the dinner she had to pay for last night. She has kept the receipt.

Please confirm what steps have been taken to ensure the children's needs are met by 3:00PM ET today.

Thank you,
Molly

From: Molly Rasmussen <mrmussen@fncaringsociety.com>

Date: Friday, November 24, 2023 at 10:26 AM

To: amanda.houlihan@sac-isc.gc.ca <amanda.houlihan@sac-isc.gc.ca>

Cc: ██████████ ██████████ ██████████ lincoln.nanaquawetung@sac-isc.gc.ca <lincoln.nanaquawetung@sac-isc.gc.ca>, darla.parenteau@sac-isc.gc.ca <darla.parenteau@sac-isc.gc.ca>, ██████████ ██████████ ██████████

Subject: Re: ISC-158479-Y4Y2 ██████████

Hello all,

Molly here from the Caring Society. ██████████ forwarded the below message to me so that the Caring Society is kept aware of all the developments with her case.

I'm glad to see that things are in order for ██████████'s transition and the children's food. ██████████ indicated that she requested \$500 biweekly in grocery card support, and that she has also re-forwarded the supporting letter from ██████████. I trust that this will be kept on file and referred to for future requests to prevent ██████████ having to resend it again.

Can ISC please confirm that accommodations and grocery cards are in place by no later than 3PM ET today?

Thank you all,
Molly

Molly Rasmussen (she/her), MA
Reconciliation and Research Coordinator
First Nations Child & Family Caring Society
mrmussen@fncaringsociety.ca



From: ██████████ ██████████ <████████████████████>
Date: Thursday, November 23, 2023 at 3:58 PM

To: Molly Rasmussen <mrasmusen@fncaringsociety.com>

Subject: FW: ISC-158479-Y4Y2 [REDACTED]

----- Original message -----

From: "Houlihan, Amanda" <amanda.houlihan@sac-isc.gc.ca>

Date: 2023-11-23 12:32 p.m. (GMT-07:00)

To: [REDACTED]

Cc: "Parenteau, Darla" <darla.parenteau@sac-isc.gc.ca>, [REDACTED] "Nanaquawetung, Lincoln" <lincoln.nanaquawetung@sac-isc.gc.ca>

Subject: Re: ISC-158479-Y4Y2 [REDACTED]

Hello [REDACTED]

Thank you for your email.

Regarding the request for alternative meal arrangements, SARF is unable to provide food voucher's for [REDACTED]. These are the meal options that are available:

Meals-

Option 1- Restaurant meal vouchers at the hotel.

Option 2 - There is a different rate for Grocery Gift Cards- if we are able to get a hotel with a kitchenette

We will be processing a decision for the grocery gift card for snack, fresh fruits and vegetables today. To assist your children with snack at the hotel between meals. We would like to know what is the amount you are requesting for these items, to be sure the children's needs are met.

As you stated in your email previously, we have searched for the letter of support from your Aunt [REDACTED] regarding storage fees and continuous storage fees. If either [REDACTED] or you could please resend to our email addresses and we can assist you with this request. We want to confirm we have the correct information for your request.

The accommodation's from the November 30th 2023 for 1 month will be processed today to assure a smooth transition for you and your family. Meals will continue at the [REDACTED] as it is now, due to availability. The Damage deposit will be added to this request as well.

If you require any additional information, please do not hesitate to contact us directly.

Kind Regards,

Amanda Houlihan

Acting Senior Program Officer/ Individuals Unit

Jordan's Principle-Child First Initiative

[REDACTED] First Nations and Inuit Health Branch

Department of Indigenous Services Canada/Government of Canada

amanda.houlihan@sac-isc.gc.ca

Tel: 1-833-63CHILD (1-833-632-4453)

Agent principal de programme par interim/ Unite Des Individus

Le principe de Jordan – Initiative de l'enfant d'abord

Direction générale de la santé des Premières Nations et des Inuits

Ministère des Services aux Autochtones Canada/ Gouvernement du Canada

amanda.houlihan@sac-isc.gc.ca

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La *Loi sur le ministère des Services aux Autochtones* autorise la collecte, l'utilisation et la divulgation de renseignements personnels aux fins de l'application du principe de Jordan. La collecte, l'utilisation et la divulgation des renseignements personnels doivent se faire conformément à la *Loi sur la protection des renseignements personnels*. Les renseignements personnels recueillis serviront à faciliter et à administrer le traitement de la demande en vertu du principe de Jordan. Les renseignements peuvent également être utilisés pour communiquer avec des personnes afin d'effectuer un sondage de suivi. Les renseignements personnels seront conservés conformément à la *Loi sur la protection des renseignements personnels* et à ses règlements. Les renseignements recueillis sont décrits et accessibles en ligne à www.infosource.gc.ca. En vertu de la *Loi sur la protection des renseignements personnels*, toute personne a droit à la protection de ses renseignements personnels, à l'accès à ces derniers ainsi qu'à la correction des erreurs qu'ils peuvent contenir. Si vous avez besoin de précisions concernant l'énoncé de confidentialité, veuillez communiquer avec le Bureau de l'accès à l'information et de la protection des renseignements personnels du Ministère par téléphone au **1-819-997-8277**, ou par courriel à aadnc.upvp-ppu.aandc@canada.ca. Pour obtenir de plus amples renseignements sur la protection des renseignements personnels, sur votre droit de déposer une plainte et sur la *Loi sur la*

From: [REDACTED] <[REDACTED]>
Sent: November 23, 2023 10:19 AM
To: Houlihan, Amanda <amanda.houlihan@sac-isc.gc.ca>
Cc: Parenteau, Darla <darla.parenteau@sac-isc.gc.ca>; [REDACTED] <[REDACTED]>
Subject: RE: ISC-158479-Y4Y2 [REDACTED]

Good morning,

I am reaching out this morning regarding the hotel stay. My family is booked at the [REDACTED] until the 26th. They are fully booked from the 26th - 30th. After searching hotels in the area I have decided to book with the [REDACTED] from the 30th onward. I'm not sure how I go about that as the credit card on file is not mine. Will SARF contact them to book the next stay?

As for meals, they do have a few other restaurants here but not all charge to the room. [REDACTED] is located in the lobby and has more options than the room service menu. As per the previous email Amanda mentioned restaurant meal vouchers at the hotel. Would vouchers to [REDACTED] be possible?

Also, I didn't get a response from my last email. I'm just wondering if Darla or anyone else has been able to look at the revised letter from my auntie regarding the storage room reimbursement and ongoing payments?

Thanks,

[REDACTED]

Sent from my Galaxy

----- Original message -----

From: "Houlihan, Amanda" <amanda.houlihan@sac-isc.gc.ca>
Date: 2023-11-20 11:08 a.m. (GMT-07:00)
To: [REDACTED]
Cc: "Parenteau, Darla" <darla.parenteau@sac-isc.gc.ca>
Subject: ISC-158479-Y4Y2 [REDACTED]

Good morning [REDACTED]

I am reaching out to you directly, to assist you with the need for Fruit, Veggies and snacks. Due to SARF limitations and what they can provide regarding your approval. These would be some options we can provide.

Meals-

Option one- Restaurant meal vouchers at the hotel.

Option 2 - There is a different rate for Grocery Gift Cards- if we are able to get a hotel with a kitchenette

Hotel-w/Kitchenette- not many available in area so unsure where the hotel may be located, many have to relocate your family.

Additional New request- Grocery gift card to provide your children with Fruits, Veggies and snacks.

If you wish to add the new additional new request. For this request please indicate the grocery list along with the amount you are requesting. We also recommend to provide a Letter of Support from [REDACTED] if you wish the needs of the children that are not being met with the current approval of meals.

Please advise how we can assist you.

Kind Regards,

Amanda Houlihan

Acting Senior Program Officer/ Individuals Unit

Jordan's Principle-Child First Initiative

[REDACTED] First Nations and Inuit Health Branch

Department of Indigenous Services Canada/Government of Canada

amanda.houlihan@sac-isc.gc.ca

Tel: [1-833-63CHILD](tel:1-833-63CHILD) (1-833-632-4453)

Agent principal de programme par interim/ Unite Des Individus

Le principe de Jordan – Initiative de l'enfant d'abord

[REDACTED] Direction générale de la santé des Premières Nations et des Inuits

Ministère des Services aux Autochtones Canada/ Gouvernement du Canada

amanda.houlihan@sac-isc.gc.ca

Privacy Notice Statement

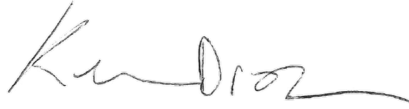
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This is **Exhibit “19”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N

From: [Rhoda Hallgren](#)
To: [Brittany Mathews](#)
Subject: RE: Jordan's Principle
Date: Wednesday, March 20, 2024 2:08:21 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)

Hello Brittany,

I was told today by our rep in BC (Vanessa Sabitova) that BC region is sitting at approximately 2700 emails sitting in queue.

They are also implementing another standard in the new fiscal year that service coordinators have to complete 10 group requests as part of their FTE within the fiscal year. So they have a very low standard of 35 application submissions per year and are adding 10 group requests per year to their FTE contracts.

This is how they are trying to address the backlog. I do think we can put in more group requests; however, our 3 service coordinators already put in anywhere from 30 – 100 applications per month. I think ISC should allocate FTEs to organizations for a service coordinator that only works on group requests.

Further, they need to start allocating additional funding for the administrative burden that is piling onto organizations and agencies. We are so strapped at times in our finance department as we are processing so many payments for services and products but we only have 1 FTE for an ARC administrator. ISC is not funding the processing appropriately in my opinion.

Thank you for reaching out Brittany, you can contact me at 778-349-1759 or at this email address should you have any other questions.

Rhoda Hallgren

From: Brittany Mathews <bmathews@fncaringsociety.com>
Sent: Wednesday, March 20, 2024 10:40 AM
To: Rhoda Hallgren <rhallgren@csfs.org>
Subject: Re: Jordan's Principle

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Good afternoon Rhoda,

I hope this email finds you well! I wanted to check in about the backlogged cases in BC. Have you received any updates from ISC in terms of how many requests are in queue or other details?

In the Caring Society's [non-compliance motion](#) filed in December, we raise serious concerns about how widespread the backlog issues may be. In preparation for our reply affidavits to be submitted on March 27, 2024, the Caring Society wants to provide the Tribunal with more details about how widespread this issue is. If you could provide any details that you may have received about this issue (or any others!), that would be most helpful.

Please don't hesitate to reach out with any questions/concerns.

Thank you,

Brittany Mathews (*she/her*)

Director of Reconciliation & Policy

First Nations Child & Family Caring Society

bmathews@fncaringsociety.com

613-230-5885

fncaringsociety.com

Twitter: [@caringsociety](#)

Facebook: [@caringsociety](#)

Instagram: [@spiritbearandfriends](#)

From: Brittany Mathews <bmathews@fncaringsociety.com>

Date: Friday, August 11, 2023 at 4:20 PM

To: Rhoda Hallgren <rhallgren@csfs.org>

Subject: Re: Jordan's Principle

Good morning Rhoda,

Thank you so much for this clarity, it's really appreciated!

I've let Cindy know these details and we will be raising it with Samantha as to what immediate measures ISC is putting in place to remedy.

As always, please don't hesitate to reach out with any questions/concerns and I hope you have a wonderful weekend.

Thank you,

Brittany Mathews (*she/her*)

Reconciliation and Policy Coordinator

First Nations Child & Family Caring Society

bmathews@fncaringsociety.com

613-230-5885

fncaringsociety.com

Twitter: [@caringsociety](https://twitter.com/caringsociety)

Facebook: [@caringsociety](https://www.facebook.com/caringsociety)

Instagram: [@spiritbearandfriends](https://www.instagram.com/spiritbearandfriends)

From: Rhoda Hallgren <rhallgren@csfs.org>

Date: Thursday, August 10, 2023 at 12:51 PM

To: Brittany Mathews <bmathews@fncaringsociety.com>

Subject: RE: Jordan's Principle

Hello Brittany,

At our last meeting with ISC, they did indicate that they are short-staffed and that they had put in for additional staffing, but that has to go through the treasury board.

Samantha was in attendance and they indicated that they are severely short staffed because there has been a 400% increase in applications coming in. Only 46% of those applications go through service coordinators which means that the review staff in Vancouver are assisting families with the application process.

As of July 28th, they had 1000 applications in queue and 2000+ applications that are unopened in their inbox waiting for review.

There are also issues arising from misinformation being spread through social media where people are making false claims regarding what Jordan's Principle will cover – this takes up ISC reviewers time as well because clients are calling into ISC for coverage based on Facebook posts (i.e. Facebook post stated that if you call ISC and show them your insurance and registration, Jordan's Principle will pay for your vehicle insurance for one year).

Ultimately, the backlog is due to short staffing and the increase in applications. Vanessa Sabitova would likely have the PowerPoint presentation that was shared with us.

Thanks for reaching out Brittany and please let me know if you have any additional questions,

Rhoda Hallgren (*she/her*)

Director of Community Health



CARRIER SEKANI
FAMILY SERVICES
Creating wellness together.



Physical Address (no mail delivery to this location):

308 Tsa Street, Burns Lake, BC, V0J 1E0

Cell: 778.349.1759

Email: rhallgren@csfs.org

Web: www.csfs.org



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From: Brittany Mathews <bmathews@fncaringsociety.com>

Sent: August 10, 2023 8:00 AM

To: Rhoda Hallgren <rhallgren@csfs.org>

Subject: Jordan's Principle

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Good morning Rhoda,

I hope this email finds you well! My name is Brittany and I work over at the Caring Society. You may remember me from JPOC.

Cindy asked that I reach out to you regarding your point at the last JPOC that the BC Region has 2000 delayed requests. If I understood you right, the Director General (Samantha Wilson-Clark) indicated that these 2000 requests have been determined, but the region has not let families know. Is this correct?

We have been hearing from a lot of families and service coordinators about the significant and serious delays in BC Region. We are aiming to ensure ISC solves this so that kids aren't experiencing delays and has safeguards in place to ensure it does not happen again.

Don't hesitate to reach out with any questions/concerns!

In good spirit,

Brittany Mathews *(she/her)*

Reconciliation and Policy Coordinator

First Nations Child & Family Caring Society

bmathews@fncaringsociety.com

613-230-5885

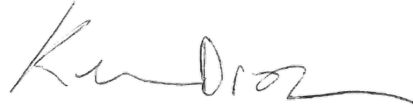
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This is **Exhibit “20”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N



FSIN OFFICES

Head Office

#10 – 134 Kahkewistahaw
Crescent
Saskatoon, SK S7R 0M9
Business (306) 665-1215

March 25, 2024

National Chief Cindy Woodhouse
Assembly of First Nations
Suite 1600, 55 Metcalfe St.
Ottawa, Ontario
K1P 6L5

AFN Executive Committee
Assembly of First Nations
Suite 1600, 55 Metcalfe St.
Ottawa, Ontario
K1P 6L5

Honourable Patty Hajdu
Minister of Indigenous
Services Canada
3-705 Red River Rd
Thunder Bay, ON
P7B 1J3

Honourable Gary
Anandasangaree
Minister of Crown-
Indigenous Relations
House of Commons
Ottawa, ON K1A 0A6

FN Caring Society
Suite 202-350 Sparks St.
Ottawa, ON
K1R 7S8

RE: FSIN SUPPORT OF CARING SOCIETY NON-COMPLIANCE MOTION ON JORDAN'S PRINCIPLE AT CHRT

Federation Sovereign Indigenous Nations (“FSIN”) is informing the First Nation Child and Family Caring Society (“Caring Society”), Canada, Assembly of First Nations (“AFN”), and all Regional Chiefs, that FSIN Chiefs-in-Assembly, support “the Caring Society respecting Canada’s approaches to Compensation and Long-Term Reform” and supports the Caring Society’s non-compliance motion on Jordan’s Principle against Canada.

FSIN calls on Canada to immediately comply with the Canadian Human Rights Tribunal (“CHRT”) orders and implement the measures suggested in Annex A of the Caring Society non-compliance motion” and “calls upon Canada to take immediate and positive measures to publicize that it is Canada that is ultimately responsible for implementing the CHRT order, Canada must provide adequate resources, capacity, liability and workplace safety measures that take in account the district circumstances arriving from First Nations persons provided services in their own Nations.”

FSIN will continue to fight for the Inherent and Treaty Rights of our First Nation children to obtain the best treatment and services in health, social, education, housing, water, child welfare and all other public services. ***There are currently 9,202 Jordan’s Principle requested items sitting in queue at the ISC Saskatchewan Regional office that are not being addressed by Canada in a CHRT compliant manner.*** This is unacceptable, unjust and discriminatory in practice against our children.

*Protecting and
enhancing
Treaty Rights for
First Nations of
Saskatchewan*

FSIN cannot stand-by and watch our children not obtain what is needed to lead healthy robust childhoods and grow into productive members of their First Nations wherever they choose to live.

FSIN looks forward to working cooperatively with all parties and respecting our Inherent and Treaty Rights to care for, protect and bring home all our First Nation children no matter where they are residing.

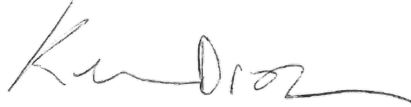
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Vice Chief David Pratt
Office of the 1st Vice Chief
FEDERATION OF SOVEREIGN INDIGENOUS NATIONS
Indian Governments of Saskatchewan

CC: FSIN Chiefs-in Assembly
FSIN Jordan's Principle Committees
FSIN Child Welfare Committees

This is **Exhibit "21"**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

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

Kevin Droz
LSO#: 82678N



Independent First Nations of Ontario

Jordan's Principle Model(s)
March 2024



Jordan's Principle
A Child First Initiative

IFN has been a leader on Jordan's Principle in the Ontario Region

Independent First Nations Communities in Ontario



Independent First Nations Leadership

Independent First Nation

Animbiigoo Zaagi'igan Anishinaabek
Bkejwanong Territory (Unceded)
Bingwi Neyaashi Anishinaabek
Chippewas of Nawash (Unceded)
Chippewas of Saugeen
Iskatewizaagegan #39
Kitchenuhmaykoosib Inninuwug
Mohawk Council of Akwesasne
Shawanaga First Nation
Temagami First Nation
Wabaseemoong First Nation
Whitesand First Nation

Chief

Chief Yvette Metansinine
Chief Dan Miskokomon
Chief Paul Gladu
Chief Gregory Nadjiwon
Chief Conrad Ritchie
Chief Gerald Lewis
Chief Donny Morris
Grand Chief Abram Benedict
Chief Adam Pawis
Chief Shelley Moore-Frappier
Chief Waylon Scott
Chief Lawrence Wanakamik

We have representatives from the Haudenosaunee, Anishinaabek and Oji-Cree Nations with a membership of over 30,000+ First Nations people.

IFN Jordan's Principle Background

In February 2017, the Independent First Nations of Ontario hired Jordan's Principle Navigators

- To act as a “Focal Point” for IFN Families with First Nations children with an unmet need, and ensure they have access to needed health, social and educational services and supports
- To assist IFN communities with group applications to Indigenous Service Canada
- To assist IFN children and their families/guardians to make application(s) to Jordan's Principle
- To act as a liaison between ISC, Caring Society, community workers, service providers, families/guardians, and their child(ren) to facilitate the delivery of services approved by ISC Ontario Region under Jordan's Principle;
- To gather and track data for reporting
- To train community workers on the Jordan's Principle application process and documentation needed to support their families application
- Keep them updated on the changing environment of Jordan's Principle
- Host information sessions for Chief and Council and community members

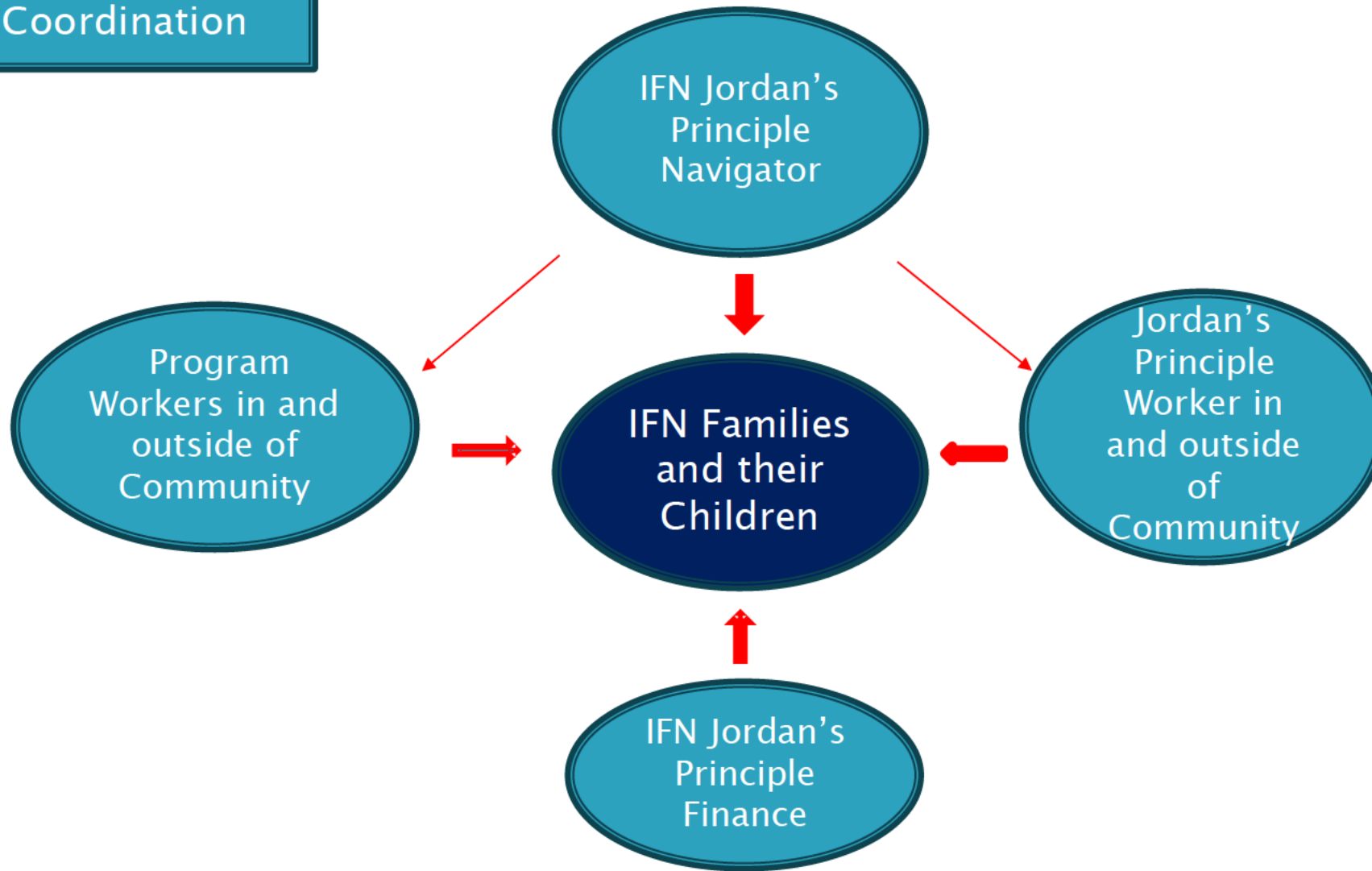
IFN Jordan's Principle Finance Background

- ▶ Recognizing significant delays in payments from Canada, the IFN Leadership voted to forge ahead with an IFN Jordan's Principle Pilot Project, as a *Payment Processor* for ISC approved applications
- ▶ In June 2018, the Independent First Nations of Ontario (IFN) and the Department of Indigenous Services Canada (ISC) formally announced a joint pilot initiative that would expedite the payment of services that were approved through ISC for First Nations children who are members of the IFN communities, beginning June 15, 2018
- ▶ IFN Jordan's Principle applicants have the option of working directly with the IFN Jordan's Principle Finance, ISC or in some cases, their First Nation to process payment of an approved claim(s) and where the First Nation seeks reimbursement back from IFN or ISC

IFN Jordan's Principle Outcomes

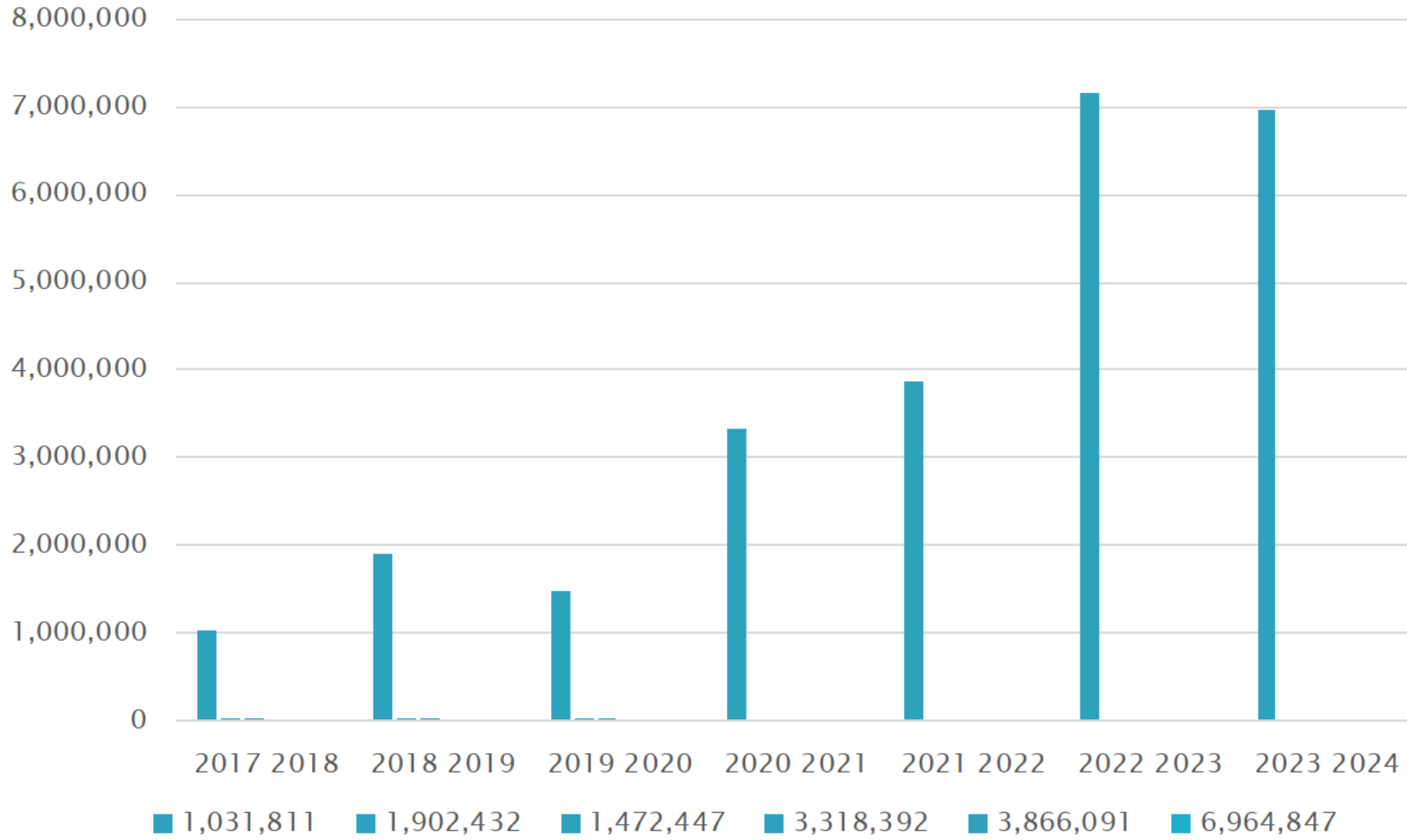
- ▶ Independent First Nations driven, client-based service delivery
- ▶ Decreased delays in the application processes for Jordan's Principle benefits
- ▶ Decreased in delays in payment for services, equipment and supports to our IFN members;
- ▶ Decreased mental health and financial stressors upon IFN families
- ▶ Collection of meaningful data and other information to inform policy and program reforms, which will enable the IFN to better respond to the needs of our children over the long term
- ▶ Development of a model adaptable to another Political Territorial Organization or Region

IFN Jordan's Principle Service Coordination

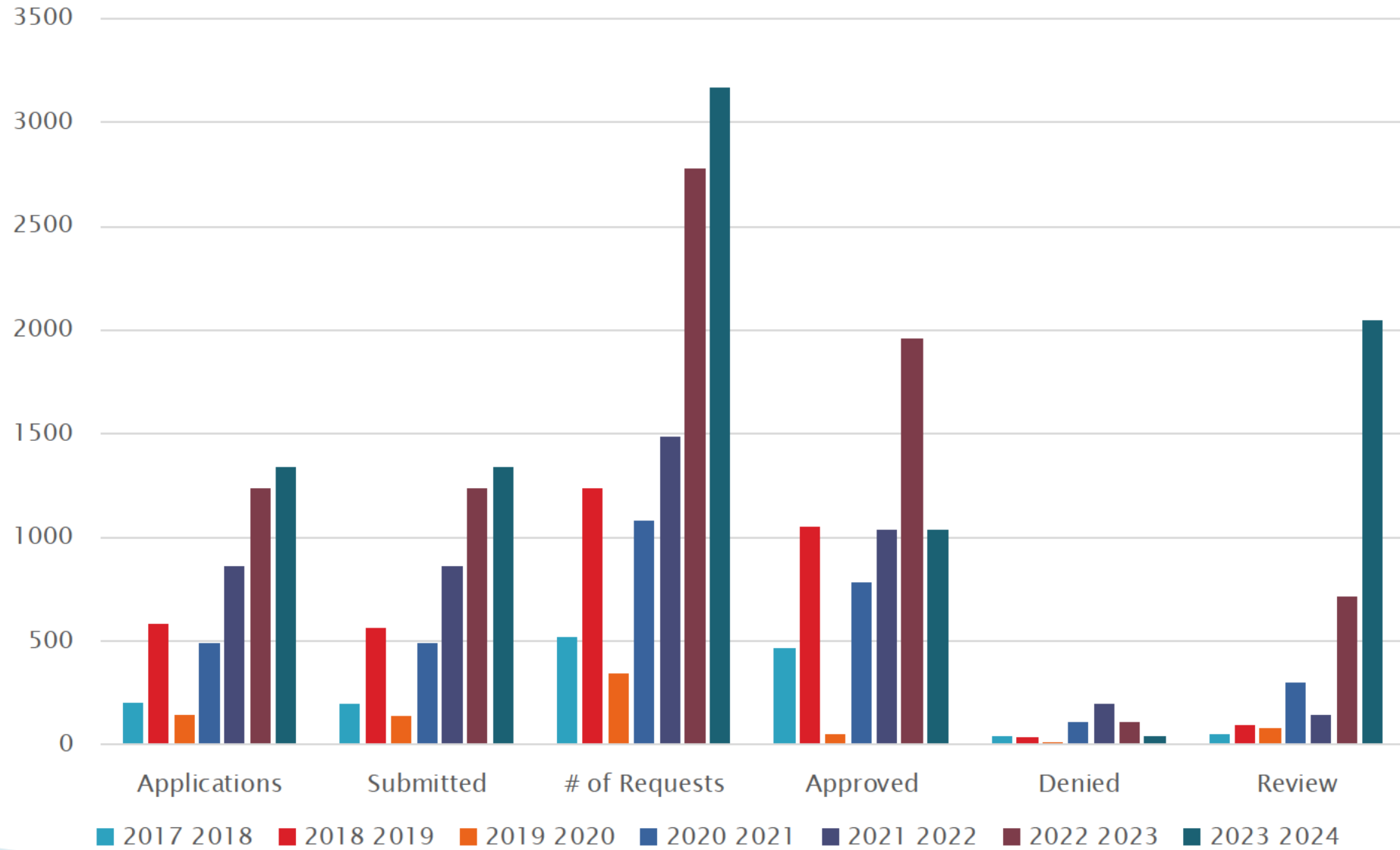


Building Community Capacity – Better Service Coordination

IFN Jordan's Principle Approvals



IFN Jordan's Principle Data



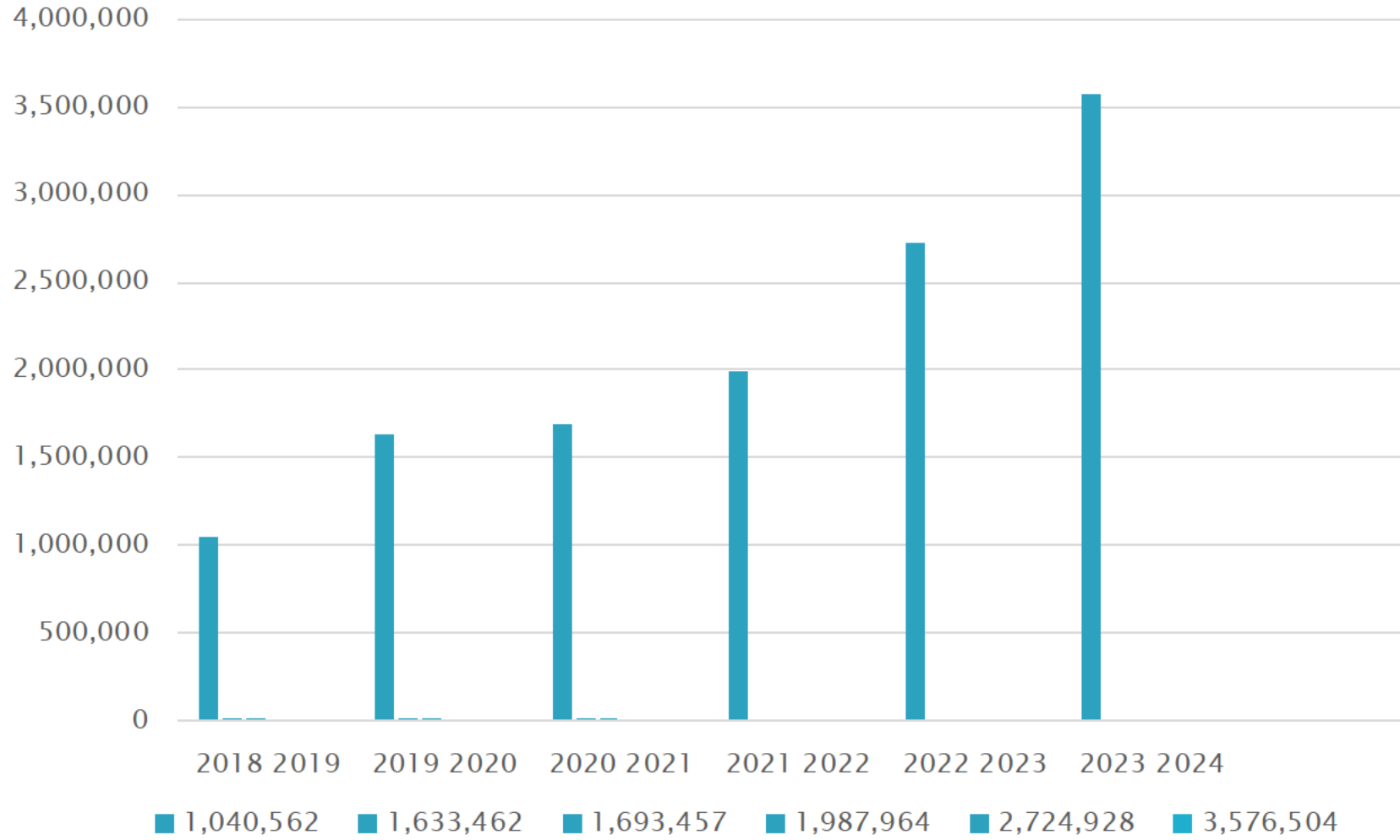
IFN Jordan's Principle Applications as of December 2023

Applications:	1395
On reserve	704
Off reserve	364

# of requests	3167
Approved	1037
Denied	45
# of Requests at ISC	2048

Requests	\$13,800,133.81
Approved	\$6,964,847.89
Denied	\$687,525.61
At ISC	\$6,147,760.31

IFN Jordan's Principle Payments




IFN Jordan's Principle Challenges

- ▶ Inconsistency in approvals–No stability in what is approved or denied at ISC as it is a needs based order
- ▶ Putting no more than 5 requests to an application, longer application takes longer to get approval
- ▶ Timeliness – ISC being taken back to court for non-compliance with the order
- ▶ Social Media – posting of funding – retraumatizing our families
- ▶ Double dipping – due to more First Nations and organizations receiving their own funding
- ▶ Mental wellbeing of the Navigators – families call and verbally abuse navigators due to time for application reviews and/or payments
- ▶ Retention of Community Navigators – Finding qualified staff – being fully staffed
- ▶ Role of supervisor or manager as opposed to navigator

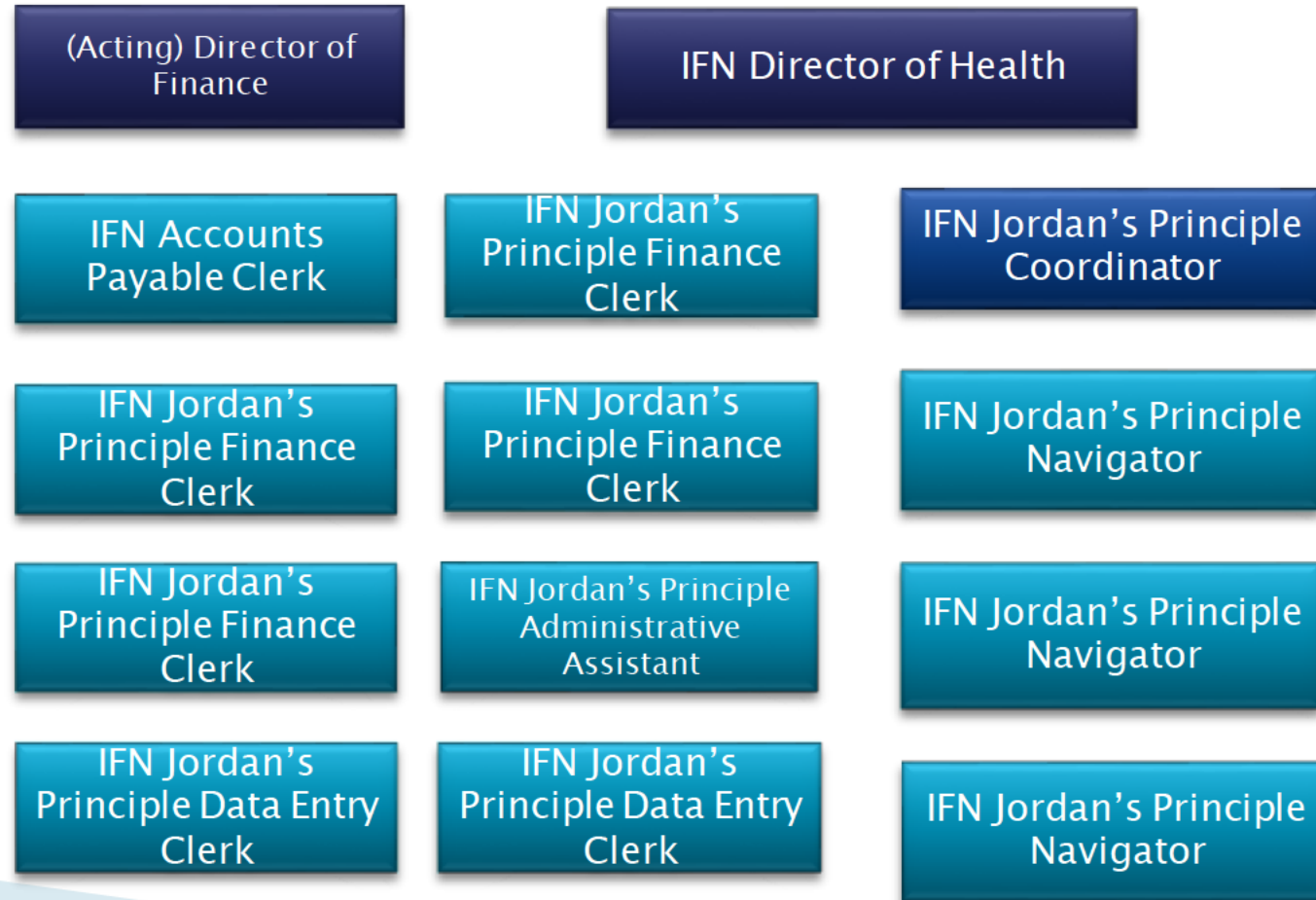
IFN Jordan's Principle Challenges

- ▶ Communities and Families not understanding that Jordan's Principle is an order not a program
- ▶ Group and Individual applications are processed by different teams so families don't understand that
- ▶ Children and their families being left out of group application
- ▶ Applications going to headquarters for several months without review, approval or denial
- ▶ The amount of paperwork required to receive funding can be overwhelming to families, workers, communities, and IFN Navigators
- ▶ Discriminatory policies still applied against our children

IFN Jordan's Principle Lessons Learned

- ▶ Increased Human Resource capacity to address Jordan's Principle requests
 - ▶ Creation of IFN Jordan's Principle Forms
 - ▶ Auditors need understanding of Jordan's Principle
 - ▶ Jordan's Principle Liability Insurance
 - ▶ Need for a Data System
 - ▶ Processing payments in a timely manner
- 

IFN Jordan's Principle Team



IFN Recommendations and Future Investments

- ▶ The IFN supports Jordan's Principle as a Child First Initiative
- ▶ The IFN support policy overhaul and reform e.g. Non Insured Health Benefits
- ▶ The IFN recognizes the need for a Jordan's Principle Recruitment and Retention Strategy – the demand for services is greater than service availability
- ▶ The IFN believes in building community capacity
- ▶ On-Reserve First Nations Disabilities Services are required for those children aging out
- ▶ Access to services and supports for children aging out of Jordan's Principle
- ▶ There needs to be an acceptance for Mohawks of Akwesasne, many children registered in Canada, but live in the U.S. portion of Akwesasne because of the lack of housing

Personal Information

Personal Information

At age 12, **Personal** moved in with his grandmother. Before that he had been living with his grandfather who passed away. And before that he was living at home with his mom and siblings, where he had witness domestic violence. His father was not healthy and very rough with **Personal**. His mom had a few other children and **Personal** felt like he as just slipping through the cracks. When his grandmother offered to raise him, he was very happy. However, a year after his move to grandma's; she was diagnosed with cancer and quickly succumbed to it. To prevent **Personal** from having to go back to Winnipeg to reside, his Uncle offered to raise him. When **Personal** had lived in Winnipeg he felt that he was running with the wrong crowd. He was getting in trouble a lot and was scared of getting involved with gangs. Again **Personal** was relieved to be able to reside in Ontario with his uncle. Jordans Principle was instrumental in helping **Personal** mental health. He was able to get horse therapy where he really connected with the horses as well as the therapist. He attended her facility regularly. When she announced that she was moving; **Personal** gave her a hug and said thank you for saving my life.

Jordan's Principle assisted with:

- ▶ Rent
- ▶ Groceries
- ▶ Furniture
- ▶ YMCA
- ▶ Lice removal
- ▶ Clothing

Persona is now the happiest I have seen him. Living in a spacious apartment right in town, with access to the parks and a walk to school. He is attending high school and getting 70's, 80's and 90's in his classes. He is polite, respectful and caring. His teachers all love him. And he still works on himself every day. He is a remarkable young man that appreciates what JP has done for him.

Personal *said "Jordans Principle helped me get some of the things in my life that I would never have been able to afford. These things helped bring me out of my depression and to feel good about myself".*

Personal
Information

Personal Information

Meet **Person**

He is 8 years old

Diagnosis:

Primary Ciliary Dyskinesia

Kartagener Syndrome

Heart condition- prone to infection- Chronic ear infections

He is being raised by a single parent who's employment was greatly impacted by covid-19 shutdowns

Person requires daily suction from a machine that requires electricity

Person was funding for utilities support to keep his electricity on and his machines working

He also has been funded for

Clothing

Childcare so that dad can work

Personal
Information

Personal Information

Meet **Perso**

At 15 he still was not reading and had been diagnosed with Asbergers
He was member of a family with working parents and resided off reserve
He was in applied classes – earning no credits.

Through Jordan's Principle he was able to access:

- ▶ Technology
- ▶ Tutoring
- ▶ Recreational Respite

At 16 he reads and was in academic studies. He was also on the honour roll.

At 18, he graduated high school on the honour roll.

At 19, he now attends Conestoga College and is in welding program.

Personal Information

Personal
Information

Personal Information

Meet **Person**

Person is a 2 year old girl with a diagnosis of:

- ▶ Agenesis of corpus callosum
- ▶ Infantile Spasms
- ▶ Focal Epilepsy
- ▶ Choriorretinal Anomalies
- ▶ Renal Tubular acidosis

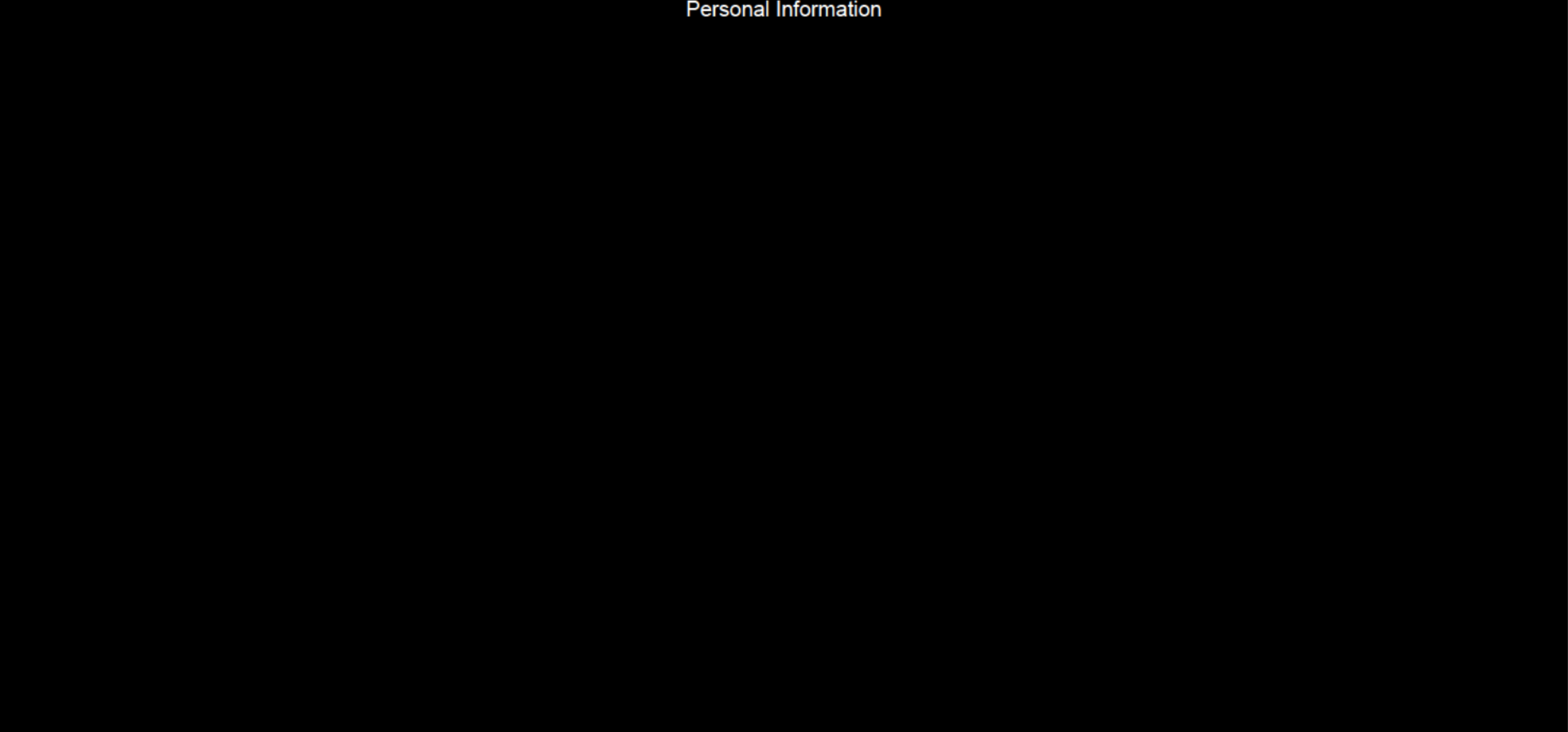
Jordan's Principle provided:

- ▶ safe wheel chair assessable van for transportation to all her appointments
- ▶ CBD oils – medications – medical supplies
- ▶ Home modification
- ▶ Clothing
- ▶ Mileage- winter tires
- ▶ Wheel chair modifications and assistive devices
- ▶ bed



IFN Jordan's Principle Retreat 2024

Personal Information



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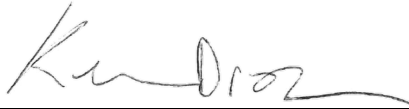
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This is **Exhibit “22”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

From: Debra Bear <Debra.Bear@cyfn.net>
Date: Tuesday, March 26, 2024 at 1:46 PM
To: Brittany Mathews <bmathews@fncaringsociety.com>
Subject: RE: Northern Jordan's Principle Backlog

You don't often get email from debra.bear@cyfn.net. [Learn why this is important](#)

Good morning Brittany,

In our region we have noted previous significant backlog on adjudication of applications. Some applications have been waiting in the queue for over a year and some we marked as urgent.

To date here is our general list of backlog:

- Therapy requests submitted May 2023
- Support Workers/Inclusion Workers submitted April 2023
- Youth Treatment submitted April 2023
- Emergency Dental submitted April 2023
- Trauma Resolution submitted May 2023
- Many family re-unification applications submitted over the past year
- Autism/ADHD assessment applications submitted May 2023, Dec 2023

We now have contribution agreements which provides the opportunity to approve certain requests internally.

This has been exceptionally helpful in providing support to the children when they need them without delay or disruption.

Our office is also in a position to cash flow approved reimbursements without delay.

Presently, new applications we are submitting can take a few months for a decision for non-urgent requests.

For urgent or time-sensitive requests, we can often get a decision sooner but many times the decision comes at the last moment.

This can impede the process of supporting our families and children with their urgent requests such as emergency medical travel or treatment.

We are hopeful that the process will become more streamlined.
Thank you for all that you are doing for our children and their families.

Mahsi Cho.



Debra Bear BScN
Director Jordan's Principle Services
Council of Yukon First Nations
P: [\(867\) 393-9200 ext. 9231](tel:(867)393-9200) | F: [\(867\) 668-6577](tel:(867)668-6577) | www.cyfn.ca

From: Shadelle Chambers <Shadelle.Chambers@cyfn.net>
Sent: Monday, March 25, 2024 9:52 PM
To: Brittany Mathews <bmathews@fncaringsociety.com>
Cc: Debra Bear <Debra.Bear@cyfn.net>
Subject: RE: Northern Jordan's Principle Backlog

Brittany,

I am cc'ing Debra Bear who is our Director of Jordan's Principle. She will be able to give you a better description of wait times. I will say we have moved to more of a contribution agreement model over the last 6 months. This has allowed us to approve in house and make decisions very quickly on most requests. We also have had a large "float" for a few years now so we don't wait on reimbursements.

Is the noncompliance order noted below for CHRT 41 Capital as well? I have a few concerns with that process I've sent to Cindy previously. I will forward to you as well.

Thanks



Shadelle Chambers
Executive Director
Executive Office
Council of Yukon First Nations
P: 867.393.9200 ext. 9234 | C: 867.336.1023 | cyfn.ca

From: Brittany Mathews <bmathews@fncaringsociety.com>
Sent: Thursday, March 21, 2024 8:34 AM
To: Shadelle Chambers <Shadelle.Chambers@cyfn.net>
Subject: Northern Jordan's Principle Backlog

Good morning Shadelle,

I hope this email finds you well! You may remember that I work at the Caring Society and we sit on JPOC together.

As you may know, in the Caring Society's [non-compliance motion](#) filed in December, we raise serious concerns about how widespread the backlog issues may be. The backlog could refer to requests in the queue waiting to be assigned to an ISC employee, requests assigned and awaiting determination, as well as reimbursements in queue. In preparation for our reply affidavits to be submitted on March 27, 2024, the Caring Society wants to provide the Tribunal with more details about how widespread this issue is.

To that end, Cindy asked that I reach out to you see if you know any details about this backlog issue in the Northern region, or if you could connect us with someone in your network who might have knowledge.

Please don't hesitate to reach out with any questions/concerns.

Thank you,

Brittany Mathews (*she/her*)

Director of Reconciliation & Policy

First Nations Child & Family Caring Society

bmathews@fncaringsociety.com

613-230-5885

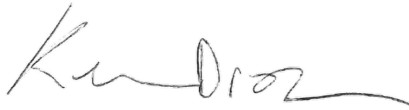
fncaringsociety.com

Twitter: [@caringsociety](#)

Facebook: [@caringsociety](#)

Instagram: [@spiritbearandfriends](#)

This is **Exhibit “23”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

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

Kevin Droz
LSO#: 82678N

7:25

5G+ 35



Post



A @squidgoth

Follow back ...

Hi @cblackst a First Nations child was just unable to access essential and immediate healthcare at a hospital, and Jordans Principle had me on hold for 2 hours and did not pick up. The child has since gone home without care and is now at risk. Please keep fighting.

1:28 PM · 2024-02-22 From Earth · 205 Views

2 Likes



Cindy Blackstock @cblac... · 2024-02-22 ...
Pls email info@fncaringsociety.com and we will try to assist

1 comment 52 likes



A @squidgoth · 2024-02-22 ...
Thank you I will right now.

1 comment 1 like 47 likes

Show replies



Cindy Blackstock @cblac... · 2024-02-22 ...
You can also call 1-855-JP-child

1 comment 86 likes

Post your reply



7:26

5G+ 35

is now at risk. Please keep fighting.

1:28 PM · 2024-02-22 From Earth · 205 Views

2 Likes



Cindy Blackstock @cblac... · 2024-02-22 ...
Pls email info@fncaringsociety.com and we will try to assist

1 comment · retweet · like 52 · bookmark · share



A @squidgoth · 2024-02-22 ...
Thank you I will right now.

1 comment · retweet · like 1 · bookmark · share

Show replies



Cindy Blackstock @cblac... · 2024-02-22 ...
You can also call 1-855-JP-child

1 comment · retweet · like 86 · bookmark · share

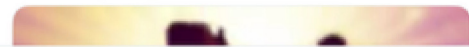


A @squidgoth · 2024-02-22 ...
That was the number that had me on hold - I pressed the urgent option.

comment · retweet · like 30 · bookmark · share



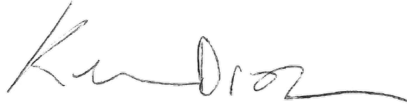
BetMGM Canada 🎰 @BetMGMCa... Ad ...
Get swept away by the thrill of Buffalo, the newest sensation at BetMGM Casino in Ontario! 🎲🎰



Post your reply



This is **Exhibit "24"**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

From: Andrea Blanchette <Andrea.Blanchette@publicboard.ca>

Date: Thursday, February 22, 2024 at 4:28 PM

To: Caring Society Info <info@fncaringsociety.com>

Subject: Service denial

You don't often get email from andrea.blanchette@publicboard.ca. [Learn why this is important](#)

Good afternoon,

This morning a 7 year old child with complex health needs, including FASD, needed bloodwork in order to be admitted to an inpatient psychiatric unit. The hospital is an hour away from home. A respite worker needed to be scheduled in order for this child to attend.

The Windsor Regional Hospital denied him services and he was unable to be admitted. He was denied services due to an expired OHIP card. His OHIP card is expired because the child is in a kinship placement, and his birth mother never handed over his birth certificate. We have been waiting months on a birth certificate to remedy this issue.

I have escalated this already with the hospital Indigenous advocates.

I was on hold with 1-855-JP-CHILD and no one answered. The call eventually dropped. Twice.

The child could not tolerate waiting any longer and had to return home without care.

Kate Ryckman has since called me and is working on an urgent approval. Fortunately the child has numerous advocates and support workers willing to assist, and he will eventually access care. Many children do not have these supports. Regardless, I understand there is another lawsuit claiming the Government is not fluffing it's legal duty to implement Jordan's Principle. This is an example of this failure.

1. How long should children be waiting on hold in an urgent request situation?
2. Is there legislation in place which forces hospitals and healthcare providers to honour UNDRIP and Jordan's Principle? Is there anything Caring Society can do to ensure Windsor Regional Hospital never denies a First Nations child services again? Training?

Any ideas and/or thoughts would be greatly appreciated.

Thank you,

Tižaməh!

Andrea Blanchette

First Nations, Métis, & Inuit Student Support Worker

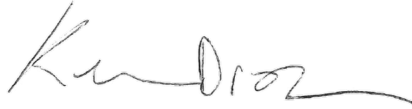
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andrea.blanchette@publicboard.ca

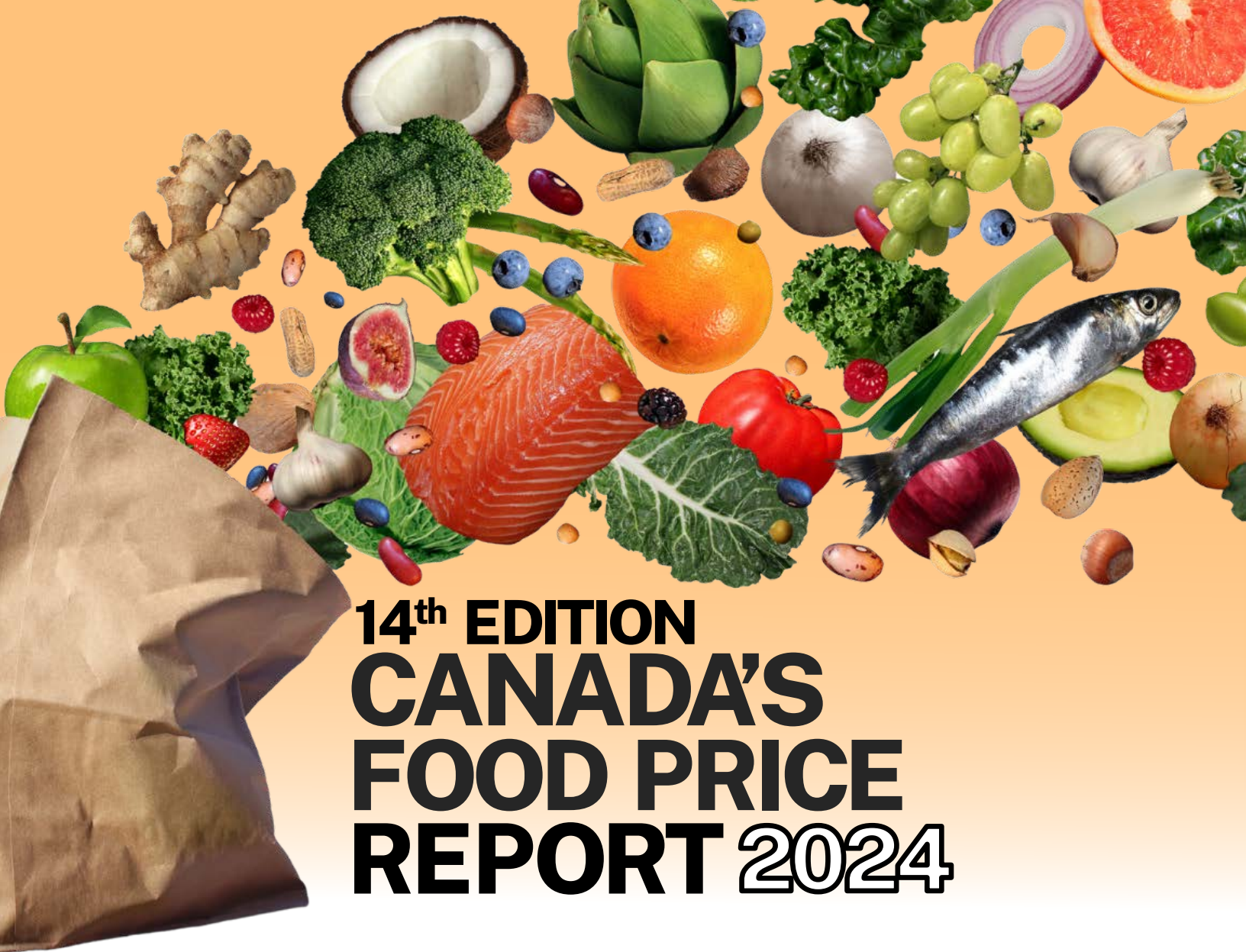
Phone: 519-255-3200 ext 10849

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This is **Exhibit “25”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a solid horizontal line.

Kevin Droz
LSO#: 82678N



14th EDITION CANADA'S FOOD PRICE REPORT 2024



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UNIVERSITY



THE UNIVERSITY
OF BRITISH COLUMBIA

UNIVERSITY *of* GUELPH



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Executive Summary

This marks the 14th edition of Canada's Food Price Report, an annual publication collaboratively produced by Dalhousie University, the University of Guelph, the University of British Columbia, and the University of Saskatchewan. Each of these universities contributes to enriching the report's depth and regional insight.

Last year's report predicted there would be an overall price increase of 5% to 7% in 2023. The current rate for food price increases is within the predicted range at 5.9% according to the latest available CPI data.¹ By category, all predictions were within the estimated range except for dairy, which was below the predicted increase, and bakery, which exceeded the predicted increase for 2023.

¹ Statistics Canada. (October 17, 2023). Consumer Price Index, monthly percentage change, seasonally adjusted, Canada, provinces, Whitehorse and Yellowknife-Food. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810000403>



The report also provides readers with predictions on estimated annual food expenditures for individual consumers based on their age and gender. This allows readers to construct their household and estimate their corresponding annual food expenditures to reflect their reality.

**“
It is concerning to note that Canadians are, in fact, spending less per capita on food retail in comparison to last year, even in the face of elevated food prices.”**

It is important to note that Canadians are spending less on food this year despite inflation. Food retail sales data indicates a decline from a monthly spend of \$261.24 per capita in August 2022 to a monthly spend of \$252.89 per capita in August 2023, indicating that Canadians are reducing their expenditures on groceries, either by reducing the quantity or quality of food they are buying or by substituting less expensive alternatives.² Canadians are facing additional pressures including higher costs for rent and utilities, and rising personal debt. A recent report by TransUnion found that the average Canadian has a credit card bill of \$4,000 and a 4.2% increase in household debt compared to last year,³ all of which are possible contributors to reduced food expenditures for Canadians.

² Statistics Canada. (October 20, 2023). Monthly retail sales, price, and volume, seasonally adjusted (x1,000,000). Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=2010006701&cubeTimeFrame.startMonth=01&cubeTimeFrame.startYear=2022&cubeTimeFrame.endMonth=12&cubeTimeFrame.endYear=2022&referencePeriods=20220101%2C20221201>

³ Amanat, H. (September 2, 2023). Canadian household debt up 4.2 per cent: TransUnion report. Retrieved from <https://www.ctvnews.ca/business/household-debt-rises-to-2-34-trillion-in-canada-as-average-credit-card-balance-jumps-to-4-000-transunion-report-1.6545592>

Based on the 2023 predictions and data from last year’s report, the total annual expenditure for a family with the following demographic composition: man (aged 31-50), woman (aged 31-50), boy (aged 14-18), and girl (aged 9-13), was originally projected to be \$16,288.40, based on what we considered to be a healthy diet. However, this year, in recognition of the reduced spending habits of Canadians, a more accurate estimate for the annual spending of a family of four in the past year is \$15,595.40.⁴ In other words, they spent \$693 less due to changes in shopping habits, despite higher food prices.

For 2024, the report uses the same food categories as in previous years and makes the following predictions:

**Table 1:
2024 Food Price Forecasts**

Food Categories	Anticipated Changes %
Bakery	5% to 7%
Dairy	1% to 3%
Fruit	1% to 3%
Meat	5% to 7%
Other	2% to 4%
Restaurants	3% to 5%
Seafood	3% to 5%
Vegetables	5% to 7%
Total Increase in Food Prices	2.5% to 4.5%

⁴ We calculated annual expenses for families and individuals by considering the decreased expenditure in the food and beverage retail sector, along with the observed 5.9% Consumer Price Index (CPI) increase.





Over the last 14 years, this report has considered many market instruments and macroeconomic factors in its forecast including financial indicators, recession signals, currencies, and Canada-specific information. The 2024 report forecasts that overall food prices will increase by 2.5% to 4.5%. This report maintains the same approach as last year and shows predicted annual food expenditures by individual consumers based on their age and gender.

Looking ahead to 2024, we anticipate that a family of four with the same demographic makeup will have an estimated expenditure of \$16,297.20.

This represents an increase of \$701.79 compared to the previous year. **Additionally, our models also indicate that 2024 may witness a mild deflationary trend, resulting in lower prices for numerous essential food items.**

In the previous year, the report addressed the enduring consequences of COVID-19 such as supply chain disruptions, the implications of climate change and carbon taxes, global events like the conflict in Ukraine, and the phenomenon of "shelfflation," potentially contributing to the price increases faced by Canadians.

“
In 2023, there was a prevailing sentiment that grocers continued to profit excessively and exploit the ongoing inflationary trends.”

The issue of food affordability remained a top concern as prices continued to rise throughout the year. Food Bank Canada's 2023 Hunger Count revealed there were nearly 2 million visits to food banks in Canada, a 32% increase compared

to March 2022 and a very significant 78.5% increase over March 2019.⁵ This is the highest level of food bank use in Canada on record.

⁵ Food Banks Canada. (2023). HungerCount 2023. Retrieved from <https://foodbankscanada.ca/hungercount/>

Furthermore, there were widespread concerns about corporate behaviour, with allegations of **profiteering** by Canada's major grocery chains frequently reported in the media and the subject of government attention. A significant 30.3% of Canadians believed that price gouging was the primary reason for the escalating food prices.⁶ Trust in the food and grocery sector came into question once more as the **Canada Bread Company** pleaded guilty to four counts of price-fixing under the Competition Act. These violations resulted in two price increases, in 2007 and 2011, and a fine of \$50 million.⁷ Price gouging remained a concern through 2023, but Bank of Canada data indicated that while firms' measured markups did grow after COVID-19, the markup was inflationary. Most of these markups occurred during 2020, and in 2022 were nearly zero or in fact negative.⁸

6 Agri-Food Analytics Lab (April 4, 2023). New Survey Suggests Majority of Canadians Distrust Grocers But Do Plame Other Factors For Higher Food Prices. Retrieved from <https://cdn.dal.ca/content/dam/dalhousie/pdf/sites/agri-food/Report%20Grocer%20EN.pdf>

7 Stober, E. (June 21, 2023). Canada Bread pleads guilty to price-fixing bread prices, fined \$50M. Retrieved from <https://globalnews.ca/news/9783925/canada-bread-price-fixing-guilty-fine/>

8 Bouras, P., Bustamante, C., Guo, X., and Short, J. (August 1, 2023). The contribution of firm profits to the recent rise in inflation. Retrieved from <https://www.bankofcanada.ca/wp-content/uploads/2023/08/san2023-12.pdf>



In 2024, it is probable that Canadians will continue to experience the strain of food inflation, compounded by increasing costs of housing, energy, and various other expenditures. It can also be expected that Canadians will see low economic growth based on Bank of Canada assessments of interest rates.⁹ The influence of climate change is expected to persist as a contributing factor to food price fluctuations in the upcoming year, particularly considering more frequent and impactful climate events.

Numerous experts have formed strong opinions on the impact of carbon fiscal policies on food retail prices. Ongoing studies have diligently explored the effect of carbon taxes on pricing and the identification of relevant factorial coefficients associated with carbon pricing. However, these studies have faced notable challenges in this regard. Furthermore, a more comprehensive examination of retail prices highlights the intricacies involved in establishing coefficients with a high degree of certainty. It would be misleading to assert that carbon pricing has a direct and straightforward impact on retail food prices, and it would be equally misleading to claim otherwise. Multiple factors come into play, including consumer behaviour and supply chain dynamics.

“
The available evidence as to whether the carbon tax is inflating prices is, at best, inconclusive.”



⁹ Parkinson, D. (October 26, 2023). Retrieved from <https://www.theglobeandmail.com/business/article-its-not-a-recession-its-low-positive-growth-quotes-from-the-bank-of/>



A critical challenge arises due to the absence of firm-level data necessary for accurately modelling the compounding effects of carbon pricing throughout the supply chain. Notably, the Bank of Canada and other public institutions have yet to conduct a comprehensive assessment of how carbon taxing influences the affordability of food.

Table 2:
2024 Provincial Breakdown of Food Prices

Province	2023 Change ¹⁰	2024 Forecast ¹¹
Alberta	5.5%	↑
British Columbia	5.9%	–
Manitoba	5.7%	↑
New Brunswick	6.4%	↑
Newfoundland and Labrador	6.3%	↓
Nova Scotia	6.2%	↑
Ontario	5.5%	↑
Prince Edward Island	6.7%	↓
Saskatchewan	5.0%	↑
Quebec	6.7%	↓

¹⁰ (↑) Expected above-average food price increase, (↓) Expected below-average food price increase, (–) Expected average food price increase. Lower confidence intervals at the provincial level.

¹¹ (↑) Expected above-average food price increase, (↓) Expected below-average food price increase, (–) Expected average food price increase. Lower confidence intervals at the provincial level.

Overview of 2023: How We Did

Food inflation is the gradual rise in the cost of all food products, whereas food price increase refers to the higher pricing of a product at the retail level. While Statistics Canada tracks inflation, Canada's Food Price Report specifically examines relative price hikes at retail. However, for our forecasting purposes, we can only rely on food inflation data.

In the 2023 forecasts presented in Table 3, the projections for food price increases fell within the expected range, except for dairy and meat, which experienced a lower-than-predicted increase, and bakery products, which exceeded the projected price increase.

Table 3:
2023 Food Price Results: 2023 Forecast vs Observed¹²

Food Categories	2023 Canada's Food Price Report Forecast	2023 Actual Change (CPI, Sept. '22 to Sept. '23)
Bakery	5% to 7%	8.0%
Dairy	5% to 7%	4.0%
Fruits	3% to 5%	3.0%
Meat	5% to 7%	4.4%
Other	5% to 7%	6.7%
Restaurants	4% to 6%	6.1%
Seafood	4% to 6%	4.3%
Vegetables	6% to 8%	7.6%
Total Food Categories Forecast	5% to 7%	5.9%

¹² Statistics Canada (October 17, 2023). Consumer Price Index, monthly percentage change, seasonally adjusted, Canada, provinces, Whitehorse and Yellowknife-Food. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810000403>



The rise in prices can be attributed to various factors, including climate events that have had adverse effects on harvests, such as wildfires and flooding occurring throughout the country. Additionally, increased input costs for products, global events, and rising production costs have contributed to these price increases. It is crucial to reemphasize that climate change stands out as the most substantial challenge facing the agri-food sector.

The predicted annual expenditure for Canadian consumers based on age and gender was overall higher than the observed costs for 2023. This is the figure that allows readers to construct their household and estimate their corresponding annual food expenditures to reflect their reality. Predicted costs were based on a 7% increase, the higher end of the overall predicted price increase, and observed costs reflect a 5.9% increase. According to Statistics Canada's food retail data, Canadian consumers are spending less.¹³ This means that the calculation for observed costs in 2023 was adjusted to reflect this behaviour. In previous years, when calculating the observed spend for families and individuals, the amount from the previous year was adjusted for inflation and this gave a dollar value of what it would cost for a family to eat based on the ideal food basket. This year, however, because we know Canadians are spending less, we have adjusted the method to calculate the observed costs.



¹³ Charlebois, S. (May 24, 2023). Canadians Are Now Buying Less Food. Now What for Grocery Retailers? Retrieved from <https://retail-insider.com/retail-insider/2023/05/canadians-are-now-buying-less-food-now-what-for-grocery-retailers-op-ed/#:~:text=The%20figures%20indicate%20that%20in,per%20capita%20surging%20to%20%24309.19>.

Canadians are facing stricter budgets as they contend with higher costs of living as rent continues to increase, interest rates have risen, and household debt is up. Food and beverage retail data shows that between 2022 and 2023, Canadians reduced the amount they spend in food and beverage retail by 3.26%.¹⁴ This reflects the change in spending per capita from January–August 2022 to January–August 2023. The 2023 observed cost has been calculated taking this reduction into account, as well as the observed inflation. Table 4 shows the annual expenditures by age and gender using this new method. This provides a clearer picture of spending habits and an economic reality check of what families are really spending.

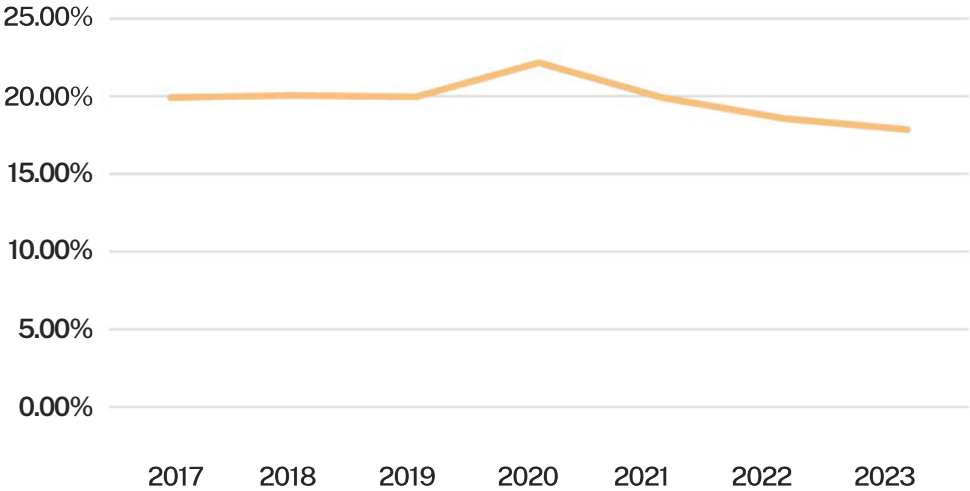
Table 4:
2023 Annual Food Expenditure by Age & Gender - Predicted vs. Observed

Demographics		Predicted Cost 2023	Observed Cost 2023	Difference
Child	6-11 Months	\$2,985.12	\$2,954.43	-\$30.69
	1-3 Years	\$2,361.61	\$2,261.13	-\$100.48
Boy/Man	4-8 Years	\$3,081.03	\$2,949.95	-\$131.08
	9-13 Years	\$3,966.77	\$3,798.00	-\$168.77
	14-18 Years	\$4,654.17	\$4,456.16	-\$198.01
	19-30 Years	\$4,380.18	\$4,193.83	-\$186.35
	31-50 Years	\$4,168.79	\$3,991.43	-\$177.37
	51-70 Years	\$4,049.27	\$3,876.99	-\$172.28
	70+ Years	\$3,891.94	\$3,726.36	-\$165.58
Girl/Woman	4-8 Years	\$2,950.87	\$2,825.32	-\$125.55
	9-13 Years	\$3,725.04	\$3,566.56	-\$158.49
	14-18 Years	\$3,867.62	\$3,703.07	-\$164.55
	19-30 Years	\$3,813.89	\$3,651.62	-\$162.26
	31-50 Years	\$3,740.39	\$3,581.25	-\$159.14
	51-70 Years	\$3,662.35	\$3,506.54	-\$155.82
	70+ Years	\$3,503.09	\$3,354.05	-\$149.05
Pregnant Woman	< 18 Years	\$4,333.82	\$4,277.42	-\$56.40
	19-30 Years	\$4,217.73	\$4,162.83	-\$54.90
	31-50 Years	\$4,173.06	\$4,118.75	-\$54.31
Nursing Woman	<18 Years	\$4,365.81	\$4,180.07	-\$185.74
	19-30 Years	\$4,347.81	\$4,162.83	-\$184.98
	31-50 Years	\$4,311.35	\$4,127.92	-\$183.43

¹⁴ Statistics Canada. (October 20, 2023). Monthly retail sales, price, and volume, seasonally adjusted (x 1,000,000). Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=2010006701&cubeTimeFrame.startMonth=01&cubeTimeFrame.startYear=2022&cubeTimeFrame.endMonth=12&cubeTimeFrame.endYear=2022&referencePeriods=20220101%2C20221201>

The following graph illustrates the percentage decrease in Canadian spending in the food and retail sector compared to the total amount spent in retail sales annually since 2017. Starting with 2020, there has been a decrease in per capita spending following a substantial surge between 2019 and 2020.

Per Capita Spend Ratio of Food & Retail Sales to Total Retail Sales¹⁵



¹⁵ Statistics Canada. (October 20, 2023). Monthly retail sales, price, and volume, seasonally adjusted (x 1,000,000). Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tvaction?pid=2010006701&cubeTimeFrame.startMonth=01&cubeTimeFrame.startYear=2022&cubeTimeFrame.endMonth=12&cubeTimeFrame.endYear=2022&referencePeriods=20220101%2C20221201>

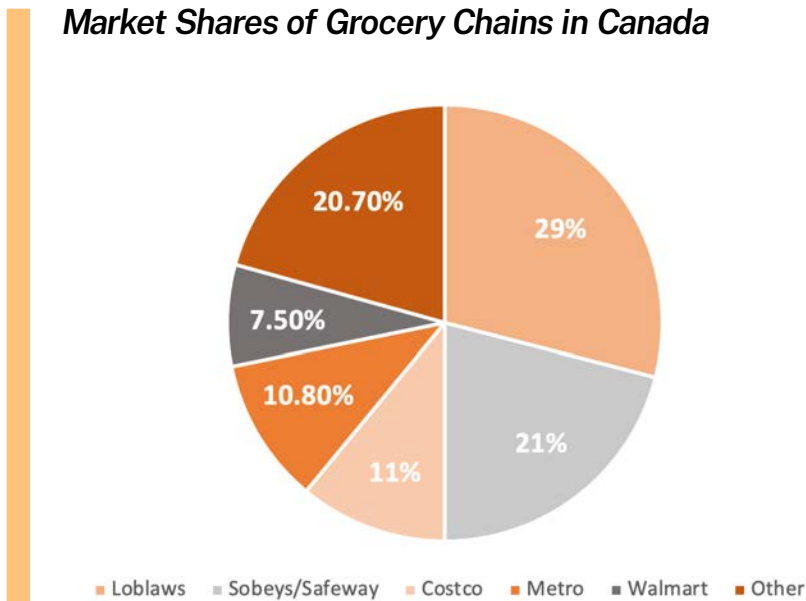


2023 Highlights

Profiteering and Market Competition in the Grocery Sector

Comparing G7 countries, Canada had the third lowest food inflation rate at 9.1% as of June 2023, after Japan at 8.9% and the United States at 4.6%.¹⁶ By comparison, the United Kingdom experienced the highest food inflation rate at 17.4%.¹⁷ Despite this, one of the most persistent topics in 2023 when discussing food prices was the perception major grocery chains are profiteering from food inflation and driving prices higher. In October 2022, the **Competition Bureau**, an independent federal agency, launched a study of grocery store competition in Canada.¹⁸ The aim of this study was to look at market concentration and competition, address food prices that were increasing above the inflation rate^{19,20}. Canada has a concentrated grocery industry and is a tough landscape for new players to break into ²¹. According to a recent report, 80% of the grocery market is controlled by five companies: Loblaws (29% market share), Sobeys/Safeway (21%), Costco (11%), Metro (10.8%), and Walmart (7.5).^{22,23}

Market Shares of Grocery Chains in Canada



¹⁶ OECD. (August 3, 2023). OECD headline inflation continues its rapid decline in June 2023, reaching 5.7%. Retrieved from <https://www.oecd.org/sdd/prices-ppp/consumer-prices-oecd-08-2023.pdf>

¹⁷ Ibid.

¹⁸ Government of Canada (March 8, 2023). Market Study Notice: Competition in Canada's Grocery Sector. Retrieved from <https://ised-isde.canada.ca/site/competition-bureau-canada/en/how-we-foster-competition/education-and-outreach/market-study-notice-competition-canadas-grocery-sector>

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Finnigan, P. (April 2021). Room to Grow: Strengthening Food Processing Capacity in Canada for Food Security and Exports. Retrieved from <https://www.ourcommons.ca/Content/Committee/432/AGRI/Reports/RP11265969/agrip04/agrip04-e.pdf>

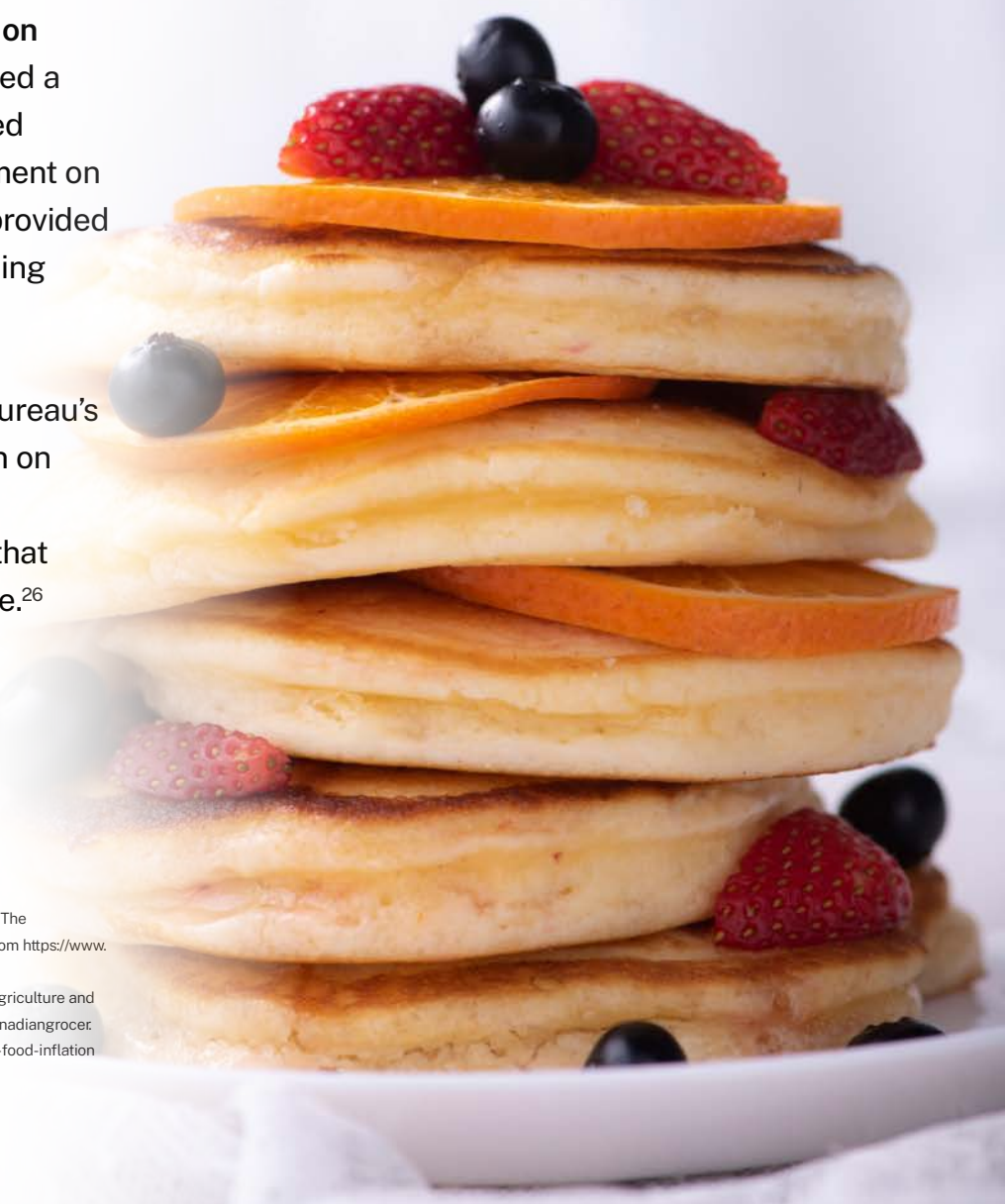
The Bank of Canada initiated a study to determine how markups have contributed to recent inflation. The study found that while firms' measured markups did grow after COVID-19, the markups were inflationary and most occurred in 2020. In 2022 when inflation was at its highest point, the growth in markups was nearly zero or in fact negative.²⁴

The federal **Standing Committee on Agriculture and Agri-Food** released a report in June 2023 that presented recommendations to the government on how to tackle food inflation.²⁵ It provided thirteen recommendations including addressing challenges around competition in the supply chain, strengthening the Competition Bureau's powers, improving data collection on prices in the supply chain, and addressing financial challenges that farmers and food processors face.²⁶

²⁴ Bouras, P., Bustamante, C., Guo, X., and Short, J. (August 1, 2023). The contribution of firm profits to the recent rise in inflation. Retrieved from <https://www.bankofcanada.ca/wp-content/uploads/2023/08/san2023-12.pdf>

²⁵ Canadian Grocer Staff (June 14, 2023). Standing Committee on Agriculture and Agri-Food releases report on food inflation. Retrieved from <https://canadiangrocer.com/standing-committee-agriculture-and-agri-food-releases-report-food-inflation>

²⁶ Ibid.





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**In 2023,
employees felt
empowered to
seek improved
working
conditions and
higher wages.**

Labour Disputes

The pressure of inflation has strengthened the Canadian labour movement’s fight for better wages and benefits.²⁷ **Metro Inc.** grocery store workers went on strike for over a month in the Toronto area and reached a deal in August 2023 after months at the bargaining table.²⁸ The agreement reached reinstated the hero pay workers received during the pandemic and improved sick leave and health and pension benefits.²⁹ **Sobeys** was affected by a strike in Toronto this year as well.

Labour unrest impacted the food and grocery sectors this year including strikes by Sobeys employees at distribution centres just months after the Metro Inc. grocery workers’ strike.³⁰ As well, there was labour action at **ports in British Columbia** that shut down more than 30 terminals³¹ and an eight-day strike at the **St. Lawrence Seaway**, a major trade route between the United States and Canada.³² There are also impacts on the supply of sugar as the **Rogers Sugar refinery** strike started on September 28, 2023, and some stores in Vancouver are starting to see shortages of sugar.³³ It was the same for the **Windsor Salt** plant dispute, which lasted more than six months.

27 Bharti, B. (September 25, 2023). What unions have won in hard-fought summer of strikes. Retrieved from <https://financialpost.com/news/economy/4-most-notable-labour-actions-canada-2023>

28 Ibid.

29 Ibid.

30 CBC News. (October 15, 2023). Sobeys employees at Vaughan distribution centre walk off the job. Retrieved from <https://www.cbc.ca/news/canada/toronto/sobeys-teamsters-vaughan-strike-1.6997066>

31 CBC News. (August 4, 2023). B.C. port dispute ends as workers vote to accept new deal. Retrieved from <https://www.cbc.ca/news/canada/british-columbia/port-workers-vote-result-august-4-1.6928803#:~:text=Port%20workers%20in%20British%20Columbia,supply%20chains%20across%20the%20country>.

32 Aziz, S. (October 31, 2023). St. Lawrence Seaway strike is over after 8 days. How much did it cost? Retrieved from <https://globalnews.ca/news/10060606/st-lawrence-seaway-strike-cost/>

33 Mackie, J. (November 4, 2023). Sugar in short supply as strike at Rogers Sugar refinery hits its sixth week. Retrieved from <https://vancouver.sun.com/business/local-business/sugar-in-short-supply-as-strike-at-rogers-sugar-refinery-hits-its-sixth-week>



Climate Disruptions

Canada has experienced an extremely volatile year in terms of weather and climate events, with the 2023 **Canadian wildfire season** causing the most devastation seen, with 14M hectares burned.³⁴ Data from scientists analyzing the conditions that caused the wildfires found that the climate crisis made them at least twice as likely, and fire-prone weather 20% more intense.³⁵ Historic rainfall also hit some areas of Canada, including Nova Scotia, which saw **significant flooding** in July 2023 with 250 millimetres of rain in less than 24 hours.³⁶ As agriculture is highly affected by weather and climate conditions; these erratic changes can impact harvest yields, growth periods, and quality of harvests. leading to shortages. In addition to Canadian weather, other climate events around the world have the potential to impact prices and availability in Canada. The United Nations predicts the El Nino effect will continue into 2024.³⁷ This could bring higher than normal rainfall in southern countries and dry conditions in others, potentially impacting crops, livestock, forests, and fishing.³⁸

Dairy

The recent recommendation by the Canadian Dairy Commission (CDC) for a 1.77% increase in farm milk prices in 2024 is commendable. This modest adjustment, originally proposed by the Dairy Farmers of Canada, reflects a careful assessment of current circumstances. Notably, the implementation has been delayed to May 1, 2024, given the ongoing challenges in maintaining stable food prices. This increase marks a departure from previous years when we witnessed substantial hikes that caused concern amid double-digit food inflation rates.

³⁴ Milman, O. (August 22, 2023). Climate crisis made spate of Canada wildfires twice as likely, scientists find. Retrieved from <https://www.theguardian.com/world/2023/aug/22/climate-change-canada-wildfires-twice-as-likely#:~:text=The%202023%20Canadian%20wildfire%20season,an%20area%20larger%20than%20Greece>.

³⁵ Ibid.

³⁶ Insurance Bureau of Canada (August 24, 2023). Nova Scotia flooding causes over \$170 million in insured damage. Retrieved from <https://www.ibc.ca/news-insights/news/nova-scotia-flooding-causes-over-170-million-in-insured-damage>

³⁷ Casas, J. (October 19, 2023). El Nino to continue into mid-2024, threatening agriculture. Retrieved from <https://www.reuters.com/business/environment/el-nino-continue-into-mid-2024-threatening-agriculture-2023-10-19/>

³⁸ Ibid.

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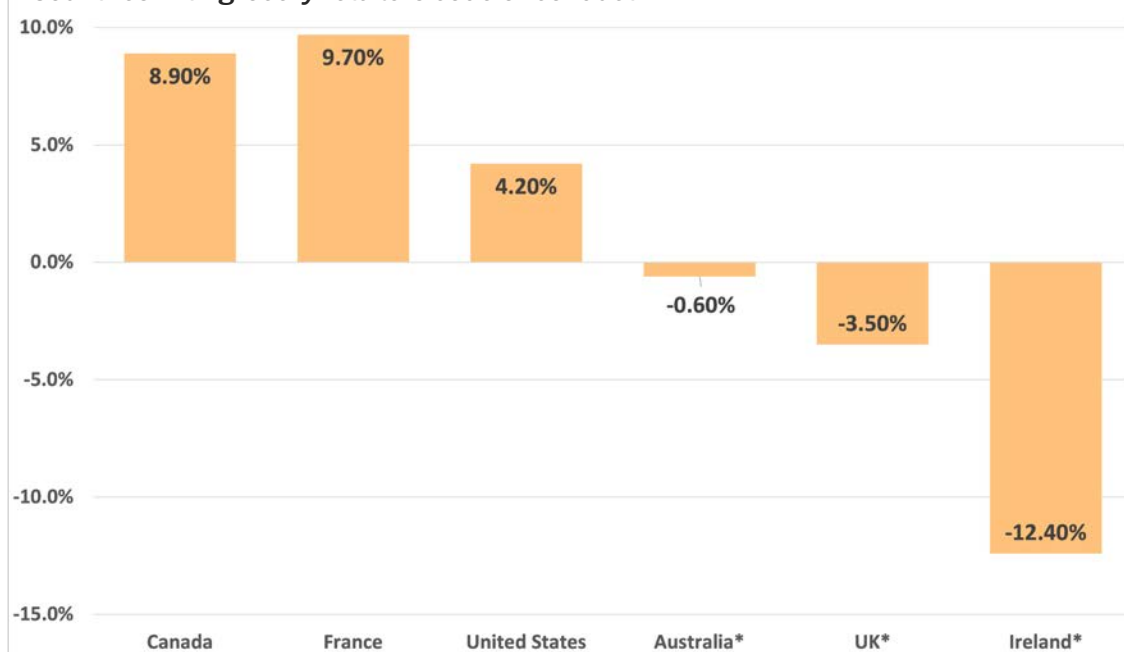
The grocer code of conduct is aimed at protecting consumers while promoting increased competition.

Consumer Protection Code of Conduct

The imminent introduction of a code of conduct in the Canadian food sector is a momentous development with promising implications for consumers and the industry. The code's objectives encompass mutual benefits, addressing the industry's dysfunctional power dynamics, enhancing transparency, stabilizing retail prices, promoting innovation, bolstering food security, and catalyzing investment in the agri-food sector. It is important to note that the code does not seek to impose a heavy-handed, top-down approach but rather aims to reintroduce discipline and rebuild trust in an industry plagued by breach of trust and a lack of transparency. Given the challenges of escalating inflation and consumer dissatisfaction, the code has the potential to address these issues and level the playing field for independent grocers. Notably, countries like Australia, the United Kingdom, and Ireland have already adopted grocery codes of conduct and their experiences show more modest increases in food prices when adjusted for inflation, as depicted in the figure below. This contrast in inflation rates between countries shows the potential benefits for consumers of implementing such a code in Canada.

Increase in food prices, adjusted for inflation, 2013 to 2023

**Countries with grocery retailers code of conduct*



Source: StatCan; U.S. BLS; UK Office of National Statistics; Ireland Central Statistics Office; Australia Bureau of Statistics; France-Insee

Food Geopolitics

The unlawful **Ukrainian invasion** started on February 24, 2022, yet its effects became most pronounced for Canadians at the grocery store towards the end of 2022 and throughout most of 2023. In recent months, there has been a slight softening of commodity prices, contributing to greater price stability. However, the ongoing situation in the **Middle East** remains a cause for concern, especially if it were to escalate further. Such a development could result in increased energy costs and potentially drive certain commodity prices higher over time.



Canada's Food Price Report: 2024 Forecast

Methodology

The 14th edition of Canada's Food Price Report leverages predictive analytics models, including machine learning, to enhance the analytical process of projecting future food prices. Produced collaboratively by Dalhousie University, the University of Guelph, the University of Saskatchewan, and the University of British Columbia, the report maintains its focus on food prices in Canada while providing valuable insights into industry trends. Dalhousie University harnesses its predictive analytics capabilities, drawing expertise from the Faculties of Agriculture, Management, and Computer Science to develop the forecasts.

In addition to these forecasting models, scholars from the participating universities contribute insights and expertise from diverse fields, encompassing macroeconomic factors influencing food prices, emerging trends, and expectations for the food industry in the upcoming year. This interdisciplinary approach includes consideration of climate variables, domain expertise, and economic variables. The methodology employed for this year's report combines techniques from the previous edition with the incorporation of the GapVAR Model and the application of Monte Carlo simulations.



Gap Vector Auto-Regressive (VAR) Model

This year, a new approach was added to the prediction of food price trends for 2024. It employs the same setup as the VAR model as its foundation, which has the advantage of being able to explicitly quantify the importance of exchange rates and overall inflation. It uses both endogenous and exogenous variables, and captures the dynamic interdependencies among variables. With this foundation, the GapVAR model predicts the gap between food CPI and general CPI inflation versus just food CPI directly, as was done in last year's VAR model. Once the gap is identified, it is added to the Toronto Dominion Bank's inflation forecast for overall inflation, annualized, and then the overall food inflation rate is obtained. This method also employs a mixed-frequency approach, using both high-frequency monthly data and less volatile quarterly data to provide an accurate view of food-specific inflation trends while it maintains alignment with external quarterly forecasts.

Monte Carlo Simulations

Using a VAR model, mean predictions were created that were then run in Monte Carlo simulations. This method ponders variable scenarios to assign either a high (90%) or low (10%) probability of occurrence to different scenarios. These simulations were run 100,000 times each and used weighted resampling. Weighted resampling accounts for the fact that future data could have a more significant impact on the target. It assigns a weight making it less likely to be sampled since it is unknown if this scenario will occur, and data with less significant impacts is assigned a higher weight making it more likely to be sampled. After the simulations were completed, adjustments were made to the weights to reduce the magnitude of the changes and scenarios.



2024 Macroeconomic Factors and Drivers

As shown in Table 5, this report assesses a range of macroeconomic factors that wield substantial influence in the worldwide context, the food and agriculture sector, and the broader Canadian economy. These variables encompass climate change, geopolitical conflicts, energy resources, raw materials, inflation rates, currency exchange rates, trade agreements, food retail and manufacturing statistics, consumer debt levels, expenditures, and the enduring impacts of COVID-19. Together, these variables played a pivotal role in shaping the projected food prices for Canada in 2024.

Table 5:
Macroeconomic Drivers for Canada's Food Prices in 2024

Variables	Categories	Impact	Price Effects	Likelihood
Macro-Level	Climate Change	Very Significant	Increase	Very Likely
	Geopolitical Risks	Significant	Variable	Likely
	Input Costs	Significant	Variable	Likely
	Energy Costs	Very Significant	Increase	Very Likely
	Inflation	Very Significant	Increase	Very Likely
	Currencies & Trade Environment	Moderate	Variable	Likely
Sectoral-Level	Food Retail & Distribution	Moderate	Variable	Likely
	Food Processing	Moderate	Variable	Likely
	Policies & Regulations	Very Significant	Increase	Likely
	Consumer Awareness & Trends	Very Significant	Decrease	Likely
Domestic-Level	Consumer Indebtedness	Very Significant	Decrease	Very Likely
	Consumer Disposable Income	Very Significant	Decrease	Very Likely

Food Prices by Province

In 2024, Canada is expected to face a widespread increase in food inflation, as outlined in Table 6. This anticipated rise in food prices can be predominantly attributed to the rising costs of inputs, heightened transportation expenses, and the detrimental effects of climate change on crop yields. It is foreseen that all provinces may experience price increases of up to 4.5% in the coming year. While data remains scarce for Northern Canada, particularly for the Northwest Territories, Nunavut, and Yukon, it is probable that these territories will face higher food prices compared than the rest of Canada. They are more vulnerable to major factors affecting food prices.

Table 6:
2024 Provincial Breakdown of Food Prices

Province	2023 Change ³⁹	2024 Forecast ⁴⁰
Alberta	5.5%	↑
British Columbia	5.9%	–
Manitoba	5.7%	↑
New Brunswick	6.4%	↑
Newfoundland and Labrador	6.3%	↓
Nova Scotia	6.2%	↑
Ontario	5.5%	↑
Prince Edward Island	6.7%	↓
Saskatchewan	5.0%	↑
Quebec	6.7%	↓

³⁹ (↑) Expected above-average food price increase, (↓) Expected below-average food price increase, (–) Expected average food price increase. Lower confidence intervals at the provincial level.

⁴⁰ (↑) Expected above-average food price increase, (↓) Expected below-average food price increase, (–) Expected average food price increase. Lower confidence intervals at the provincial level.





The 2024 Watch-List Items

In summary, prices for all food categories could rise by as much as 4.5% in 2024, with the most significant increases of 5% to 7% evident in the categories of bakery, meat, and vegetables, as illustrated in Table 7.

Table 7:
2024 Food Price Forecasts

Food Categories	Anticipated Changes %
Bakery	5% to 7%
Dairy	1% to 3%
Fruit	1% to 3%
Meat	5% to 7%
Other	2% to 4%
Restaurants	3% to 5%
Seafood	3% to 5%
Vegetables	5% to 7%
Total Increase in Food Prices	2.5% to 4.5%

For Canada's Food Price Report 2024, we have adopted an approach that considers the diverse household compositions found across the country. We predict annual food expenditure by considering the age and gender of individual consumers, as detailed in Table 8. This methodology enables Canadians to make annual expenditure predictions that mirror the composition of their specific households, whether they consist of an individual living alone, a single-parent-led family, or a multi-generational family, among other scenarios.

Table 8:
Predicted Food Expenditures for Individual Consumers 2024

Demographics		Predicted Cost
Child	6-11 Months	\$3,087.38
	1-3 Years	\$2,362.88
Boy/Man	4-8 Years	\$3,082.70
	9-13 Years	\$3,968.91
	14-18 Years	\$4,656.68
	19-30 Years	\$4,382.55
	31-50 Years	\$4,171.05
	51-70 Years	\$4,051.45
	70+ Years	\$3,894.05
Girl/Woman	4-8 Years	\$2,952.46
	9-13 Years	\$3,727.06
	14-18 Years	\$3,869.71
	19-30 Years	\$3,815.95
	31-50 Years	\$3,742.41
	51-70 Years	\$3,664.33
	70+ Years	\$3,504.99
Pregnant Woman	< 18 Years	\$4,469.90
	19-30 Years	\$4,350.15
	31-50 Years	\$4,304.10
Nursing Woman	<18 Years	\$4,368.17
	19-30 Years	\$4,350.15
	31-50 Years	\$4,313.68

Table 9 presents various household compositions and their anticipated annual food expenditures for the year 2024. For instance, if we consider a family comprising an adult man (31-50 years old), an adult woman (31-50 years old), a teenage boy (14-18 years old), and a girl (9-13 years old), the annual food expenditure is projected to be up to **\$16,297.20**. This is an increase of up to **\$701.79** compared to the observed annual expenditure for a family with the same demographic composition in 2023.

Table 9:
Examples of Canadian Households and Predicted Annual Food Expenditures 2024

Household Demographics	Total Predicted Food Expenditure
Four People: Man (31-50), Woman (31-50), Boy (14-18), Girl (9-13)	\$16,297.20
Three People: Woman (19-30); Boy (4-8), Child (1-3)	\$9,261.53
Four People: Two Women (31-50), Girl (14-18), Boy (9-13)	\$15,323.44
Two People: Man (51-70), Woman (51-70)	\$7,715.78
Six People: Woman (70+Years), Man (31-50), Woman (31-50), Girl (9-13), Boy (4-8), Child (6-11 Months)	\$21,704.64
Two People: Man (19-30), Pregnant Woman (19-30)	\$8,732.71

It's essential to acknowledge certain limitations in the data presented in Tables 8 and 9. First, it relies on a rather conservative assumption of a 5% food waste rate. Secondly, the calculated expenditures do not encompass food service expenses, delivery fees, or service charges associated with online grocery ordering or pickup, nor do they account for the added costs linked to specialized diets. Additionally, these calculations assume that Canadians are exclusively preparing and consuming meals at home. Lastly, it's worth noting that there is data indicating a decline in food retail sales over the past year, suggesting that Canadians may be reducing their spending at grocery stores.

What to Expect in 2024

Grocery Competition in Canada-Bill C-56

In addition to the discussions about competition in the Canadian grocery sector, the federal government introduced Bill C-56, which proposes amendments to the Competition Act with the goal of enhancing affordability in the grocery market.⁴¹ This bill is designed to promote competition in the grocery sector by empowering the Competition Tribunal to terminate agreements between competitors that undermine competition and by providing the authority to terminate agreements between non-competitors if their intent is to diminish competition.⁴² Specifically, this could impact property controls in place that grocers may use to prevent competitors from opening nearby, providing Canadians more choice in their geographic area.⁴³ In general, increased competition leads to lower prices and we have observed the positive impact of heightened competition, such as the 14.7% reduction in cellphone plan prices that contributed to a decrease in the inflation rate in June 2023. This outcome resulted from the Competition Tribunal's decision that determined the Rogers-Shaw-Videotron deal would bolster competition and subsequently lead to lower prices.⁴⁴ The hope is that C-56 may have a positive impact on prices in the grocery sector by encouraging and increasing competition.

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Considering the perceived ineffectiveness of the Competition Bureau over the years, Canadians have expressed a sense of being unprotected, which could potentially contribute to the collective frustration experienced in recent times.”

41 Osborne, M. (October 3, 2023). Bill C-56: the good, the bad, and the useless of the federal affordability legislation.

Retrieved from <https://www.theglobeandmail.com/business/commentary/article-bill-c-56-competition-law-grocery-prices/>

#:-:text=Bill%20C%2D56%20vests%20the,mandate%20-%20enforcing%20the%20Competition%20Act.

42 Ibid.

43 Ibid.

44 Ibid.



Bill C-56 also gives the Minister of Innovation, Science and Industry the ability to order an investigation into the status of competition of any industry in Canada.⁴⁵ This enhances the Competition Bureau’s ability to compel disclosure, which is a move in the right direction. However, this power only applies to investigations ordered by the Minister of Innovation, Science and Industry.⁴⁶ Lastly, the bill would repeal the efficiencies defence. This means if a proposed merger would result in significant prevention or reduction of competition in the market the efficiencies defence could be applied to save the merger because the negative effects of the merger are offset by gains in efficiency.⁴⁷

Geopolitical Impacts

Last year, the Canadian Food Price Report highlighted the ability of geopolitical events to impact food prices in Canada from thousands of miles away. Geopolitical conflicts can impact food in several ways including the restriction of trade and exports, disruption of supply chains, and impact on production due to conflict in the area. Last year, we saw how the war in Ukraine impacted several commodities including wheat, sunflower oil, and fertilizers and supply chain impacts have been seen this year. The collapse of the Black Sea deal resulted in an increase in global food prices including vegetable oil and wheat prices⁴⁸. Most recently, experts raised concerns about increased oil prices and inflationary pressure because of the escalating conflict in the Middle East⁴⁹. Historically speaking, geopolitical events have had the ability to impact inflation and food prices; however, in this instance, it is too early to assess the impact, if any, that the conflict has had⁵⁰.

45 MacLeod, D., Francis, B. and Slipp, D. (November 6, 2023). Anticipating Changes to the Competition Act: What Businesses Need to Know. Retrieved from www.mondaq.com/canada/antitrust-eu-competition-/1385592/anticipating-changes-to-the-competition-act-what-businesses-need-to-know

46 Ibid.

47 Ibid.

48 United Nations. (August 4, 2023). Black Sea deal collapse sparks rise in global food prices: FAO. Retrieved from <https://news.un.org/en/story/2023/08/1139437>

49 Rana, U. (October 11, 2023). What the Israel-Hamas conflict could mean for inflation, oil prices. Retrieved from <https://globalnews.ca/news/10017853/oil-prices-inflation-israel-hamas-conflict/>

50 Ibid.

Federal Carbon Tax

In September 2023, the Bank of Canada provided a figure of the impact that the federal carbon tax has on inflation at 0.15%⁵¹. While this figure provides some insight into the impact of the federal carbon tax, it only covers the direct impact of the carbon tax on gasoline, natural gas and other fossil fuels and does not include further effects⁵². On April 1, 2024, the federal carbon tax will reach \$75 a metric ton. Although this figure is seemingly small, the impact will continue to increase as the per-tonne rate will rise to \$170 by 2030⁵³. While we may not see the direct impact of the carbon tax on food prices yet, transportation and production costs will be impacted and eventually, may compromise the food industry's competitiveness over time, if proper levels of investments in decarbonizing the food economy are not maintained.

Climate change stands as the most substantial threat to the agri-food sector, and it will persist in driving food prices upward, impacting various food categories to varying extents. The efficacy of carbon-related measures in addressing climate change remains a subject of ongoing debate. As an alternative to carbon taxes, there are other measures that could reduce adverse climate disruptions that could support greater sustainability in food production and availability including reducing food waste and increasing selection of plant-options to public institutions.^{54 55}



51 Markusoff, J. (September 8, 2023). There's now a Bank of Canada number for carbon tax's impact on inflation. It's small. Retrieved from <https://www.cbc.ca/news/canada/calgary/carbon-tax-inflation-tiff-macklem-calgary-1.6960189>

52 Ibid.

53 Ibid.

54 Springman et al. (2020). The healthiness and sustainability of national and global food based dietary guidelines: modelling study. Retrieved from <https://www.bmj.com/content/370/bmj.m2322>

55 Willett et al. (2019). Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31788-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31788-4/fulltext)

Plastics

Addressing plastic pollution in Canadian grocery stores is vital, but it requires a nuanced approach that harmonizes environmental goals with economic and logistical realities. While the Canadian government's Pollution Prevention Planning Notice (P2) for 2024 aims to reduce plastic packaging in the food sector, it must consider the potential consequences, including increased food waste and higher prices. The grocery industry's commendable efforts to reduce plastics are seemingly undervalued, and the government should consider the unique trade and logistical realities of Canada. A more balanced approach is needed to achieve environmental objectives without causing unintended harm to the food economy and consumers.

Household Budget Changes

As we know from Statistics Canada data, Canadians are spending less on food and beverage retail⁵⁶. For many, financial uncertainty has become the new normal⁵⁷. The survey noted that 77% of respondents were not able to save as much money as they would like to, and 72% are worried about taking on more debt⁵⁸. Food prices are not the only increase in expense that Canadians are facing as other commodities are still feeling the effects of inflation, and household expenses like rent and utilities are also increasing year over year.

⁵⁶ Statistics Canada. (October 20, 2023). Monthly retail sales, price, and volume, seasonally adjusted (x 1,000,000).

Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=2010006701&cubeTimeFrame.startMonth=01&cubeTimeFrame.startYear=2022&cubeTimeFrame.endMonth=12&cubeTimeFrame.endYear=2022&referencePeriods=20220101%2C20221201>

⁵⁷ The Canadian Press. (September 20, 2023). Rising cost of living tops Canadians' list of worries, RBC study finds. Retrieved from <https://www.ctvnews.ca/business/rising-cost-of-living-tops-canadians-list-of-worries-rbc-survey-finds-1.6569818>

⁵⁸ Ibid.





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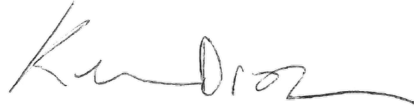


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This is **Exhibit “26”**
to the affidavit of
Cindy Blackstock
sworn before me this 27th
day of March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

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Doing Better for Indigenous Children and Families: Jordan's Principle Accountability Mechanisms Report

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Doing Better for Indigenous Children and Families: A Report on Jordan's Principle Accountability Mechanisms

Naiomi Metallic, Hadley Friedland & Shelby Thomas

March 31, 2022

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Disclaimer

While this report was informed by interviews and feedback from stakeholders, including the First Nations Child and Caring Society and Indigenous Services Canada, the conclusions and recommendations expressed are those of the authors.

About the authors

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articles and collaborated to produce accessible Indigenous legal resources for Indigenous communities, legal professionals and the general public. Dr. Friedland co-established and was the first Research Director of the Indigenous Law Research Unit at the University of Victoria and is co-founder of the Wahkohtowin Indigenous Law and Governance Lodge, an interdisciplinary initiative developed to uphold Indigenous law and governance through supporting community-led research. She is author of the book, *The Wetiko (Windigo) Legal Principles: Cree and Anishinabek Responses to Violence and Victimization*, University of Toronto Press, 2018.

Shelby Thomas is Métis and her family comes from the Grand Marais region, which is located at the southeast corner of Lake Winnipeg. She is also a third generation Dutch and Polish settler. She pursued a Bachelor of Arts with a major in Psychology at the Université de Saint-Boniface and a Juris Doctor at the Université de Moncton. Shelby has extensive experience working as a researcher for various organizations including Manitoba Justice, Public Interest Law Centre, Manitoba Centre for Health Policy, and Manitoba Keewatinowi Okimakanak Inc's MMIWG Liaison Unit. She is currently the research manager at the National Centre for Truth and Reconciliation. Shelby will forever be grateful for her opportunity to contribute to the work of the National Inquiry into Missing and Murdered Indigenous Women and Girls as an associate commission counsel, where she often felt like the child of the staff. Children and youth hold a special place in Shelby's heart; she passionately advocates for their inclusion and meeting their needs.

Appreciation

We would like to thank all those who generously gave their time to give interviews for this report as well as those who gave feedback on drafts of the report. Thanks to Linda Reif for generously sharing her expertise with respect to accountability mechanisms. Thanks to the research assistants whose work helped inform the final product: Evan Cribb, Danielle-Vautour Wilmot and Toni Hynes.

Executive Summary

Introduction

In the Assembly of Seven Generations' report, *Accountability in Our Lifetime: A Call to Honour the Rights of Indigenous Children and Youth*, Indigenous youth stated clearly:

Indigenous youth and children need action and it is urgent. [...] [The human rights violations experienced by Indigenous children and youth] is beyond the point of advocacy, rights promotion and the power to report. There must be accountability for those in positions of power that demonstrate prejudice and racism towards Indigenous peoples as well as accountability for the decades of broken promises on behalf of Canadian governments. The bleak reality is that government inaction and its ongoing violations of the rights of Indigenous youth and children has resulted in harms.

Accountability and advocacy mechanisms can address and prevent violations of rights to substantive equality and resulting harms. They have an important role in ensuring, strengthening and promoting good governance in democratic countries world-wide. To date, existing accountability mechanisms in Canada have not generally served the accountability needs of Indigenous children and families. Numerous reports and inquiries have identified this unmet need, including the Auditor General of Canada, the TRC Final Report and the MMIWG National Inquiry Final Report. The Canadian Human Rights Tribunal ("CHRT")'s 2016 *Caring Society* case was a watershed decision in holding Canada accountable for systemic underfunding of child welfare and other essential services. However, this was a hard-won victory and much work remains to rectify systemic inequities and discrimination.

In the summer of 2020, the Caring Society, acting jointly with the Department of Indigenous Services Canada (ISC), approached the authors to undertake research on the design of an independent accountability mechanism to oversee the government's adherence with the numerous orders that have been made by the CHRT based on Jordan's Principle and substantive equality in *Caring Society et al. v Canada*. The intended outcome of our research was this report, setting out at least three potential, well-research options "for an effective national Jordan's Principle Ombuds-like function."

There is a wide breadth of general or specialized accountability mechanisms encompassed within the broad concept of "Ombuds." Their common elements are independence and the ability to investigate and address concerns relating to government action outside of the formal court system. Ombuds-like institutions may be referred to as Ombuds, Advocates or Commissioners, and may or may not be connected to a quasi-judicial process like a tribunal. More detailed information can be found in the section, "Primer on Accountability Mechanisms" of this report. Looking at the variety of models available, our objective, and the focus of this report, most simply, is to propose accountability institutions and measures to meaningfully address the discrimination identified by the CHRT in *Caring Society* and effectively prevent similar practices in the future.

In **Part 1** of this report, we attempt to summarize the long history that forms the context of the need for independent accountability measures to meaningfully address the discrimination identified by the CHRT in *Caring Society* and prevent similar practices in the future. Drawing from this context, in **Part 2**, we set out what we identify as 10 key accountability needs of Indigenous children and families that must be addressed in order to provide effective accountability. Finally, in **Part 3**, we discuss features of effective accountability mechanisms and propose three interconnected mechanisms that we believe address the accountability needs. Any of these three mechanisms, individually, would serve to provide greater protection of the rights of Indigenous children and families from the discrimination found in the *Caring Society* case by improving government accountability. However, as outlined in this report, none are sufficient, on their own, to address all of the identified accountability needs. Therefore, we reach the conclusion that combining all three mechanisms would be the most effective way of preventing discrimination from continuing or re-emerging in the future.

These 3 Parts are summarized in this Executive Summary and discussed in greater detail in the body of this report.

Part 1: Context: The Need for an Independent Accountability Mechanism

Professor Linda Reif, an expert on international human rights and ombuds institutions, reminded us that the driving question in designing any accountability mechanism should be, “*What are the real accountability problems we want to address?*” Therefore we begin by reviewing the historic and continuing accountability problems that form the present context.

Over-representation: Governments in Canada have contributed to taking away thousands of Indigenous children from their families and communities. This started with the federal residential school system, through the so-called “sixties-scoop” and continues in the extreme over-representation of First Nation children in provincial child welfare systems today. In the last 70 years, the inadequate provision of services to meet the needs of Indigenous children living with their families has significantly contributed to this gross over-representation.

Interjurisdictional Neglect: Inequitable service provision is rooted in the “jurisdictional wrangling” between provincial and federal governments, to avoid funding these services. In its 2019 Final Report, the National Inquiry into Missing and Murdered Indigenous Women and Girls named this problem “interjurisdictional neglect.” This interjurisdictional neglect widens the gap between Indigenous children and families and other children and families in Canada.

Findings of Inequitable Funding and Inadequate Reforms: The TRC Final Report documented Canada’s refusal to adequately fund health services as a cause of high illness and death rates of Indigenous children in residential schools. There has been documented underfunding of essential services on reserve for decades, culminating in the CHRT *First Nation Caring Society* decision in 2016. First Nations began voicing concerns in the 1970s and 1980s. Canada developed the FNCFS program to address concerns, but in 2000 and 2005, the Assembly of First Nations [AFN] and Canada commissioned expert reports which confirmed the

systemic underfunding continued in the FNCFS program. Canada did little to implement the reports' recommendations. The Caring Society and the AFN finally filed a human rights complaint with the Canadian Human Rights Commission in 2007. Years of procedural arguments and delays followed.

The Caring Society Case: In 2016, the Tribunal ordered in favour of the complainants. It found that discrimination on race and/or national ethnic origin was made out. In extensive reasons, the Tribunal highlighted the real power and control Canada held over child welfare services on reserve. Funding formulas did not ensure culturally appropriate programming, were not comparable to provincial funding to meet provincial standards, and, in fact, led to perverse incentives to remove First Nations from their homes as a 'first resort' rather than a last one. The Tribunal also found that Canada had wrongly adopted a very narrow interpretation of Jordan's Principle, continuing to leave many First Nation children behind. Canada committed to not appeal this case and to make reforms to address its findings.

Non-compliance Orders and Inadequate Reforms: Since the main Caring Society decision, the Tribunal has found several instances of non-compliance by Canada, particularly its failure to implement a broad interpretation of Jordan's Principle and an effective process to respond to Jordan's Principle requests and appeals. The non-compliance decisions highlight numerous systemic and accountability issues, including following old approaches (comparability instead of substantive equality) and a too narrow definition of services and children covered by Jordan's principle, as well as using funding authorities to justify inaction, failure to collect appropriate data to properly assess Jordan's Principle requests and needs, and lack of an arms-length appeal process.

While some real reforms have been made, they remain inadequate. The Department of Indigenous Services [ISC] has attempted to respond to the CHRT rulings through internal measures, such as educating ISC staff, modifying some processes, funding community services coordinators to help applicants, and changing its Jordan's Principle's appeal process. However, meaningful internal change is challenging. There is high staff turnover, and the modified appeal process was stalled due to vacancies.

Individualization of Claims and 'Projectification': The Jordan's Principle application process remains individualized and onerous for applicants. In particular, requiring all applicants to provide documentary evidence and demonstrate how a request aligns with substantive equality is burdensome, and leads, unsurprisingly, to high numbers of requests being assessed as submitted without sufficient information (51% of all Jordan's Principle requests in 2019-2020), rather than granted or denied on their merits. This issue is part of a larger concern of "projectification", described in Sinha et al, 2021 - that ISC's view of Jordan's Principle appears to be akin to a program. The current process is individualistic case by case, demand-driven and contingent on the capacity of applicants to successfully navigate it. Systemic assessment and development of proactive policies and practices to ensure equitable services is still missing.

Canada has increased funding for FNCFS services through annual budget allocations, but has also resisted reforming its funding approach to the FNCFS Program to one that is needs-based, and informed by principles of self-government. Details of long-term reform in relation to funding have yet to be released by Canada.

Statutory Reforms with Inadequate Education, Resources or Oversight for Compliance:

Canada passed *An Act respecting First Nations, Inuit and Métis children, youth and families*, SC 2019, c 24 ("C92"), which sets out national minimum standards and recognizes an inherent Indigenous right to self government, including child and family services. C92 legislates Jordan's Principle in s. 9(3)(e):

in order to promote substantive equality between Indigenous children and other children, a jurisdictional dispute must not result in a gap in the child and family services that are provided in relation to Indigenous children.

However, Canada has provided little to no education or resources to support understanding and implementation of C92. C92 does not specify how s. 9(3)(e) will be ensured, or whether Canada or the provinces bear responsibility for funding services to achieve the national minimum standards or Indigenous self government. There are mixed messages regarding so-called "coordination agreements" between First Nations, provinces and Canada for the self government aspect. It is unclear how, without more, C92 responds to the tribunal rulings, and there are fears it may perpetuate, or even escalate, the jurisdictional wrangling in this area.

ISC standards within *Department of Indigenous Services Act*, SC 2019, c 29, s 336 ("*DISA*"), which came into effect in July 2019, provides further grounding to respond to the tribunal rulings. The preamble includes commitments to ensure service standards are transparent and meet the needs of Indigenous groups, recognize socio-economic gaps, promote Indigenous ways of being and doing, and that ISC collaborate and cooperate with Indigenous peoples. *DISA* identifies the group ISC serves as "Indigenous peoples", which includes "Indian, Inuit and Metis peoples." In s. 6(2) it states the minister "shall" ensure a range of services, including child and family services, education and health, and in s. 7(2) it requires collaboration in the development, provision, assessment and improvement of the services listed at s. 6(2). Further, the *DISA* commits Canada to implementing the *United Nations Declaration on the Rights of Indigenous Peoples*, as does Canada's 2021 law, the *United Nations Declaration on the Rights of Indigenous Peoples Act*, SC 2021, c 14 ("*UNDRIPA*"), which affirms the Declaration as a universal human rights instrument with application to Canadian law.

C92, *DISA*, the Declaration and *UNDRIPA* provide solid statutory support for transparent, equitable needs-based and cooperative service provision. However, it is not clear to what extent *DISA* or *UNDRIPA* are being followed by the Department at this time. There is potential and a need for education and oversight of ISC regarding compliance and implementation.

Ongoing Gaps of Education, Advocacy and Accountability:

Lack of awareness and education by both governmental and non-governmental professionals continues to present significant challenges to the effective implementation of Jordan's Principle and equitable culturally appropriate services for Indigenous children and families. Generally, both the MMIWG Final Report (2019) and the TRC Final Report (2016) called for national advocates in this area. Provincial governments continue to deny responsibility for services to First Nation children and families. According to Jordan's Principle Operational Committee respondents to a survey in early 2021, specific challenges to implementing Jordan's Principle continue to include informational limits to written documentation, interpretation of reviewers or failure to follow parameters causing claims being denied in error, lack of reasons for denials, barriers to appeals due to burdensome document requirements, requiring individuals or First Nations to demonstrate how substantive equality applies, timelines and delays, lack of information and communication, lack of aging out of care supports, high turnover of ISC staff, worker burnout, lack of expertise in substantive equality, and failure of provincial governments to come to the table. Respondents identified the need for more internal training and community educational outreach as well as quicker and easier access to services.

Currently, there is some support to address some of these challenges through government funded Jordan's Principle Navigators and Regional Focal Points. However, the Caring Society, a small fundraising reliant charity with no government funding, continues to play a crucial advocacy role in supporting families in seeking to access Jordan's Principle and substantive equality, including drawing on its network of lawyers who assist on a *pro bono* basis to address denials, from liaising with ISC to filing judicial reviews. The Caring Society also informally provides oversight of ISC's implementation of the CHRT decisions, by bringing issues of non-compliance to the CHRT's attention, as well as continuing to publicly raise awareness of systemic discrimination against First Nations children and families. ISC staff are uncertain as to what they can share with the Caring Society advocates due to privacy and confidentiality. The Society's staff recognize that they cannot help all who need assistance and emphasize the need for formalized and funded advocacy services for First Nations children and families.

Part 2: Accountability Needs:

The preceding discussion demonstrates 10 major accountability needs relating to Jordan's Principle, and equitable services for Indigenous children, families and communities:

1. **Oversight of the current Jordan's Principle process at ISC:** While ISC staff may be well intentioned and committed to implementation, deep systemic inequality and the legacy of discrimination requires oversight from a body with relevant expertise.
2. **Oversight of ISC's long-term reform of CFS, including funding of agencies, as well as CIRNAC's funding and negotiation of self-government under C92:** Long term reform was a key order of the Main Decision and oversight is required to address the current lack of transparency, education and resources for understanding and implementation and funding of self government in relation to child and family services.

3. **Oversight of Canada's efforts addressing systemic inequality in services related to Indigenous children and families:** Eliminating systemic inequality in delivery of essential services is the ultimate goal of Jordan's Principle, the Main Decision, and a core recommendation in numerous reports and inquiries, including the TRC and MMIWG National Inquiry Final Reports.
4. **Oversight of federal-provincial efforts at cooperation in relation to funding and servicing of Indigenous children and families:** Ending interjurisdictional neglect requires oversight of federal-provincial cooperation and compliance with Jordan's Principle and C92 responsibilities to Indigenous children, families and communities.
5. **Ongoing education to ISC, CIRNA, provincial DCS staff, provincial agencies, Social workers, Crown lawyers, legal aid lawyers, judges:** Effective implementation of the CHRT Orders, Jordan's Principle and C92 requires more and ongoing education for all government and legal actors responsible for compliance and application.
6. **Investigating and mediating individual complaints about provincial governments funding failure to provide services to Indigenous children and families:** This is necessary as many provincial child advocates, ombuds and legal services providers aren't aware of or pursuing Indigenous children and families' rights.
7. **Investigating and mediating individual complaints about child welfare agencies' implementation of CFS laws and policies, including C92:** Several inquiries, including the MMIWG National Inquiry, called for an Indigenous-specific child advocate, as there is inconsistency with provincial child advocates ensuring compliance with provincial statutory protections, and now the C92 minimum standards.
8. **Powers for enforceable orders against Canada for non-compliance with Jordan's Principle, substantive equality and other relevant laws and international requirements (C-92, DISA, UNDRIP, CRC, etc):** Supervisory jurisdiction has been key to the CHRT's ability to affect change in the *Caring Society* and something similar to take its place is necessary for when the Tribunal is no longer seized of the case, given the extraordinary long history and seriousness of substantive equality and statutory human rights violations, and Canada's intransigence to change even after the Main Decision.
9. **Powers for enforceable orders against provinces for non-compliance with Jordan's Principle, substantive equality against provinces and relevant laws and international requirements (C-92, UNDRIP, CRC, etc):** The history of provincial neglect of Indigenous children and families' needs justifies having a body that can also grant binding orders against the provinces for their failure to respect their obligations.
10. **Legal advocacy for First Nations children, families and communities for government services and in child welfare matters:** It is evident there continues to be a strong, largely unmet need for formal, funded advocacy to support Indigenous children

and families vis-a-vis both federal and provincial governments in relation to the provision of equitable services and child and family services matters.

Part 3: Features of Effective Accountability Mechanisms and Recommendations:

Based on research into provincial, national and international ombud-like and other accountability mechanisms to address substantive equality and statutory human rights concerns, including the importance of accountability mechanisms being context driven, so impacted by the history and needs discussed above, we have identified the following five features of effective accountability:

- A. External accountability mechanisms:** Currently, there are no external non-judicial accountability mechanisms that apply to the work of ISC and CIRNAC.
- B. Legislated mechanisms, not simply created by the executive:** For effective independence from the government of the day, legislatures, and not executives, ought to create accountability bodies, appoint their leadership, oversee the bodies' functions, and be the government entity receiving reports from the body.
- C. Mechanism with specific mandates relating to Indigenous children and families:** The unparalleled gravity and longevity of the ongoing substantive equality and statutory human rights violations of Indigenous children and families in Canada requires the creation of mechanisms with specific mandates in relation to Indigenous children and families.
- D. Mechanisms with powers over all Indigenous children:** As per SCC jurisprudence, DISA and C92, federal jurisdiction applies to First Nations, both status and non-status, Metis and Inuit peoples. Powers over all Indigenous children is necessary for any mechanism to reduce, not reproduce, exclusion or jurisdictional neglect. Such an inclusive approach is not the same thing as a pan-Indigenous approach. It is equally important that the mechanisms recognize the diverse legal traditions among Indigenous peoples.
- E. Mechanisms that bypass jurisdictional wrangling:** Currently, neither human rights bodies nor the courts in Canada can hear a complaint of denial of services involving both the federal and provincial government at the same time. Ironically, and tragically, as lawyer David Taylor puts it, there appears to be a Jordan's Principle problem in vindicating Jordan's Principle claims. For an accountability mechanism to be effective, it must challenge the conventional jurisdictional boundaries that could lead to delays and denials of services under it, and have led to the decades of interjurisdictional neglect of Indigenous children and families. Canada has the power to do this under s. 91(24).

Recommendations:

Based on the accountability needs identified in Part 2, and the features of effective human rights accountability mechanisms identified in this Part, we recommend **3 interconnected mechanisms to safeguard the needs of Indigenous children and families**. While originally we expected to propose 3 independent options, we have come to the conclusion that, while any of the three mechanisms, on their own, would be an improvement over the status quo, all 3 are necessary to achieve meaningful accountability. The stakes are too high, the pattern of

discrimination too long and entrenched, and Canada's practice, policy and even legal reforms still too inadequate, for anything less to actually be effective at this point.

The 3 accountability mechanisms are:

- 1. A National Indigenous Child and Family Advocate:** This would be a primarily based on the model a child advocate ombuds model, but also with specific jurisdiction to oversee governments' delivery of services to Indigenous children and families in accordance with Jordan's Principle, their right to substantive equality in statutory human rights instruments and other relevant laws and international requirements (C-92, DISA, UNDRIP, CRC, etc). The Advocate would also oversee governments' implementation of child welfare legislation and policy in relation to Indigenous children and families. In this regard, in addition to addressing systemic issues, the Advocate would assist Indigenous children and families resolve individual complaints through informal and confidential means.
- 2. A National Indigenous Child and Family Tribunal:** This would have the power to hear complaints from individuals, groups, communities or the Child Advocate. Complaints would include those of a systemic nature against the federal or provincial governments and their delegates in relation to Jordan's Principle, substantive equality and the implementation of CFS laws and policies, including C92. The Tribunal should have robust remedial powers to effectively uphold the right to substantive equality and other statutory human rights of Indigenous children and families.
- 3. National Legal Services for Indigenous Children and Families:** This would be designed to provide Indigenous children and families with state-funded access to knowledgeable lawyers who can support them in their attempts to access substantive equality in essential services from federal and provincial governments, and in their interactions with child welfare systems. The power imbalance between individual children and families and the state makes advocacy essential for upholding the right to substantive equality and other statutory human rights.

We conclude that all 3 of these mechanisms are necessary to effectively address the government conduct that has contributed to the harm Indigenous youth name, including the overrepresentation of Indigenous children in state care and the senseless suffering and separation of Indigenous children and families with medical and disability needs, for decades.

All 3 of these mechanisms must, at minimum, have the following features for effectivity:

- Be set out in federal legislation and not simply created by the executive, in order to ensure independence from government and the greatest degree of oversight and accountability;
- Be specific to the interest and rights of Indigenous children and families (and not wrapped into to broader mechanisms);
- Apply to all Indigenous children and families, not just First Nations on reserve (e.g., non-status First Nations, off-reserve, Métis and Inuit) while recognizing distinctions based on local needs and diverse legal traditions among Indigenous peoples; and

- Apply to conduct of both federal and provincial governments, which Canada has the constitutional jurisdiction to legislate pursuant to s 91(24) of the *Constitution Act, 1982*.

We believe all three mechanisms we have outlined can and should be legislated within one federal statute. The following chart sets out the three accountability mechanisms, with reference to the accountability needs each would address as well as essential elements for efficacy.

Accountability Mechanism 1: National Indigenous Child and Family Advocate

National Indigenous Child and Family Advocate	
Accountability needs to be addressed:	To be effective this Advocate <u>should</u>:
Need #1: Oversight of Canada's implementation of Jordan's Principle	<ul style="list-style-type: none"> a. Assess governments' obligations in relation to Jordan's Principle and substantive equality (protected under each government's human rights legislation and the <i>Charter</i>), C-92 and international instruments such as United Nations Declaration on the Rights of Indigenous Peoples, the Conventions with Rights of the Child, and the Convention of Rights of Persons with Disabilities. b. Scrutinizes governments' distinctions-based approach in relation to the need for equitable services on the grounds of the various subcategories of Indigeneity governments have relied on in the past to make distinctions (non-status, off-reserve, Metis, Inuit, etc.) as <i>prima facie</i> discrimination. c. Have the power to investigate individual, group and community complaints, as well as institute own-motion investigations, including into systemic issues. d. Have robust investigative powers to collect and compel necessary information from government parties to effectively respond to the different types of complaints as well as to be able to effectively conduct systemic oversight. e. Conduct research and hire experts in conducting systemic inquiries. f. Be mandated to meet with children and youth and ensure their voices are heard in the work of the Advocate's Office. g. Attempt to facilitate resolution of complaints through informal and confidential means. Such methods for resolving disputes should draw on Indigenous laws and the dispute resolution processes where possible. This would not prevent reporting and recommendations.
Need #2: Oversight of Canada's long-term reform of child welfare, including C92 implementation	
Need #3: Oversight Canada's implementation of substantive equality in relation to all services impacting on Indigenous Children and Families	
Need #4: Oversight of Federal-Provincial cooperation in servicing Indigenous Children and Families	
Need #5: Ongoing education for federal and provincial government actors involved in child welfare services	
Need #6: Oversight of provincial governments'	

<p>implementation of substantive equality in relation to all services impacting on Indigenous Children and Families</p>	<p>h. Providing a “one stop shop” that can support Indigenous children, youth and their families in navigating the different accountability mechanisms that exist. This is not intended to limit peoples’ options for resolving complaints through other mechanisms. It is our hope that an individual or group might start with the Advocate to seek informal resolution or, at the least, obtain information to navigate their options, and possibly be connected with legal support if necessary (we explain this further below with our third mechanism, National Legal Services for Indigenous Children and Families).</p> <p>i. Have the power to make recommendations to governments, and to escalate these recommendations to higher levels (up to and including the Tribunal) if recommendations are not reasonably acted upon.</p> <p>j. Report annually to Parliament on its activities, as well as make special reports commenting on any matter within the scope of its powers that it deems appropriate.</p> <p>k. Intervene in any adjudicative proceedings relating to the jurisdiction of the Advocate.</p> <p>l. Educate the public and federal and provincial civil servants, and those involved in child welfare matters, about the right to substantive equality and Jordan’s Principle, of Indigenous children and families, as well as their rights within child welfare matters, including under C92.</p> <p>m. Play a ‘knowledge mobilization’ role in terms of ensuring that standards and practices are consistently applied/understood throughout the various jurisdiction and country, and act as a resource for Indigenous nations and communities to facilitate learning from each other.</p> <p>n. Promote connections to culture, families, lands, waters, language, songs and stories, as well as encourage the implementation of Indigenous laws in the work of the Advocate.</p> <p>Beyond these requirements, further details about the Advocate (composition, qualifications, terms, staff, etc.) ought to be determined in discussion and cooperation with Indigenous groups, including Indigenous children and youth, the Caring Society and the pro bono lawyers who have been supporting it. We further suggest that, in the actual development of the enabling legislation, further expert advice be sought to recommend specific statutory language.</p>
<p>Need #7: Oversight of child provincial welfare agencies, including their implementation of C92</p>	

Accountability Mechanism 2: National Indigenous Child and Family Tribunal

National Indigenous Child and Family Tribunal	
Accountability needs to be addressed:	To be effective this Tribunal <u>should</u>:
<p>Need #8: Enforce orders against Canada for non-compliance with Jordan's Principle, substantive equality and other relevant laws and international requirements (C-92, DISA, UNDRIP, CRC, etc)</p>	<p>a. Have the power to issue binding orders against both the federal and provincial governments and their public servants and agencies.</p> <p>b. Have the powers to craft its own procedures and rules of evidence that are more flexible than the courts, including child-informed and child-friendly procedures, and the incorporation of Indigenous law and legal procedures into the process.</p> <p>c. Be mandated to issue remedial orders where discrimination is established.</p> <p>d. Have extensive remedial powers, including powers to grant interim orders and make summary decisions, as well as the power to exercise supervisory jurisdiction made explicit.</p> <p>e. Be composed of adjudicators with expertise in the discrimination issues faced by Indigenous children and families.</p> <p>Beyond these requirements, further details about the Tribunal (composition, qualifications, terms, staff, etc.) ought to be determined in discussion and cooperation with Indigenous groups, including Indigenous children and youth, including parties and lawyers that have been involved in the Caring Society case.</p> <p>The creation of a Tribunal with a focus on Indigenous child and family issues is critical to support the work of the proposed Advocate. Should Canada eventually implement recommendations from the MMWIG National Inquiry and others to create a National Indigenous and Human Rights Tribunal, we think this body could equally support the work of the Advocate, so long as the Tribunal is focused only on Indigenous matters, can bind both the provinces and governments, and has a sufficiently flexible process and robust remedies. However, until such time as a National Indigenous and Human Rights Tribunal, there needs to be a National Indigenous Child and Family Tribunal.</p> <p>Finally, to ensure the utmost independence from the federal government, the proposed Tribunal should not be included within the schedule of federal administrative tribunals falling under the <i>Administrative Tribunals and Support Services of Canada Act</i>, SC</p>
<p>Need #9: Enforce orders against provinces for non-compliance with Jordan's Principle, substantive equality against provinces and relevant laws and international requirements (C-92, UNDRIP, CRC, etc)</p>	

	2014, c 20, s 36.
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Mechanism 3: National Legal Services for Indigenous Children and Families

National Legal Services for Indigenous Children and Families	
Accountability needs to be addressed:	To be effective the National Legal Services <u>should</u>:
<p>Need #10: Formal advocacy for First Nations children, families and communities for government services and in child welfare matters</p>	<ul style="list-style-type: none"> a. Include funding support from filling forms, letter writings and speaking on their behalf, to pursuing existing Ombuds, Child Advocate, human rights processes (before the federal or provincial human rights commission, or the new Tribunal we are proposing) or judicial review in the courts. b. Take the form of a legal referral service housed in the proposed Advocate (similar to the Legal Representation for Child and Youth branch of Alberta's Office of the Child and Youth Advocate). This includes: <ul style="list-style-type: none"> i. The Advocate's Office has the power to refer children and families to lawyers and appoint lawyers to represent them to access substantive equality in services from the federal and provincial governments, and in their interactions with child welfare systems. ii. The lawyers appointed would be from a roster maintained by the Advocate. To get on the roster, lawyers would have to meet standards and expectations set by Advocate (e.g., practice experience, years at the bar of a province, knowledge of Indigenous communities, etc.).

Conclusion:

In identifying the accountability problems to be addressed by an accountability mechanism for this report, we have looked thoroughly at the context of "one of the worst possible cases" of racial discrimination, that has deeply and irrevocably harmed multiple generations of Indigenous children and families. We have also reviewed features of effective accountability mechanisms that can contribute to the imperative work of bringing an end to these ongoing harms.

There has been progress, and genuine work toward internal, policy and even legislative reform. However, there is much work to be done and many of the reforms that Canada has unilaterally

implemented have been inadequate to stymy ongoing substantive equality and other statutory human rights violations. The vast majority of meaningful reforms to date have occurred since the Tribunal issued its 2016 Main Decision and retained supervisory jurisdiction.

There will come a day when the Tribunal will relinquish jurisdiction over the case. Given the very long history of systemic discrimination against Indigenous people by the government in Canada, particularly in the area of service delivery, it will be important to have alternative accountability mechanisms in place. We have set out 3 that, together, we believe will practically address the accountability problems that have facilitated one of the worst possible cases of racial discrimination in Canadian history for over half a century. There are also internal steps ISC can take in the interim, and in addition, to external legislated accountability mechanisms, discussed in Part 3 A and in the Conclusions and Recommendations of this Report.

The Assembly of Seven Generations report clearly emphasized that "Indigenous youth and children deserve accountability and responsibility from the federal government, as well as all levels of government." As Cindy Blackstock says, once we know better, we need to *do* better. We hope and believe a new and better chapter has begun and can be created for present and future generations. Accountability is an essential aspect of this. Indigenous children, youth and families deserve nothing less.

Introduction

In the summer of 2020, we were approached by the Caring Society, acting jointly with the Department of Indigenous Services Canada [ISC], to undertake research on the design of an independent accountability mechanism to oversee the government's adherence with the numerous orders that have been made by the Canadian Human Rights Tribunal based on Jordan's Principle and substantive equality in *Caring Society et al. v Canada*.¹ Over the fall of 2020 we developed a workplan for this research, which was signed into a contract for services with ISC in February 2021.

Our work plan called for the review and analysis of general oversight, accountability and advocacy mechanisms in Canada and internationally; a review and analysis of Jordan's Principle-specific law, policies and processes; and having conversations with key stakeholders² to help us identify current needs, gaps and promising practices to inform the necessary scope, function and approach of an accountability mechanism related to Jordan's Principle and child welfare. The intended outcome of our research was this report, setting out at least three potential, well-researched options "for an effective national Jordan's Principle Ombuds-like function."

Early into the life of this project, both the Caring Society and ISC were using the specific language of an "ombudsperson function" on "Jordan's Principle." However, as we got deeper into our research, we determined that use of these phrases were not intended as pre-determining what the accountability mechanisms we propose should look like. Speaking with the Caring Society, ISC staff and others, we realized that there are several different accountability mechanisms that are encapsulated within the meaning 'ombuds', as we explain in our next section, entitled 'Primer on Accountability Mechanisms.' We also concluded that the accountability needs of Indigenous children and families go beyond Jordan's Principle because the principle arises from, and is informed by, the *Caring Society et al. v Canada* case, what led to it, and what has happened since the main decision.

According to international human rights expert, Linda Reif, author of *Ombuds Institutions, Good Governance and the International Human Rights System*, core elements of good governance include democratic government, rule of law, accountability, transparency of government, respect

¹ *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada)*, 2016 CHRT 2 [*Caring Society* 2016].

² We met with various key stakeholders including First Nations Child and Family Caring Society of Canada staff; Joint Policy and Operations Committee on Jordan's Principle; National Advisory Committee on First Nations Child Welfare; National Advisory Committee on First Nations Child Welfare; Consultation Committee on First Nations Child Welfare; lawyers involved in *Caring Society et al.* matter and advancing Jordan's Principle cases; and Indigenous Service Canada staff from Jordan's Principle branches. These meetings included local Jordan Principle service coordinators; relevant staff and directors from child welfare agencies, Indigenous health organizations; representatives from Assembly of First Nations (AFN); and relevant staff from human rights commission. We also presented at a one-day AFN forum on Jordan's Principle and spoke with Linda Reif, a leading Canadian expert in accountability mechanisms.

for human rights and public participation.³ Accountability and advocacy mechanisms have an important role in ensuring, strengthening and promoting good governance. Reif explains that “[g]overnment accountability involves establishing “lines or forms of accountability” between the government and the public which can cross the spectrum from provision of information, through the application of procedural fairness legal principles, to subjection of government conduct to adjudicative decisions or prosecution”.⁴ An important element of the accountability process is a mechanism’s ability to make decisions about conduct and make determinations to resolve inappropriate conduct. Answerability and enforcement are important elements of accountability. Metis legal scholar, Larry Chartrand, explains that “accountability is inherently a reciprocal relationship. [...] In other words, accountability of government actors to the public is seen as important in promoting ethical, fair and efficient government decision-making.”⁵

To date, existing accountability mechanisms in Canada have not generally served the accountability needs of Indigenous children and families. First of all, aside from the courts and the Canadian Human Rights Commission (CHRC) and Tribunal, there are no other oversight mechanisms in relation to the federal government’s departments of ISC and Crown-Indigenous Relations and Northern Affairs Canada. Further, it has been extremely difficult for Indigenous children and families to use the courts to hold governments accountable in relation to the funding of essential services.⁶ The Canadian Human Rights Tribunal’s 2016 *Caring Society* case was a watershed decision in holding Canada accountability for systemic underfunding of child welfare services, however, this was a hard-won victory (over which the battle continues), and the fact is that the CHRC and Tribunal have significant shortcomings in meeting the various accountability needs of Indigenous children and families. There are more oversight mechanisms at the provincial level, such as ombuds and child advocates, but the extent to which they are able to or have advanced justice for Indigenous children and families is uncertain. In the Assembly of Seven Generations’ report, *Accountability in Our Lifetime: A Call to Honour the Rights of Indigenous Children and Youth*, Indigenous youth acknowledged that

Canada is long overdue in honouring inherent Indigenous rights, as demonstrated by generations and over 150 years of reports and recommendations that Indigenous peoples have provided to Canadians. Indigenous youth and children need action and it is urgent. [...] [The human rights violations experienced by Indigenous children and youth] is beyond the point of advocacy, rights promotion and the power to report. There must be accountability for those in positions of power that demonstrate prejudice and

³ Linda C. Reif, *Ombuds Institutions, Good Governance and the International Human Rights System*, 2nd rev Ed. (Boston: Koninklijke Brill NV, 2020) at 145.

⁴ *Ibid* at 119.

⁵ Larry N Chartrand “A Section 35 Watchdog: Furthering Accountability of Federal, Provincial and Territorial Governments to Aboriginal Peoples” Governance, Self-Government and Legal Pluralism Conference, April 23-24, 2003, Hull, Quebec, at 4.

⁶ Janna Promislow & Naiomi Metallic, “Realizing Administrative Aboriginal Law” in Colleen M Flood & Lorne Sossin, eds, *Administrative Law in Context*, 3rd ed (Emond Publishing: Toronto, 2017) [Promislow & Metallic] at 104-108; see also Yellowhead Institute, “Looking for Cash Back in the Courts” (2021), online: <https://cashback.yellowheadinstitute.org/wp-content/uploads/2021/05/Cash-Back-Court-Cases-Yellowhead-Institute-4.2021.pdf>.

racism towards Indigenous peoples as well as accountability for the decades of broken promises on behalf of Canadian governments. The bleak reality is that government inaction and its ongoing violations of the rights of Indigenous youth and children has resulted in harms".⁷

We agree with the assessment of the Assembly of Seven Generations of the bleak nature of Canadian governments' accountability to Indigenous children and families. In Part 1 of this report, we attempt to summarize the long history that informs this conclusion. Drawing from this history, in Part 2, we set out what we identify as 10 separate accountability needs of Indigenous children and families that must be addressed in order to provide effective accountability. Finally, in Part 3, we propose three interconnected mechanisms that we believe address these accountability needs.

⁷ Assembly of Seven Generations, "Accountability in Our Lifetime: A Call to Honour the Rights of Indigenous Children and Youth," (2021) at 16 [Assembly of Seven Generations].

Primer on Accountability Mechanisms

There are various accountability mechanisms in democratic nations. Similar accountability mechanisms sometimes have different names, despite having similar purposes and functions. This primer aims to provide some high level definitions of common accountability mechanisms, grouped according to purpose and function, along with examples.

1. Independent Accountability Institutions

Independent Accountability institutions are institutions that “control the actions of other state bodies through actions ranging from soft monitoring to hard coercive standards”.⁸ Accountability institutions include, but are not limited to, Ombuds. Some also have additional functions including litigation, intervention, providing, advice, research and education.⁹ Generally, these institutions are established to monitor and supervise the actions and activities of governments to make sure that they are doing their work in a fair, just and transparent way.¹⁰ They are designed to provide citizens with an accessible, impartial, and informal avenue to address problems with the actions of government.¹¹ Key roles of accountability institutions include improving human rights protection and promotion when judicial intervention not available or realistic, improving domestic human rights circumstances; changing the culture and mindset of bureaucracy, drawing attention to law reform needs; requesting binding decisions through the courts, reducing poor bureaucratic behaviour through monitoring, improving rule of law and strengthening good governance.¹²

In comparison to judicial institutions, these institutions have broad and flexible assessment criterion for determining violations. This gives them the ability to address a wider range of violations using a variety of remedies.¹³

Some examples of Independent Accountability institutions include:

- Auditor generals,
- Anti-corruption bodies,
- Electoral commissions
- Policing oversight institutions,
- Human rights commissions, and
- Ombudspersons.¹⁴

⁸ Reif *supra* note 3 at 123.

⁹ *Ibid* at 124.

¹⁰ *Ibid* at 23.

¹¹ Chartrand *supra* note 5 at 16.

¹² Reif *supra* at note 3 at 118, 147, 245.

¹³ *Ibid* at 250-251.

¹⁴ Chartrand *supra* note 5 at 5.

2. Ombuds Institutions (General or Classic)

An ombuds is one kind of independent accountability institution that reviews government, agencies, and other organizations' actions.¹⁵ According to the Forum of Canadian Ombudsman, an ombuds is an independent and objective institution that reviews government, agencies, and other organizations' actions.¹⁶ Reif explains the classic ombuds was established to fight maladministration¹⁷ and supervise the actions of the government's administrative activities.¹⁸ The office is provided for by constitution or action by legislature and it is headed by an independent, high level public official responsible to the legislature. Typically, the core powers of an ombuds are investigations, making recommendations and submitting reports to resolve problems by securing redress and improving administrative systems and redress.¹⁹ Typical Ombuds functions include complaint handling and resolution, monitoring and reviewing functions, individual and systemic advocacy.²⁰ A small number have quasi-coercive powers.²¹ The process is usually confidential, impartial, and neutral.²²

Some examples of ombuds institutions in Canada include:

- Provincial and Territorial ombuds institutions,
- National Defence and Canadian Forces Ombudsman,
- Municipal ombuds institutions.²³

3. Thematic Ombuds Institutions

The key distinction of a thematic ombuds institution is that they have jurisdiction over a specific and distinct thematic or specialized area.²⁴ Over the years, the concept of classic ombuds institutions have expanded and tailored to meet varying needs of local regions including public and private sectors, international, national and regional levels and crossing several thematic

¹⁵ Michelle LeBaron "Watchdogs and Wise Ones in Winter Lands: The Practice Spectrum of Canadian Ombudsman" (2008) Forum of Canadian Ombudsman (FCO) Liz Hoffman Ombudsperson Research Award Paper at 4, 5.

¹⁶ *Ibid.*

¹⁷ Reif *supra* note 3 at 5.

¹⁸ *Ibid* at 23.

¹⁹ Mary A Marshall & Linda C. Reif "The Ombudsmen: Maladministration and alternative dispute resolution" Alberta Law Review, Vol XXXIV No 1 (1995) at p. 218; *Ibid* at 225.

²⁰ Commissioner for Children and Young People Western Australia, "Oversight of services for children and young people in Western Australia" (November 2017) Commissioner for Children and Young People Western Australia, Perth at 9.

²¹ Reif *supra* note 3 at 221.

²² Mary Theresa Hunter "Canadian Child and Youth Advocates: A comparative analysis" Doctor of Philosophy Dissertation, School of Public Administration, University of Victoria, 2017 at 26.

²³ "Ombudsman Offices in Canada" (2021) online: *Forum of Canadian Ombudsman* <http://www.ombudsmanforum.ca/en/?page_id=176>.

²⁴ Reif *supra* note 3 at 62.

areas. They require a level of expertise in the relevant area.²⁵ Thematic institutions may overlap with general accountability institutions and multiple departments may fall within the scope of thematic institutions depending on the specific focus of the institution.²⁶ Like classic ombuds, some thematic ombuds institutions have expanded to include additional mandates such as explicit human rights protection and promotion, functions related to children's rights, preventative measures, monitoring abilities,²⁷ and administrative law litigation functions. These institutions have a range of powers and functions. They are not only complaint-driven, and may have some decision-making powers and public education mandates. Some institutions have additional protection powers other than investigations including mediation and court litigation.²⁸ Some adjudicative powers have been given to thematic equality ombuds,²⁹ though these institutions rarely have coercive remedial powers.³⁰ Some can conduct audits to ensure compliance with the law in sensitive areas including police conduct, child protection, and government intrusion on private communications. Some also do administrative audits if it's in the public's best interest.³¹ Like classic or general ombuds, thematic ombuds institutions generally monitor their recommendations and will attempt to use persuasion to encourage implementation.³²

Some examples of thematic ombuds institutions in Canada include:

- Commissioner of Official Languages,
- Privacy Commissioner,
- Information Commissioner,
- Federal Correctional Investigator,
- RCMP External Review Committee, and
- Police Complaints Commissioner.

4. Thematic Ombuds Institutions – Children's Rights Commissioners and Advocates

Independent accountability institutions that focus on Children's rights are one type of thematic ombuds institution. These are typically either Commissioners or Advocates. Children's Commissioners have been appointed around the world and typically have similar powers and functions to other thematic ombuds, but in the area of children's rights.³³ Child Advocates

²⁵ Marshall & Reif, *supra* note 19 at p. 230; Jo-Ann EC Greene "On-reserve matrimonial real property following relationship breakdown: a review of tribunal, ombuds and alternative dispute resolution mechanisms" INAC Paper, May 2003, at 3, 4.

²⁶ Reif *supra* note 3 at 71.

²⁷ *Ibid* at 5.

²⁸ *Ibid* at 221.

²⁹ *Ibid* at 227, footnote 22.

³⁰ *Ibid* at 227.

³¹ *Ibid* at 230.

³² *Ibid* at 28.

³³ Daniella Bendo "The Role of Canada's Child and Youth Advocates: A Social Constructionist Approach" Master of Arts, Child and Youth Studies Thesis for the Faculty of Social Sciences, Brock University, August 2016, at p. 21.

support children and youth populations through advocacy and other activities.³⁴ An important difference to highlight from other thematic ombuds institutions is that Advocates may not necessarily act impartially. Instead Advocates will act to protect the interest of the specific population they are mandated to protect.³⁵ In Canada, there are provincial and territorial Child Advocates. Child Advocates require specialized knowledge and experience. Hunter notes that all Child Advocates in Canada had advanced degrees and levels of experiences from various backgrounds including social work, legal backgrounds, education, youth services, nursing, employment, psychology and health administration, and public administration.³⁶ While Child Advocate functions vary, common functions of nine provincial and two territorial Child Advocate offices in Canada include providing individual advocacy, examining systemic issues and systemic advocacy, raising awareness about children's rights, and giving advice to improve the provision of services to children.³⁷ Most have a mixture of traditional functions and specialize solely on rights of children and youth.³⁸

Almost all Child advocate' mandates in Canada include monitoring compliance and taking extra steps when the government is not complying with recommendations including reporting to higher authority.³⁹ Most Canadian child advocates expect governments to respond to their advice without formal means of holding the government accountable to improve services to children.⁴⁰ However, tracking and monitoring compliance were noted as key factors in influencing change.⁴¹

Some examples of Child Advocates in Canada include:

- **The Alberta's Office of the Child and Youth Advocate:** The OCYA is valued for its ability to identify systemic issues through its relationship and direct input from children and youth affected. This feedback and other quality assurance processes help to inform practice and make effective recommendations to improve services.⁴² The OCYA conducts systemic reviews and advocacy as well as providing individual advocacy services to children and youth involved in designated services. It may appoint legal representation for young people in relation to those services.⁴³
- **BC's Office of the Representative of Children and Youth:** In 2005, BC established a legislative office, the Representative of Children and Youth.⁴⁴ BC's

³⁴ Reif *supra* note 3 at 49-50.

³⁵ *Ibid.*

³⁶ Hunter *supra* note 22 at 63.

³⁷ *Ibid* at 1, 6, 72.

³⁸ *Ibid.* Note, NS and QC, and now ON provide ombuds or advocacy services for children and youth as part of larger institutions serving the entire population.

³⁹ *Ibid* at 107, 176.

⁴⁰ *Ibid* at 176.

⁴¹ *Ibid* at 177.

⁴² *Ibid* at 45.

⁴³ *Ibid* at 59.

⁴⁴ *Ibid* at 48.

model was considered a hybrid model as it has functions of an ombuds, powers of a commissioner of inquiry and structural independence of an auditor general.⁴⁵

5. Thematic Ombuds Institutions – Human Rights Commissions

Reif explains that Human Rights commissions have the same elements as a classic ombuds, other than their jurisdiction. Human rights commissions have jurisdiction over human rights protection and most have varying human rights prevention mandates,⁴⁶ Their scopes vary and may include the protection of civil, political, economic, social and cultural rights.⁴⁷ Some may have a specific role or function to monitor particular human rights issues such as the relations with Indigenous people.⁴⁸

Human rights commissions typically have a broad mandate⁴⁹ and functions including complaint based investigatory powers, own motions investigations, holding public inquiries, making recommendations and reports, powers to bring or intervene in litigation and/or other legal avenues. Some also have human right promotion powers such as research, public awareness-raising, training, education and advice to governments.⁵⁰ Other human rights mandated functions include creating promotional information, education, advising, providing recommendations to governments, law reform, and investigatory powers.⁵¹

Some examples of human rights commissions in Canada include:

- **The Quebec Commission des droits de la personne et des droits de la jeunesse** Although similar to the Commission at the federal level, the Québec CDPJ has a specific unit dedicated to handling youth protection investigations.⁵²
- **The Canadian Human Rights Commission:** At a federal level, the CHRC has numerous functions including a significant public human rights education and promotion role, public interest role by researching and monitoring systemic patterns and practices and investigating, mediating and referring matters to the CHRT.⁵³

⁴⁵ *Ibid* at 6.

⁴⁶ Reif *supra* note 3 at 61.

⁴⁷ Marshall & Reif *supra* note 19 at 232; *Ibid* at 7.

⁴⁸ Chartrand *supra* note 5 at 20.

⁴⁹ Reif *supra* note 3 at 157.

⁵⁰ *Ibid* at 15.

⁵¹ *Ibid* at 154, 155.

⁵² "Investigations (Youth Protection)" (March 2022) online: *Québec Commission des droits de la personne et des droits de la jeunesse*.

⁵³ Gwen Brodsky, Shelagh Day & Frances Kelly, "The Authority of Human Rights Tribunals to Grant Systemic Remedies" 2017 CanLIIDocs 45 at p. 34.

6. Human Rights Tribunals

A final type of independent accountability institution is a tribunal. An accountability institution becomes a quasi-judicial administrative tribunal when it has abilities to make legally binding decisions. Tribunals perform a quasi-judicial but not a purely judicial function. Administrative tribunals may have a particular expertise, and due to this expertise, they may be enabled by statute to deal with claims that are broader than those dealt with by courts and to grant forward-looking systemic remedies to deal with policy issues and further social goals and to remain seized of matters longer than courts.⁵⁴ Although the tribunal process will be formal, it does not need to be an adversarial process. It is important that the tribunal is impartial, non-political and has a level of expertise.⁵⁵ There is a wide variety of judicial and administrative tribunals in Canada.⁵⁶ There are some limitations to tribunals due to their capacity to make legally binding decisions. This capacity means the work and process of the institutions subject to administrative law standards and reviews. This can seriously limit the flexibility and informality of the institution's work and process.⁵⁷ A major concern related to this type of institution is the accessibility.⁵⁸

At times, an independent and accessible appeal tribunal is established within a broader independent accountability institution in order to hear matters where a resolution has not been reached through the "advisory" part of the institution. These enforcement and adjudication abilities are developed to ensure accountability and reform where more informal individual advocacy, systemic reports or advice to governments are not sufficient to protect human rights.⁵⁹

An example of a human rights tribunal in Canada includes:

- **The Canadian Human Rights Tribunal:** An important feature of the CHRT is its ability to make binding orders and grant remedies.⁶⁰ The CHRC and CHRT are a "federal human rights machinery [...] comprised of an adjudicative body and a Commission. Both are "essential to the remedial function of the legislation".⁶¹ Chartrand characterizes the CHRC and CHRT as "a more formally structured process than the Ombudsman Office although less formally structured than the court system. It is intended to be accessible to everyone and in particular those individuals that have been most marginalized in society".⁶²

⁵⁴ *Ibid* at 31.

⁵⁵ *Ibid* at 26.

⁵⁶ Greene *supra* note 24 at 2.

⁵⁷ Brodsky, Day & Kelly *supra* note 53 at 32.

⁵⁸ *Ibid* at 22.

⁵⁹ *Ibid* at 24, 25.

⁶⁰ *Ibid* at 19.

⁶¹ *Ibid* at 34.

⁶² Chartrand *supra* note 5 at 19.

As a final point, we wish to address possible confusion around use of different terminology for Ombuds-like mechanisms such as Ombudsman, Advocates or Commissioners. The terms are largely synonymous. Any distinction seems to be one of degree versus difference in kind (e.g., they are all forms of ombuds). For example, 'Commissions' are considered a variation/adaptation of the ombuds model, though sometimes viewed as having broader powers than the "traditional/ classic-based" model.⁶³ As between Commissions/Ombuds and Advocates, the former seem to stand in a more neutral/impartial place (until a complaint is substantiated), whereas children's advocates may have more active role in defending the rights of children and youth due to the fact that most are mandated to uphold children's rights, including the UN Convention on the Rights of the Child. However, like Ombuds/Commissions, Advocates investigate complaints and write reports about their investigations.

⁶³ See Marshall & Reif *supra* note 19 at 226 footnote 50: "The term "Ombudsman" is used in many countries that have adapted the office from its Scandinavian roots (e.g. provinces of Canada, New Zealand). Other English language synonyms are: "Parliamentary Commissioner for Administrative Investigations" (e.g. Queensland, Western Australia); "Commissioner for Administrative Complaints" (Hong Kong); and "Parliamentary Commissioner for Administration" (e.g. United Kingdom, Sri Lanka). In French-speaking jurisdictions see e.g.: Mediateur (e.g. France, Senegal, Mauritania); Protecteur du Citoyen (Quebec); Defenseur du Peuple (Madagascar). In Spanish-speaking countries see e.g.: Defensor de/ Pueblo (e.g. Argentina, Spain); Defensor de los Habitantes (Costa Rica). In India, the office is called Lok Ayukta." See also Michelle Lebaron, in "Watchdogs and Wise Ones in Winter Lands: The Practice Spectrum of Canadian Ombudsman" Liz Hoffman Ombudsperson Research Award Paper, Forum of Canadian Ombudsman (FCO) 2008 at p. 11, made the following note "No classical ombudsman has been appointed in the federal sector, while some specialized ombudsman offices have been instituted, such as the offices of the Commissioner of Official Languages, the Correctional Investigator, and newer offices like the Taxpayers' Ombudsman/Ombudsman des Contribuables.

Part 1: Why is there a need for accountability when it comes to Indigenous children and families?

Simply put, there is a need for accountability because federal and provincial governments in Canada have both contributed to the taking away of thousands of Indigenous children from their families and communities. This has wreaked countless harms on individual children, their families, their communities and nations. This started with the residential school system but morphed into the child welfare system after World War 2. In the last 70 years, the most significant contribution to this overrepresentation has been the inadequate provision of services to meet the needs of Indigenous children and families. Both the federal and provincial governments have been reluctant to fully fund services to Indigenous peoples, relying on dubious jurisdictional arguments to justify such discrimination. This continues up to the present. The watershed finding from the Canadian Human Rights Tribunal in *Caring Society* in 2016 that Canada had been knowingly underfunding its First Nations Child and Family Services Program underscores this point. The fact that the Tribunal has made 21 further orders since, many of these finding Canada to be in non-compliance with the original ruling, accentuates how pervasive these problems are. In its ruling on monetary compensation for the discrimination in the case, the Tribunal noted, “this case of racial discrimination is one of the worst possible cases warranting the maximum award.”⁶⁴ Below, we examine the context in relation to First Nations child and family services informing the need for accountability mechanisms.

a) The history of First Nations child welfare services

Paradoxically, the taking of children away from Indigenous families and communities stems from both the exercise of extraordinary amounts of control over the lives of Indigenous peoples by governments in Canada, as well as these governments exhibiting extraordinary neglect for the well-being of Indigenous children and families. To carry out its objective to ‘kill the Indian in the child,’ Canada used the *Indian Act* and RCMP, among other forms of state control, to take thousands of Indigenous children from their families and place them in residential schools between the 1880s and 1950s.⁶⁵ The TRC Final Report documented Canada’s refusal to adequately fund health services as a cause of high illness and death rates of Indigenous children in residential schools.⁶⁶ Coinciding with the federal government’s decision to gradually divest itself of residential schools, with the federal government’s endorsement in the form of reimbursement of provincial costs, provincial child welfare systems were extended on reserve to effectively become the new residential school system.⁶⁷ Especially from the 1960s to the 1980s provincial legislation was used to apprehend large numbers of First Nations children from their

⁶⁴ 2019 CHRT 39 at para 13 and 231 aff’d 2021 FC 969. Canada has sought an appeal of this decision but is simultaneously seeking to negotiate a resolution with parties at this time.

⁶⁵ Truth and Reconciliation Commission of Canada, *Honouring the Truth, Reconciling for the Future - Summary of the Final Report of Truth and Reconciliation Commission of Canada* (2015) [TRC], at 37-134

⁶⁶ *Ibid* at 90-99.

⁶⁷ See Naomi Metallic, “A Human Right to Self-Government over First Nation Child and Family Services and Beyond: Implications of the *Caring Society* Case” (2019) 28:2 JLSP [Metallic 2019] at 8-11.

families, sometimes on the slightest of pretext (the “Sixties Scoop”).⁶⁸ Indigenous communities had no say, nor any mechanisms to stop these governments from making these forceful interventions in the lives of their children and families.⁶⁹ Overrepresentation of Indigenous children in provincial child welfare systems remains a significant problem today and has been dubbed the ‘Millennial Scoop.’⁷⁰

These problems are also rooted in over 70 years of jurisdictional wrangling between the federal government and provincial governments, with neither level of government wishing to assume full responsibility for the provision of essential services to Indigenous peoples. This includes child and family services, but also health, education, social assistance, assisted living, housing and more.⁷¹ While both levels of government gradually assumed some role in the delivery of child and family services to Indigenous peoples, perpetual disputes over who is responsible for paying for essential services for “Indians” have been used by all governments as justification for doing less, causing significant harm to Indigenous children and families.⁷² In 2019 Final Report, the National Inquiry into Missing and Murdered Indigenous Women and Girls named this problem “interjurisdictional neglect” and suggested that it violated the s. 7 *Charter* rights to life, liberty and security of the person of Indigenous women and girls.⁷³

Notably, starting in the 1960s, the federal government begrudgingly accepted temporary responsibility to provide some essential services to First Nations on reserve such as social assistance. Funding and services were intended to be provided at levels comparable to provincial services to other citizens. Although this became permanent and extended to a broader range of reserves, Canada resisted legislating in these areas or putting in place other accountability mechanisms to ensure adequate services or funding, despite the Auditor General and other reports highlighting the need for better accountability. Canada also downplayed its responsibility in relation to providing essential services, suggesting such services were not based on constitutional obligations, but simply a matter of good public policy.⁷⁴

In the 1970s and early 1980s, First Nations began voicing concerns about services that were either lacking or utterly inappropriate and calling for more community-based services. In response, Canada began to gradually devolve program delivery to First Nations through funding

⁶⁸ See *Brown v. Canada (Attorney General)*, 2017 ONSC 251.

⁶⁹ *Ibid* at paras 20-61. In the case, Canada argued that if it had honoured its contractual obligations (in Ontario) to consult with First Nations regarding child apprehension, nothing would have changed. The Court rejected this argument based on substantial evidence to the contrary, and referred to it as “an odd and, frankly, insulting submission” at para 42.

⁷⁰ Peter W. Choate, “The Call to Decolonise: Social Work’s Challenge for Working with Indigenous Peoples” (2019) 49 *British J Social Work* 1081 at 1094.

⁷¹ Metallic 2019 *supra* note 67 at 8-11; Promislow & Metallic *supra* note 6 at 93-101.

⁷² See Naomi Metallic “NIL/TU,O and Native Child v BCGSEU and CEPUC” in Kent McNeil & Naomi Metallic, eds, *Judicial Tales Retold: Reimagining Indigenous Rights Jurisprudence*, (Special Collection of Canadian Native Law Reporter, Indigenous Law Center, Saskatchewan, 2020) [*Judicial Tales Retold*] at 21-43; and Hadley Friedland, “Reference re Racine v Woods,” in *Judicial Tales Retold* at 155-190.

⁷³ *Reclaiming Power and Place – The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*, vol 1a (Canada, 2019) at 567 [MMIWG Final Report].

⁷⁴ Metallic 2019, *supra* note 67 at 11-12; Promislow & Metallic, *supra* note 6 at 103.

agreements, however, the federal government maintained ultimate control over funding levels and program terms and conditions. The funding agreements lacked effective dispute resolution mechanisms to permit First Nations to hold Canada accountable for inadequate funding.

In the context of child and family services, Canada unilaterally created the First Nations Child and Family Services Program (FNCFS Program) under Directive 20-1 in 1991, which required FNCFS Agencies to operate pursuant to provincial child welfare laws, with federal funding. The creation of the FNCFS Program spurred the establishment of over 100 FNCFS Agencies across Canada, intended to provide more culturally appropriate child welfare services to First Nations children. It quickly became apparent, however, that the funding formula under Directive 20-1 was entirely inadequate to provide preventative and culturally appropriate services. The formula did not provide funding comparable to the range of child welfare services funded in the province, and often resulted in situations where children were apprehended because alternative services could not be funded under Directive 20-1.

Two expert reports commissioned by the Assembly of First Nations and Canada in 2000 and 2005 confirmed the systemic underfunding in the FNCFS program. Despite these reports, Canada did little to implement their recommendations. In 2008, Canada developed a new funding formula, called the Enhanced Prevention Focused Approach (EPFA), and slowly began implementing it in some regions of the country. The EPFA, however, was only a slight improvement over Directive 20-1 and continued to perpetuate inequities in the FNCFS.⁷⁵

An important development in this period was the Federal House of Commons unanimously affirming Jordan's Principle in 2007, a child-first principle to ensure no gaps or delays in services to First Nations children.⁷⁶ The Principle is in memory of Jordan River Anderson, a First Nations boy from Manitoba, born with multiple disabilities, who died in hospital never getting to live close to his family, due to jurisdictional wrangling between Canada and the province over who would pay his medical costs were he moved closer to home. The Principle requires that the first government approached by a First Nations community *pay* for the requested services for a First Nations child, and that any jurisdictional disputes be resolved afterwards. While Canada committed to, and ear-marked substantial funds to implement, Jordan's Principle, these funds were never used due to the very narrow interpretation given to the Principle by the federal government.⁷⁷

⁷⁵ Metallic 2019, *ibid* at 12-16; see also Cindy Blackstock, "The Complainant: The Canadian Human Rights Case on First Nations Child Welfare," (2016) 62 McGill LJ 285 [Blackstock].

⁷⁶ Private Members Motion 296, tabled by Jean Crowder, MP Cowichan-Nanaimo for (NDP) the motion reads: "in the opinion of the House, the government should immediately adopt a child-first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children".

⁷⁷ See *Caring Society* 2016, *supra* note 1 at para 380.

b) First Nations Caring Society et al. v Canada

Given the lack of commitment by Canada to make real reform to the FNCFS Program, the Caring Society and the AFN filed a human rights complaint with the Canadian Human Rights Commission in 2007. After nine years, which saw several delays by Canada, retaliation against Dr. Cindy Blackstock, as well as attempts to strike the complaint,⁷⁸ the Tribunal ordered in favour of the complainants in 2016 ("Main Decision").⁷⁹ It found that discrimination on the basis of race and/or national ethnic origin was made out, and in the course of its extensive reasons, made several important findings, including that:

- Canada is not a "passive player" in funding child welfare services but exercises significant control and power over child welfare services on reserve. Canada may have a fiduciary obligation to act in the best interest of First Nations children and families to ensure the child welfare programming is adequate and culturally appropriate.⁸⁰
- The funding models used by Canada underfund prevention services, do not ensure services are culturally appropriate, and in fact create incentives to remove children from their homes as a first resort rather than as a last resort, replicating the residential school era. It also resembles the residential school era because the fate and future of many First Nations children is still being determined by the Canadian government.⁸¹
- Canada knew its FNCFS program was not comparable to provincial services but had resisted doing any comparative (gap) study. Evidence before the Tribunal included an internal report from 2006 showing the Department of Indigenous Services knew it was underfunding First Nations, stating, "if current social programs were administered by the provinces, this would result in significant increase in costs for INAC."⁸²
- While Canada failed to provide services comparable to the provinces, this standard in itself is discriminatory. Human rights principles, both domestically and internationally, require INAC to consider the distinct needs and circumstances of First Nations children and families living on-reserve—including their cultural, historical and geographical needs and circumstances—in order to ensure substantive equality in the provision of child and family services to them. Simply attempting to mirror provincial for First Nations communities runs afoul of human rights principles.⁸³
- Canada had wrongly adopted a very narrow interpretation of Jordan's Principle, which had been adopted by a unanimous resolution of Parliament in 2007 as being limited to children with multiple disabilities and not to child welfare or other services. Jordan's Principle requires coordination and cooperation between the provincial and federal

⁷⁸ Blackstock, *supra* note 75 at 291-297.

⁷⁹ *Caring Society 2016*, *supra* note 1.

⁸⁰ *Ibid* at paras 59-86 and paras 90-110.

⁸¹ *Ibid* at paras 458 and 423-426.

⁸² *Ibid* at paras 335-336 and 267.

⁸³ *Ibid* at paras 341-344, 388-389, and 462-465.

governments, as well as between departments of the same government, to address gaps and delays in health and social services. The Tribunal's language suggested Jordan's Principle applies to all federal programs aimed at addressing the needs of children and families on reserve.⁸⁴

The Tribunal ordered Canada to stop its discriminatory practices and reform of FNCFS programs, stating, "a REFORM of the FNCFS Program is needed in order to build a solid foundation for the program to address the real needs of First Nations children and families living on reserve."⁸⁵ It retained jurisdiction over the case in order to consider compensation and other remedies requested by the Complainants, and until all of its orders are implemented. Canada did not appeal this case and committed to make reforms to address its findings.⁸⁶

c) Canada's conduct since the Main Decision

Since the Main Decision, the Tribunal has found several instances of non-compliance by Canada, particularly its failure to implement a broad interpretation of Jordan's Principle and an effective process to respond to Jordan's Principle requests and appeals. The non-compliance decisions point to a number of systemic and accountability issues, such as resistance to depart from old approaches (using comparability instead of substantive equality and narrow definition of services and children covered by Jordan's Principle)⁸⁷, using funding authorities to justify inaction,⁸⁸ failure to collect appropriate data to properly assess Jordan's Principle requests⁸⁹ and needs, and lack of arm's-length appeal process.⁹⁰

While ISC has been attempting to respond to the rulings of the Tribunal by providing education to staff and modifying some of its processes, such as funding community service coordinators to help applicants and changing its Jordan's Principle appeals process, there is a need for ongoing, comprehensive assessment of Canada's commitment to Jordan's Principle and substantive equality. Staff turnover at the Department is reported to be high and implementing meaningful change within the bureaucracy of ISC seems to be a real challenge. Further, the modified appeal process the Department sought to introduce was stalled due to vacancies.⁹¹

⁸⁴ *Ibid* at paras 351-364, 374 and 391.

⁸⁵ *Ibid* at para 463.

⁸⁶ CBC News, "Federal Government Won't Appeal Ruling That Found It Discriminated Against Children on Reserves", CBC News (22 February 2016).

⁸⁷ See 2016 CHRT 10; 2016 CHRT 16; 2017 CHRT 35; 2019 CHRT 7 (interim) and 2020 CHRT 36.

⁸⁸ See 2018 CHRT 4 at paras 407-411; see also August 26, 2021 Letter Decision at section "VI. Financial Administration Act."

⁸⁹ See 2017 CHRT 14 at paras 73, 85 and 107.

⁹⁰ See *ibid* at paras 94-103.

⁹¹ See *Jordan's Principle Guide*, last updated May 29, 2020; *Standard Operating Procedures: Jordan's Principle Service Coordinators Gathering: Building Connections* (Indigenous Services Canada, 2019); and *Jordan's Principle and Update on Development and Implementation of Appeals Secretariat PPT*, September 2021.

A 2021 article based on assessment of the Jordan's Principle in the Alberta region highlights how onerous the Jordan's Principle application process can be for applicants.⁹² Requiring applicants to provide documentary evidence and particularize how a request aligns with substantive equality were identified as particularly burdensome, resulting in several complaints being treated as ineligible for consideration by the Department.⁹³ This was confirmed by our own analysis of data provided by ISC for the year 2019-2020, which showed that over 51% of Jordan's Principle requests in that year (32,587 out of 62,888) were not considered due to being assessed as submitted with insufficient information.⁹⁴ Finally, in interviews, Caring Society staff and lawyers for the complainants emphasized the crucial importance of oversight to ISC's approach to Jordan's Principle.

Early on in our research, we conducted a survey to gather further information about the current issues and needs for an accountability mechanism for Jordan's Principle. We received thirteen responses mostly from Jordan's Principle Navigators and a couple of Indigenous Services Canada Jordan's Principle National staff. Some challenges and barriers identified included: burdensome document requirements in the initial application and appeals process; lack of knowledge of the Indigenous context by ISC staff; high turnover of limited staff at ISC; failure of provincial governments coming to the table; timelines and delays; the perception that the current individual case-by-case process for Jordan's Principle fails to create broader and more meaningful change; the need for clear parameters and policy guidelines to assist service coordinators; ISC staff do not understand substantive equality and communities bear the burden of explaining the needs for substantive equality in their applications; lack of aging out of care supports; lack of consistency; and vague reasons for denials.

Canada has also shown ongoing resistance to reform of its funding approach to the FNCFS Program from one based on ad-hoc budget allocations to one that is needs-based, and informed by principles of self-government. Merely increasing funding for FNCFS services through annual budget allocations was found to be inconsistent with the Main Decision and the Tribunal ordered Canada in 2018 to develop an alternative system of funding based on needs assessments of Agencies and a cost-analysis of the real needs of First Nations agencies.⁹⁵ The Tribunal contemplated, however, that nation-to-nation self-government agreements over child welfare could be an alternative to Canada's FNCFS Program, however, it is clear that the funding of such self-government would need to reflect the principles set out in the Main Decision.⁹⁶ Details of long-term reform in relation to funding have yet to be released by Canada.

⁹² Vandna Sinha et al, "Substantive Equality and Jordan's Principle: Challenges and Complexities," (2021) 35 JLS 21.

⁹³ *Ibid* at 33.

⁹⁴ Indigenous Services Canada, Deep Dive Jordan's Principle - 2020-09-22 PPT, at slides 21-22. There are similar slides in the 2020-21 Deep Dive PPT, but the information is not presented exactly in the same way as the previous year making comparison impossible. Sometimes products and service #s are shown instead of actual requests. For this reason, we were not able to provide a similar breakdown for 2020-21.

⁹⁵ See 2018 CHRT 4, *supra* note 88 at paras 402-412.

⁹⁶ *Ibid*.

As part of responding to the Main Decision, as well the Truth and Reconciliation Commissions' call to action for national child welfare legislation, Canada passed *An Act respecting First Nations, Inuit and Métis children, youth and families*, SC 2019, c 24 ("C92").⁹⁷ The law sets out minimum standards to be followed when an Indigenous child is involved in child apprehension matters, which overlays the various provincial child welfare laws.⁹⁸ It also recognizes Indigenous groups' inherent right to self-government in the area of child and family services and sets out a framework for how Indigenous governing bodies can pass their own laws.⁹⁹ C92 legislates Jordan's Principle in s. 9(3)(e):

in order to promote substantive equality between Indigenous children and other children, a jurisdictional dispute must not result in a gap in the child and family services that are provided in relation to Indigenous children.

This was confirmed by the Quebec Court of Appeal in a recent reference decision on C92.¹⁰⁰ However, C92 remains unclear as to which level of government as between Canada and the provinces bears primary responsibility for funding compliance with national standards and self-government.¹⁰¹ Canada could have chosen to clarify this issue in the legislation, but chose not to, raising fears that C92 will be used to perpetuate the same jurisdictional wrangling that has plagued this area for over 70 years.¹⁰² This problem was also highlighted in the *QCCA C92 Reference*.¹⁰³ While C92 raises the prospect for the creation of a dispute resolution mechanism through regulation, we have yet to hear any further plans by Canada to implement such a mechanism.

Further, we have heard of some ISC staff saying that the Main Decision has no bearing on C92 issues, but we clearly believe this to be in error and demonstrative of a lack of real appreciation of the Main Decision, or the extent of Canada's obligations to conform with the right to substantive equality, statutory human rights and international law obligations in relation to Indigenous peoples.¹⁰⁴ In addition, there are concerns that the timeline for negotiating collaboration agreements under C92 (1 year) are unrealistic and may position communities to exercise jurisdiction without funding (which could be disastrous). We have heard issues of

⁹⁷ Canada first announced its plans to pass legislation at an national emergency meeting on Indigenous child welfare: see John Paul Tasker, "Jane Philpott Unveils 6-Point Plan to Improve 'Perverse' First Nations Child Welfare System", CBC News (25 January 2018).

⁹⁸ SC 2019, c 24, ss 9-17.

⁹⁹ *Ibid* at ss 18-26.

¹⁰⁰ Renvoi à la Cour d'appel du Québec relatif à la Loi concernant les enfants, les jeunes et les familles des Premières Nations, des Inuits et des Métis, 2022 QCCA 185 ["QCCA C92 Reference"] at para 226.

¹⁰¹ See, in particular, *supra* note 98 at s 20(2)(c).

¹⁰² See Naiomi Metallic, Hadley Friedland, Aimée Craft, Jeffery Hewitt and Sarah Morales, "An Act Respecting First Nations, Inuit and Métis Children, Youth and Families: Does Bill C-92 make the grade?," Special Feature for Yellowhead Institute, March 12, 2019; and Naiomi Metallic, Hadley Friedland and Sarah Morales, "The promise and pitfalls of C-92: An Act Respecting First Nations, Inuit and Métis Children, Youth and Families," Special Feature for Yellowhead Institute, July 4, 2019.

¹⁰³ QCCA C92 Reference, *supra* note 100 at paras 271-277.

¹⁰⁴ The QCCA C92 Reference also acknowledged the clear relationship between the Main Decision, subsequent decisions of the Tribunal, and C92: see *ibid* at paras 146-164.

Indigenous Governing Bodies receiving conflicting information about negotiation terms from federal negotiators and being asked to sign confidentiality agreements, which raises issues of government transparency. The QCCA's suggested approach to negotiations and paramountcy around Indigenous law under C92, if it is upheld by the Supreme Court of Canada, will require education of provinces and others about their roles and limits on their powers, as well as accessible ways to address potential disputes between Indigenous governments and intransigent provinces.¹⁰⁵ There are also significant needs for resources for carrying out education and capacity building around C92 more generally, including for communities, for ISC and CIRNAC staff, as well as those involved in the enforcement of child welfare laws and implementation on the national standards, such as social workers, Crown lawyers, legal aid lawyers and judges.¹⁰⁶ It is surprising to us that, despite the stated importance of C92 by Parliament, Canada did not commit the same amount of resources for education and capacity building as it did for changes to the *Divorce Act*, or when the *Family Homes on Reserves and Matrimonial Interests or Rights Act* was rolled out with a Centre of Excellence.¹⁰⁷

There also appears to be significant reluctance on the part of Canada to see the reform it needs to undertake to address long-standing systemic underfunding in services that affect long-term child and family well-being. It is clear from several statements from the Tribunal that Jordan's Principle is only intended as a temporary stop-gap measure to address gaps in underfunding and under-servicing in its services on the way to Canada overhauling these services to remove such gaps and inadequacy.¹⁰⁸ However, it is not at all clear that this is understood by the Department. Our concern is Canada simply seeing Jordan's Principle as akin to a program without addressing the systemic inequality that underlies the necessity for Jordan's Principle in the first place.

In their 2021 paper, Vandna Sinha, Colleen Sheppard et al., echo our concern. They characterize ISC's approach to Jordan's Principle as an individualistic, demand-driven process, and less as a requirement to ensure substantive and systematic equality in services and develop proactive policies and practices for securing equitable services for First Nations children and families. The authors describe how such an approach results in funding only being provided to First Nations individuals or communities with the capacity and wherewithal to make Jordan Principle requests, and needs are not being systematically assessed across

¹⁰⁵ The QCCA, in the C92 Reference, struck ss 21-22 from C92 and said that, instead, issues of paramountcy between provincial and Indigenous laws were to be addressed through the s 35 Sparrow framework. This also imposes additional consultation and justification requirements on governments that may need to be adjudicated. The decision is currently on appeal to the Supreme Court of Canada.

¹⁰⁶ This observation is based on the sheer volume of unsolicited requests from all of these groups that the authors, the Caring Society, and affiliated lawyers, have received, and continue to receive for support filling these needs.

¹⁰⁷ In addition to continuing and public legal education presentation and webinars discussing and explaining the Divorce Act amendments, see for example: <https://www.justice.gc.ca/eng/fl-df/cfl-mdf/dace-clde/index.html>; <https://www.justice.gc.ca/eng/fl-df/cfl-mdf/fam.html>. The Centre of Excellence was in place from 2013 to March 2021 to support First Nations developing matrimonial property laws on reserve. For more information, see <https://www.coemrp.ca/>.

¹⁰⁸ See *Caring Society* 2016, *supra* note 1 at paras 362, 364, 374 and 391; 2017 CHRT 14 at paras 85 and 107; and 2020 CHRT 36, at para 12.

communities.¹⁰⁹ This is exacerbated by ISC's lack of transparency in publishing details of group requests made or approved by First Nations organizations and communities or the range of services or level of funding that First Nations can request.¹¹⁰ The authors refer to this as a "project system" or "projectification" approach and argue it is especially inappropriate given the degree of systemic inequality First Nations face:

This case by case approach to the implementation of Jordan's Principle can be described as what Tania Murray Li calls a "project system." In discussing this approach in relation to issues of rural development, she argues that the project system or "projectification" encourages people to think that a problem can be fixed without actually addressing the underlying processes that created the problem in the first place. Such an approach fails to make long-term systemic change, so when the time-bound project ends, the problems the projects were intended to address persist." ...

Under the demand-driven approach to Jordan's Principle, relief is contingent on the ingenuity, knowledge and ability of individual, community-based actors to make effective Jordan's Principle claims. Individuals or groups with identical needs may go unrecognized if they do not have the capacity to formulate Jordan's Principle requests, or if they fail to provide sufficient evidence of how the request is linked to substantive equality. ...

An individualistic, case-by-case approach to Jordan's Principle might be appropriate if First Nations children generally had access to equitable services. Exceptional, aberrant individual or group cases outside this norm of equitable services could be addressed through the Jordan's Principle claims process. However, the reality is that the problem of inequitable services for First Nations children living on reserves is persistent, systemic and impacts a wide range of health, social and education services. In such a context, the remedy of individual claims is a sorely inadequate means of addressing the challenge of larger systemic and structural problems.¹¹¹

Building on the authors point about how inappropriate projectification can be in the context of systemic inequality of services to First Nations children and families, in our review of ISC Jordan's Principle data, we noted that for 2019-2020, 67% of individual requests and 87% of groups requests were within the normative standard of care, and in 2020-21, 51% of individual requests and 40% of groups requests were within the normative standard of care.¹¹² Services meeting "normative standard of care" are those that are readily available to children and families in the province of reference.¹¹³ Thus, ISC's data reveals that a high degree of approved requests under Jordan's Principle were for services that are already provided to children within the province. Children and families in the province are not required to go through an extensive

¹⁰⁹ Sinha et al., *supra* note 92 at 33.

¹¹⁰ *Ibid* at 34.

¹¹¹ *Ibid*.

¹¹² Deep Dive Jordan's Principle - 2020-09-22 PPT, *supra* note 94 at slides 16-17; and Indigenous Service Canada, Deep Dive Jordan's Principle Q2 – 2021-05-04 at slides 25-26.

¹¹³ See Standard Operating Procedures: Jordan's Principles (18 October 2019) at 23.

process similar to the Jordan's Principle request process in order to access such services. This sheds light on the degree of systemic inequality that continues to exist within ISC's system of essential services for First Nations. Further, future plans on the direction of Jordan's Principle put forward by ISC suggest a long-term vision of Jordan's Principle funding into the future (albeit administered by communities directly), as opposed to fixing the problems in existing programs and services. We believe there is a strong need for oversight of ISC to ensure they are not getting stuck in projectification, but in fact addressing and reforming all their programs and services that further the well-being of Indigenous children and suffer from underfunding and under-servicing.

The data on Jordan Principle requests suggests systemic inequality in a wide number of areas of ISC services from education, to health services (medical equipment and supplies, medical transportation, medical / nutritional supplements, mental wellness, oral health, orthodontics and vision care), child development, assisted living and respite, infrastructure, social assistance.¹¹⁴ There are areas, such as with orthodontics and capital repairs and costs, that ISC has been reluctant to treat as falling within Jordan's Principle and intervention of the tribunal or the courts has been necessary.¹¹⁵ The Caring Society relates there are certain areas, such as administration / governance costs, that ISC remains reluctant to fund pursuant to Jordan's Principle.

Even beyond the implications of the Main Decision, ISC should be striving to reform its services based on the commitments within *Department of Indigenous Services Act*, SC 2019, c 29, s 336 ("*DISA*"), which came into effect in July 2019. *DISA* replaced the old *Department of Indian Affairs and Northern Development Act*, RSC 1985, c I-6 and introduced some important standards that were absent from the old act. These include:

- Identifying the group the Department services as "Indigenous peoples" which is defined as having the same meaning as "Aboriginal peoples" within subsection 35(2) of the Constitution Act, 1982. Section 35(2) defines "Aboriginal peoples of Canada" as including the "the Indian, Inuit and Métis peoples of Canada."
- Listing the main activities and responsibilities to be undertaken by the Department. Section 6(2) of the Act states that "[t]he Minister shall ensure services with respect to ... (a) child and family services; (b) education; (c) health; (d) social development; (e) economic development; (f) housing; (g) infrastructure; (h) emergency management; [and] (h.1) governance...".
- The preamble of *DISA* includes commitments by Canada to ensure its service standards are transparent, meets the needs of Indigenous group, consider the socio-economic gaps and negative social factors impacting Indigenous individuals in doing its work,

¹¹⁴ Deep Drive Jordan's Principle - 2020-09-22 PPT, *supra* note 94 at slide 30.

¹¹⁵ See *Shiner v Canada*, 2017 FC 515 on orthodontics, which was unsuccessful but resulted in a settlement that included a policy change that considers pain as a criteria for NIHB eligibility; and see August 26, 2021 Letter Decision, *supra* note 87 on capital services.

recognize and promote Indigenous ways of knowing, being and doing, and collaborate and cooperate with Indigenous peoples in its work.

- Section 7(a) of the Act sets out a requirement of the Minister to collaborate in the development, provision, assessment and improvement of the services listed at s 6(2).

In other words, *DISA* requires ISC to ensure that all of its services and programs are needs-based and address socio-economic gaps, and that reform of such programs be done in collaboration with Indigenous communities.¹¹⁶ It is not clear to what extent *DISA* is being followed by the Department at this time. We believe there is a need for oversight of ISC for its compliance with *DISA*.

Finally, the *DISA* commits Canada to implementing the *United Nations Declaration on the Rights of Indigenous Peoples*, as does Canada's 2021 law, the *United Nations Declaration on the Rights of Indigenous Peoples Act*, SC 2021, c 14, which affirms the Declaration as a universal human rights instrument with application to Canadian law. The Declaration contains several articles that ought to inform Canada's delivery of services to Indigenous peoples, including that Canada must take effective measures, and where appropriate, special measures to ensure the continuing improvement of Indigenous peoples' economic and social conditions.¹¹⁷ We believe there is a need for oversight of ISC for its compliance with the Declaration and *UNDRIPA*.

d) Role of First Nations Caring Society since the Main Decision

Since the Main Decision, Dr. Blackstock and the Caring Society have been playing a crucial advocacy role in supporting families in seeking to access Jordan's Principle and substantive equality, informally providing oversight of ISC's implementation of the CHRT decisions, by bringing issues of non-compliance to the Tribunal's attention as well as continuing to publicly raise awareness of systemic discrimination against First Nations children and families. Further, by drawing on its network of lawyers who assist it on a *pro bono* basis, the Caring Society has engaged in strategic interventions such as intervening with ISC National Office staff to discuss matters on Jordan Principle files as well seeking judicial review of denials, for example, in the case of Josey and Stacy Shiner regarding denial of orthodontics. While this judicial review was unsuccessful, a settlement was reached which included a policy change that considers pain as a criteria for NIHB eligibility.¹¹⁸ In the case of Carolyn Buffalo-Jackson and her son Noah, the Caring Society and a *pro bono* lawyer prevented a First Nations mother's human right complaint relating to her disabled son from being dismissed by the Canadian Human Rights Commission, leading to a settlement with ISC. In this particular case, Carolyn was both a lawyer and First Nation Chief and still faced significant barriers in navigating the Jordan's Principle and human

¹¹⁶ See also Naomi Metallic, "Making the most out of Canada's new Department of Indigenous Services Act," Policy Brief for Yellowhead Institute, August 12, 2019.

¹¹⁷ *United Nations Declaration on the Rights of Indigenous Peoples*, GA Res 61/295 (Annex), UN GAOR, 61st Sess, Supp No 49, Vol III, UN Doc A/61/49 (2008) 15 at art. 21.

¹¹⁸ See *Shiner v Canada*, *supra* note 115.

rights system.¹¹⁹ This and other stories of the Caring Societies' interventions provides compelling case-studies of the ongoing needs for advocacy vis-à-vis Canada when it comes to the need for services.

The Caring Society does not receive any funding from Canada but relies on fundraising to sustain itself. In carrying out its extensive advocacy, it relies on its small staff and the generosity of lawyers and other professionals who assist it in its work. The Society and its staff recognize that they cannot help all who need assistance and support and, in our conversations with them, have emphasized the need for formalized and funded advocacy services for First Nations children and families.

e) Role of the provinces

From the 1990s and onwards, some provinces amended their child welfare policies and legislation to attempt to accommodate Indigenous cultures and give some voice to Indigenous communities in apprehension matters. However, such changes were not universal and resulted in a patchwork of protections across the country.¹²⁰ This provided unequal protections to Indigenous children across the country until the coming into force of C92. When it comes to the provision of child and family services to First Nations, we are not aware of any provinces who were willing to provide funding to meet the child and family of First Nations children and families to address the shortfalls of the FNCFS Program between the 1990s and 2016.

More broadly, in relation to the provision of services to Indigenous people, despite some provinces endorsing Jordan's Principle (AB, SK, MB, ON, NB, NFLD), up to the present, there continues to be significant reluctance on the part of the provinces to provide services to Indigenous peoples, particularly First Nations living on reserve, although, constitutionally, there is nothing preventing them from doing so.¹²¹ This is illustrated in the 2020 Manitoba Human Rights Panel decision of *Sumner-Pruden v. Manitoba*.¹²² In this case, Manitoba's Human Rights Panel agreed that the province discriminated against a young First Nations man with multiple disabilities and his mother for delay, and often denial, of healthcare and related services based on their First Nations status and the fact they lived on reserve. The Panel found that the delays and denials were caused by the policies and practices arising from the exercise of concurrent jurisdiction between the province and federal government, and this amounted to adverse effects discrimination.¹²³ Importantly, the Panel also found that the province could not rely on

¹¹⁹ Carolyn Buffalo, "Buffalo v Canada – My Family's Fight for the Right for Noah to ride a bus to school," PowerPoint Presentation, 2017.

¹²⁰ Metallic 2019 *supra* note 67 at 13-14 and Appendix B.

¹²¹ See status report on provincial action on Jordan's Principle in Canadian Pediatric Society, "Are We Doing Enough? A status report on Canadian public policy and child and youth health," 2016 edition at 27. For a discussion of the concurrent jurisdiction between Canada and the province in matters of essential services, see Metallic in *Judicial Tales Retold*, *supra* note 72; see also Sébastien Grammond, "Federal Legislation on Indigenous Child Welfare in Canada" (2018) 28:1 J L & Soc Pol'y 132.

¹²² *Sumner-Pruden v Manitoba* (2020), MHRC 15 LP 10.

¹²³ *Ibid* at paras 22-23.

jurisdictional arguments to justify the discrimination, noting, “The Canadian constitutional framework does not amount to a reasonable justification for the discriminatory treatment of the complainants.”¹²⁴ Further illustrating provincial reluctance, Manitoba has appealed this ruling, continuing to maintain Canada’s ability to fund and/or provide health and disability services on the First Nation constitutes a *bone fide* and reasonable cause for discrimination . This matter also further illustrates the need and importance of advocacy support services as the complainants in the case are represented by lawyers from the Public Interest Law Centre, and only citizens of Manitoba have access to this service.

We have also heard that some provinces have recently been denying funding services for urban Indigenous children in light of Canada’s approach to Jordan’s Principle since the Main Decision. In our discussion with ISC, Canada advised that it has yet to develop a system for negotiating reimbursement with the provinces in relation to services that Canada determines ought to be paid by provinces. These examples illustrate a further need to hold provinces more accountable to their substantive equality and Jordan’s Principle obligations. The Assembly of Seven Generations report clearly emphasized that Indigenous youth and children deserve justice and reparations for the harms that continue to impact daily lives, and in this regard “Indigenous youth and children deserve accountability and responsibility from the federal government, as well as all levels of government.”¹²⁵

Beyond the provinces providing services, another area of needed oversight is in relation to those who enforce provincial child welfare laws—and now C92 as well—including agencies, government lawyers and judges, as well as those who represent parents and communities in child welfare proceedings, namely legal aid lawyers and members of the private bar. As noted earlier, there is a major need, especially with the coming into force of C92, for these actors to learn about their obligations under C92. More generally, there is a need to ensure that child welfare law enforcement is carried out appropriately with a knowledge and sensitivity to the history of residential schools and the overrepresentation of Indigenous children in state care through the Sixties Scoop and even up to the present. There are existing accountability bodies that already provide some oversight of child welfare enforcement in the provinces, but it is questionable whether these bodies provide sufficient attention to the challenges faced by Indigenous children and families. We explore this question further in the next section.

f) Conclusion

Addressing the causes of overrepresentation of Indigenous children in state care is a complex matter with deep systemic discrimination underlying it - many of the problems stem from Canada and the provinces’ reluctance to prioritize and fund Indigenous children and families’ needs. Canadian courts have done little to protect or vindicate these interests over the past 70 years. While courts provide some backstop on accountability issues, such as in matters of judicial review, generally, they lack the jurisdiction to address systemic discrimination

¹²⁴ *Ibid* at para 25.

¹²⁵ Assembly of Seven Generations, *supra* note 7 at p. 31.

complaints in the same way as human rights bodies or provide the types of systemic remedies that are needed to address long-standing systemic problems.¹²⁶

Through the Main Decision and subsequent orders, the Canadian Human Rights Tribunal has been instrumental in holding the federal government accountable for systemic underfunding in the FNCFS Program and implementing Jordan's Principle. This is especially so because the Tribunal is remaining seized of its jurisdiction over the case until all outstanding remedial issues have been addressed. There will come a day, however, when the Tribunal will relinquish jurisdiction over the case. Given the very long history of systemic discrimination against Indigenous people by the government in Canada, particularly in the area of service delivery, we are not hopeful that this will signal the end of all such discrimination and believe it will be important to have alternative accountability mechanisms in place. Further, like the courts, the role of tribunals are reactive and not proactive. Tribunals and courts decide the matters in front of them based on evidence put forward by the parties. They cannot entertain or propose broader systemic solutions to problems. This is what fuels the need for consideration of other accountability mechanisms.

¹²⁶ See for example *Malone v Canada (AG)*, 2021 FC 127, where a child self-identified as Mi'kmaq Acadian with connections to the Mi'kmaq First Nations people flowing through their maternal side since 1700's was seeking judicial review of the ISC Jordan's Principle Appeals Committee's decision to deny him funding under Jordan's Principle on the basis that such funding was only available to First Nations children registered as Indians under the *Indian Act*. In denying the judicial review, the Federal Court was deferential to Canada's approach to eligibility criteria for Jordan's Principle without scrutinizing the systemic discrimination underlying such criteria. This is in stark contrast to the analysis of the Canadian Human Rights Tribunal on the issues of lack of Indian status and Jordan's Principle eligibility criteria in 2019 CHRT 7 (interim) and 2020 CHRT 36.

Part 2: What specific issues should be addressed by an accountability mechanism?

In undertaking our research, we learned there are several options and minute details to consider around different accountability mechanisms. It can be easy to get distracted by these. However, Linda Reif, author of *Ombuds Institutions, Good Governance and the International Human Rights System*, reminded us that the driving question in designing any accountability mechanism should be, “*What are the real accountability problems we want to address?*”

Based on the context and issues related in Part 1, we have identified ten different accountability problems that we strongly feel must be addressed in the context of ensuring the well-being of Indigenous children in Canada. We set these out below, explaining why these are crucial accountability needs that must be addressed. In the next section, we identify key features of effective accountability mechanisms and recommend three different accountability mechanisms that we believe can most effectively address these accountability needs if implemented together.

Need #1: Oversight of the current Jordan's Principle process at ISC

We heard very clearly from Caring Society staff and the lawyers who have been involved in the case that this has to be a key function of any accountability mechanism. We heard concerns about the design of the Jordan's Principle request process, inadequate funding to cover all costs related to the provision of child and family services, delays in process requests, inability to accommodate urgent and emergency cases, lack of transparency in decision-making and data collection, and more. In their 2021 article, Sinha et al. identify a number of short-term recommendations to improve the current Jordan's Principle process.¹²⁷ However, they also stress that ongoing, comprehensive assessment of Canada's commitment to Jordan's Principle is needed, including collection and independent analysis of data collected by ISC.¹²⁸ We agree.

At this time, given the deep systemic inequality in services faced by First Nations children, an effective Jordan's Principle process is necessary in order to meet the immediate needs of Indigenous children and families, and we believe that any body providing independent oversight and recommendations to ISC is the best way to ensure this. While ISC staff may be well-intentioned and committed to implementing the Tribunals orders, staff turnover is frequent, the legacy of systemic discrimination runs deep within ISC, challenges due to the confidential nature of Jordan's Principle requests, and concerns of retaliation when staff attempt to address systemic discrimination, all demonstrate the need for independent oversight by a body with expertise in the nature of systemic discrimination faced by Indigenous children and families in order to ensure that mistakes of the past are not repeated.

¹²⁷ Sinha et al., *supra* note 92 at 42.

¹²⁸ *Ibid* at 24 and 41.

Need #2: Overseeing of ISC's long-term reform of CFS, including funding of agencies, as well as CIRNAC's funding and negotiation of self-government under C92

Understandably, given the immediate needs of First Nations children and families, a lot of the focus and attention since the Main Decision has been on effectively implementing Jordan's Principle. However, we cannot lose sight of the fact that one of the main orders from the Main Decision was for Canada to "REFORM" the FNCFS Program, or that much of the evidence in the case was about Canada knowingly underfunding the Program for over a decade.¹²⁹ There are few public details available about the plans for long term reform in relation to the FNCFS program. We are surprised that, almost six years since the Main Decision, there isn't more available. This indicates a strong need for an independent oversight of Canada in order to ensure that it follows through with long-term reform of the FNCFS Program.

The introduction of the C92 legislation was in response to addressing long-term reform of child welfare, and needs to be viewed as such.¹³⁰ If ISC and CIRNAC staff are denying any connection between the Main Decision and Canada's obligations in relation to C92, internal education and external accountability is needed. As noted early, the Tribunal clearly made a connection between long-term reform and self-government.¹³¹ This means that the legal principles identified as applicable to long-term reform, such as Canada's key role in funding child welfare services on reserve, its fiduciary obligations to ensure the best interest of First Nations children and families,¹³² as well as the requirement to ensure substantive equality in funding and services, are equally applicable to Canada's obligations to fund self-government under C92.

There have been concerns raised about Canada using the vague funding requirements in relation to self-government in C92 to sustain the same types of jurisdictional wrangling that has been harming Indigenous children and families for decades.¹³³ Accounts of Canada not being transparent or clear in its approach to funding negotiations, and requiring Indigenous governing bodies to sign confidentiality agreements only accentuate these concerns. For these reasons, we believe oversight of long-term reform over child welfare, including the implementation of C92, is a serious accountability need that must be addressed.

Need #3: Oversight of Canada's efforts addressing systemic inequality in services related to Indigenous children and families

As noted earlier, there appears to be significant reluctance on the part of Canada to see that long-term reform includes ending the long-standing systemic underfunding in its services that

¹²⁹ *Caring Society* 2019, *supra* note 1 at para 463 and see also paras 267 and 335-339.

¹³⁰ Canada first announced its plans to pass legislation at an national emergency meeting on Indigenous child welfare - see note 97.

¹³¹ This is particularly apparent in 2018 CHRT 4, *supra* note 88 at paras 407-412

¹³² See *Caring Society*, *supra* note 1 at paras 90-110; and 2016 CHRT 10 at para 116.

¹³³ See "An Act Respecting First Nations, Inuit and Métis Children, Youth and Families: Does Bill C-92 make the grade?," and "The promise and pitfalls of C-92: An Act Respecting First Nations, Inuit and Métis Children, Youth and Families," *supra* note 102.

affect long-term child and family well-being. This includes, but is not limited to, ISC's programming in education, to health services, child development, assisted living and respite, infrastructure, and social assistance. It is clear from the Main Decision and several subsequent orders from the Tribunal that eliminating systemic inequality in the services that affect First Nations children and families is the ultimate long-term objective of Jordan's Principle.¹³⁴

We agree with Sinha et al. that Canada must be held accountable to achieving substantive equality in all services that affect long-term child and family well-being, not simply continuing to use Jordan's Principle as a stop gap measure.¹³⁵ Otherwise, as they observe, this will simply perpetuate 'projectification' of Jordan's Principle and not address its true purpose. In this regard, it will be crucial for Canada to see its obligation in relation to these services as providing substantive equality, not just ensure a comparable level to provincial services, as this was found to be discriminatory in the Main Decision. Further, the *Department of Indigenous Services Act* also requires Canada to provide services that, similarly, are needs-based and address socio-economic gaps faced by Indigenous groups.

Finally, there have been several reports, including from the Truth and Reconciliation Commission and the National Inquiry into Missing and Murdered Indigenous Women and Girls that have made several recommendations for the elimination systemic inequality in service delivery in relation to Indigenous children and families. We believe that part of the oversight of Canada here could also include assessment of relevant recommendations that Canada has committed to implementing.

Need #4: Oversight of federal-provincial efforts at cooperation in relation to funding and servicing of Indigenous children and families

Jordan's Principle recognizes that jurisdictional disputes between the provincial and federal governments (as well as disputes between departments within governments) should not result in the delay or denial of services that an Indigenous child is entitled to. It is not just a resolution of Parliament; it has been recognized by the courts and by the Tribunal as a human rights principle, which has both a substantive equality right and jurisdictional dimension to ensure First Nations children and families don't bear the brunt of jurisdictional disputes.¹³⁶

The government of first contact should pay first, with any disputes over who pays to be determined between the governments at a later time. Under Canadian constitutional principles, both the federal and provincial governments have the jurisdiction to provide services to

¹³⁴ See *Caring Society* 2016, *supra* note 1 at paras 362, 364, 374 and 391; 2017 CHRT 14 at paras 85 and 107; and 2020 CHRT 36 at para 12-14.

¹³⁵ Sinha et al., *supra* note 92 at 24.

¹³⁶ See *Pictou Landing Band Council v. Canada (Attorney General)*, 2013 FC 342 at 96-97; and see the Tribunal in CHRT 2020 36 at para 12, "Jordan's Principle is a human rights principle grounded in substantive equality ... [i]t is part of the solution for remedying the discrimination found in [the Main Decision ... [it] not limited to the child welfare program and instead addresses all inequalities and gaps in federal programs for First Nations children." See also Colleen Sheppard, "Jordan's Principle: Reconciliation and the First Nations Child," (2018) 27:1 Constitutional Forum 1.

Indigenous peoples. This is known as an area of 'concurrent jurisdiction.'¹³⁷ Jordan's Principle therefore mandates cooperation between the federal and provincial governments to ensure essential services are received by First Nations children and families and to work out who is responsible for funding what. However, there is currently little evidence that any such cooperation is occurring. ISC has advised that it is currently not pursuing provinces for reimbursement of any Jordan Principle expenses. While a handful of provinces have endorsed Jordan's Principle, few seem to be respecting it and most seem to still take the view that funding services to Indigenous children and families is Canada's sole responsibility.

While Canada seems to be carrying a majority of the responsibility for funding at this time (while it continues to be heavily scrutinized for compliance with the Tribunal's orders), we easily can imagine a future date where a different administration of the federal government may claim it has 'done its part' on Jordan's Principle and say it is time for the provinces to pull their weight. This would likely revive the old jurisdictional wrangling that has caused so much harm to Indigenous children and families for decades. There is a need for a body to oversee and monitor Canada and the provinces' efforts to cooperate on this key human rights issue, as well as make recommendations of legal principles and processes that can inform the cooperation between Canada and the provinces on the sharing of funding responsibilities over Indigenous services. Similar oversight is needed with respect to cooperation between Canada and the provinces in relation to funding of self-government and compliance with national standards under C92.

Need #5: Ongoing education to ISC, CIRNA, provincial DCS staff, provincial agencies, Social workers, Crown lawyers, legal aid lawyers, judges.

There are ongoing education needs to ensure that ISC and CIRNA staff, as well as various actors involved in the enforcement of provincial child welfare legislation and now C92. In order for there to be meaningful change, all of these actors need to properly understand the context of the systemic discrimination in services to Indigenous children and families that has resulted in the overrepresentation of Indigenous children in care, and how this relates to and impacts how these professionals carry out the functions of their position. As noted in the previous section, some of this education is currently not happening, or only on an *ad hoc* basis. A systematic approach to educating these individuals is needed.

There is also a strong need for Indigenous communities to receive education and capacity building to support their efforts to exercise jurisdiction in relation to child and family services, as well as understand their rights as set out in the minimum national standards under C92.

¹³⁷ For a discussion of the concurrent jurisdiction between Canada and the province in matters of essential services, see *Metallic in Judicial Tales Retold*, *supra* note 72; see also Sébastien Grammond, "Federal Legislation on Indigenous Child Welfare in Canada", *supra* note 121.

Need #6: Investigating and mediating individual complaints about provincial governments' funding failure to provide services to Indigenous children and families

As noted previously, many provinces are currently not meeting their obligations to provide services to Indigenous children and families. Most continue to take the position that this is the sole or primary responsibility of the government of Canada.¹³⁸ All provinces in Canada have Ombuds or Ombuds-like offices that could, in theory, investigate denial of services by provinces to Indigenous children and families. In practice, there is no evidence that provincial ombuds or child advocates are holding provinces accountable for their responsibilities to provide services to Indigenous children and families. This may either be because provincial ombuds offices' lack awareness of the provinces' obligations in this area, or because Indigenous families do not fit within their mandated criteria, or may not be aware of, or may not feel comfortable accessing, this avenue for accountability. In any event, this gap signals the need for some further accountability mechanisms to support Indigenous children and families vis-a-vis provinces.

Need #7: Investigating and mediating individual complaints about child welfare agencies' implementation of CFS laws and policies, including C92

Currently, NL, PEI, NB, MB, SK, AB, BC, YK and NU have child advocates offices charged with oversight of provincial child welfare services. In NS and ON, concerns about the conduct of child welfare authorities are dealt with by the provincial Ombuds office. In QC, such concerns are sent to Quebec's human rights commission.

Public inquiries in MB and BC called for child advocates offices to advocate for Indigenous parents and children in the child welfare system, and to monitor the actions of the child welfare authorities.¹³⁹ The 2019 Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls called for the urgent establishment of units with specialized mandates in relation to Indigenous children and youth within the offices of child advocates in each province.¹⁴⁰ Currently, the extent of prioritization of Indigenous children within child advocate offices across the country appears to be patchwork. Only MB, AB, PEI, YK and NU have explicit provisions on Indigenous children and families in their child advocate laws.¹⁴¹ Only the websites of MB, BC, YK and NU suggest Indigenous issues are a focus of Child Advocate's work. Further, some provincial child advocates offices are more limited in the extent of own-motion or systemic inquiries they can undertake.¹⁴²

¹³⁸ See *Sumner-Pruden v Manitoba*, *supra* at note 122.

¹³⁹ See the Manitoba Justice Inquiry (1991), Chapter 14, and *British Columbia Children and Youth Review Final Report* (2006).

¹⁴⁰ MMIWG Final Report, *supra* note 73, Executive Summary, 2019, Call for Justice 12.9.

¹⁴¹ Manitoba's *The Advocate for Children and Youth Act*, CCSM, c A6.7, s 8(2); Alberta's *Child and Youth Advocate Act*, SA 2011, c C-11.5, s. 9.4; Nunavut's *Consolidation of Representative for Children and Youth Act*, SNU 2013, c 27, ss 5 and 6(1)(a); Yukon's *Child and Youth Advocate Act*, SY 2009, c 1, ss 3, 4(5)(a), 13-14 and 17; Prince Edward Island's *Child and Youth Advocate Act*, RSPEI 1988, c C-4.3, s 12(1)(c).

¹⁴² From our research, the child advocates in NL, NB, MB, for example, appear to have more limited jurisdiction over some types of complaints.

Particularly with the passage of C92, there is strong need to ensure provincial child welfare authorities across the country are adhering to the minimum standards in the new federal law, and to ensure more generally that these authorities are not contributing, through their actions or inaction, to the overrepresentation of Indigenous children in government care. It is not clear to us that this is a priority for most provincial child advocates (or ombuds) offices, which suggest the need for a further accountability mechanism to ensure the needs Indigenous children and families' for oversight of child welfare authorities are not falling through the cracks.

Need #8: Powers for enforceable orders against Canada for non-compliance with Jordan's Principle, substantive equality and other relevant laws and international requirements (C-92, DISA, UNDRIP, CRC, etc)

While we believe that having an accountability body to oversee, monitor and make recommendations to Canada on the provisions of services for Indigenous children and families is necessary (needs #1-6), we do not believe this is sufficient on its own to fully ensure accountability conditions under which Canada will make meaningful change.

While there is an important role for oversight and advice in accountability offered by bodies such as Ombuds and Child Advocates, these are circumstances that warrant stronger measures. In some countries that have faced extensive problems of political corruption, ombuds or commissions have been given enforcement powers in some cases.¹⁴³ While Canada does not face the challenges to democracy similar to those countries, we do not think it is an exaggeration to analogize the gravity of these problems to the extent of discrimination that Indigenous children and families have faced for decades. Canada's long history of systemic discrimination in relation to services resulting in the taking of thousands of children – called "one of the worst possible cases" of racial discrimination seen by the Tribunal¹⁴⁴ – as well as the intransigence the government has shown to change even following the *Caring Society* 2016 Main Decision, fully convinces us that enforcement powers must be a necessary last resort. As we stated at the outset, the overrepresentation of Indigenous children in state care and the federal government's role in this constitutes one of most serious, ongoing human rights violations in our country's history.

That said, we appreciate that it is not common within Canada to provide enforcement powers to ombuds-like bodies who primarily provide advisory functions.¹⁴⁵ Rather, as will be further developed below, what we envision is a 'layering' of accountability mechanisms through having both a National Indigenous Child and Family Advocate and Tribunal, the former providing ombuds-like oversight functions and the latter providing adjudication and having enforcement powers. The Advocate would have the power to investigate the implementation of Jordan's Principle and the substantive equality rights of Indigenous children and families' in relation to essential services, as well as CFS laws and policies, including C92. In addition to addressing

¹⁴³ See, for example, Reif *supra* note 3 at 556-557 (Ecuador Defensoría del Pueblo), and 646 (Kenya Commission on Administrative Justice).

¹⁴⁴ 2019 CHRT 39 at para 13, *aff'd* 2021 FC 969.

¹⁴⁵ Reif, *supra* note 3 at 24-26, 110, 243, 244, 748.

systemic and education issues, the Advocate would also assist Indigenous children and families resolve individual complaints through informal and confidential means. The Tribunal would have the jurisdiction to adjudicate individual, group, community and Advocate-initiated complaints in the same areas as noted above. We believe a dedicated Advocate and Tribunal is what will be most effective to bring real change to the long-standing discrimination and neglect of the needs of Indigenous children and families in Canada. The Tribunal would enforce Canada's substantive equality and statutory human rights obligations under domestic law (human rights legislation and the *Charter*), as well as its obligations under C92, *DISA*, the *UN Declaration* and *UNDRIPA*, as well as other international instruments such as the *Convention on the Rights of the Child*. Finally, it will be imperative that the Tribunal have strong remedial powers, including robust supervisory jurisdiction. Supervisory jurisdiction has been key to the Canadian Human Rights Tribunal ability to affect change in the *Caring Society* and something similar to take its place is necessary for when the Tribunal is no longer seized of the case.

Need #9: Powers for enforceable orders against provinces for non-compliance with Jordan's Principle, substantive equality against provinces and relevant laws and international requirements (C-92, UNDRIP, CRC, etc)

Similar to our conclusion in need #8, and building on our points discussed at needs #6-7, we believe the history of provincial neglect of Indigenous children and families needs justifies having a body that can also grant binding orders against the provinces for their failure to respect their obligations under both domestic and international instruments in relation to the Indigenous children and families.

Need #10: Formal advocacy for First Nations children, families and communities for government services and in child welfare matters

Indigenous children and their families experience significant barriers in accessing existing avenues to hold governments for violations of their rights to services. Barriers can include lack of awareness of avenues, lack of resources or capacity to advocate on their own behalf, fear of retaliation, language and literacy challenges, and more. The case of Carolyn and Noah Buffalo-Jackson, related earlier, shows that even where First Nations parents have a legal education and influence to advocate for their children, attempting to resolve disputes with Canada can be very challenging, as well as navigating the Canadian Human Rights Commission system.¹⁴⁶

While the Caring Society and its network of *pro bono* lawyers have been supporting families and communities to the best of their ability in an *ad hoc* way and on a shoe-string budget, we believe there is a strong need for formal, funded advocacy to support Indigenous children and families in their disputes with both the federal and provincial governments over the provision of services to children and families, as well as with child welfare agencies in their enforcement of child welfare laws. Such supports should run the gamut from providing information to navigate the different avenues for recourse, to filling forms, letter writings and speaking on their behalf, to

¹⁴⁶ See "Buffalo v Canada – My Family's Fight for the Right for Noah to ride a bus to school," *supra* note 119.

pursuing Ombuds, Child Advocate, human rights challenges or judicial review. To our knowledge, most legal aid plans across the country, except for the Manitoba Public Interest Law Center, largely do not see their jurisdiction as extending to advocacy for pursuing denials and delay of services.

We would also see an important role for such advocates to represent parents, care providers and communities who now have a right to be represented, appear and make submissions in child welfare proceedings pursuant to the national standards in C92.¹⁴⁷ Except for parents, other care-givers and communities are not generally eligible for representation under most provincial legal aid plans, and so, without state-funded representation in these matters, their legal rights under C92 are rendered meaningless. Further, the guarantees of substantive equality in the exercise of the rights of children, their family members and communities under C92 suggest a positive obligation on governments to make legal services available (and Jordan's Principle provides a framework for determining who pays and reimbursement).

¹⁴⁷ *An Act respecting First Nations, Inuit and Métis children, youth and families*, supra note 98 ss 12-13.

Part 3: What does effective accountability look like?

Here, we set out and explain those common features we believe are necessary for the accountability mechanisms to have, and then we identify and explain three accountability mechanisms we have selected. It bears repeating that what effective accountability looks like is context-driven. Therefore, the history and needs identified in Part 1 and 2 drive our recommendations in this Part.

a) External accountability mechanisms

While there can be both internal and external forms of accountability (e.g., mechanisms within the department versus those arms-length and independent from it),¹⁴⁸ our recommendations focus on external mechanisms. Currently, there are no external non-judicial accountability mechanisms that apply to the work of ISC and CIRNAC.¹⁴⁹ While external accountability mechanisms, such as Ombud and Child Advocate offices exist within the provinces, it does not appear that most of these bodies see themselves as having a role in holding provincial authorities accountable for adequate services delivery to Indigenous children and families.

Our focus on external mechanisms are not intended to discourage Canada, particularly the staff of ISC, from developing internal mechanisms for accountability, such as staff training, internal audits, dispute resolution mechanisms, reporting, etc. ISC is already engaging in some of these activities, and it should continue to do so. Further actions that ISC could be taking include:

- Creating a Code of Ethics and Network Panel as a framework for funding community-based youth organizations that would inform the disbursements of any funds that implicate Indigenous youth, and the co-development of the Indigenous Youth Voice Government of Canada Fund;¹⁵⁰
- Putting in place internal human rights champions who are responsible for engaging with service coordinators and Indigenous children, families and communities to review and evaluate ISC processes, including standing operating procedures and policies, and advocate for changes to ensure compliance with principles of substantive equality to those with the authority to make changes;
- Review all Jordan's Principle requests, including those with inadequate documentation, to identify where ISC can reduce demands for documentation to a minimal data set, particularly for services commonly approved or falling within the "normative standard of care." This may result in greater efficiency for ISC, and possibly lead to two streams of

¹⁴⁸ Kent Roach, "Models of Civilian Police Review: The Objectives and Mechanisms of Legal and Political Regulation of the Police," (2012) 61 *Crim Law Q* 29 at 71.

¹⁴⁹ Our research uncovered reference to an Ombudsman at the Department of Indian Affairs and Northern Development at some point, but no longer appears to exist. It was an internal body with only the softest type of ombuds powers: see Ombudsman for the Department of National Defense and the Canadian Armed Forces "The Way Forward – Action Plan for the Office of the Ombudsman" Jan 20, 1999, at p 21).

¹⁵⁰ Assembly of Seven Generations *supra* note 7 at 6.

claims (i.e. simple or complex; at or above normative standard of care), with documentation and process requirements that are proportional to the type of claim.¹⁵¹

- Reverse the onus of who has to establish how the requested service meets the standard of substantive equality, by requiring ISC staff to identify and give written reasons as to where and why they believe a specific request does not fall within that standard, prior to claimants ever being asked to explain how their request falls within this. This still addresses the issue but takes the burden off individual claimants and acknowledges it is ISC's responsibility to deliver services that meet the standard, not individuals to argue for their own substantive equality to ISC.
- Create and use confidential release forms, that, with the consent of Indigenous children and families, give their third party representatives access to information in order to advocate and support clarification, claims and/or appeals.
- Fund the advocates or lawyers who are supporting the ad hoc advocacy work of the Caring Society in the interim.

It is important to note that these actions do not replace the mechanisms we are proposing in this report. Nonetheless, they could and should be implemented in the interim while these mechanisms are being established. The long history of interjurisdictional wrangling and neglect by both Canada and the provinces leading to pervasive underfunding of services to Indigenous children and families, as well as continued resistance by Canada to implement the Tribunal's orders in the last six years, all make it clear to us that arms-length, external accountability mechanisms are necessary.

b) Legislated mechanisms, not simply created by the executive

To ensure the independence of these external accountability mechanisms, which is crucial for the same reasons as noted in the preceding section, we believe that these mechanisms must be legislated by Parliament and not simply be created by the executive.¹⁵² Many of the external accountability mechanisms of the federal government tend to be created by the executive (the Governor in Council through orders in Council or through regulation). This can severely hamper the independence and powers of the accountability body. For example, the National Defence and Canadian Armed Forces Ombudsman, created by the executive, has been critiqued in several reports for having serious problems with its independence, ability to ensure confidentiality, ability to serve its constituents, operate effectively and fulfill its mandate.¹⁵³

¹⁵¹ See also Sinha et al, *supra* note 92 at 42, who make several thoughtful recommendations for short-term reform to improve the Jordan's Principle request process.

¹⁵² See Reif, *supra* note 3 at 344.

¹⁵³ Ombudsman for the Department of National Defense and the Canadian Armed Forces "The Way Forward – Action Plan for the Office of the Ombudsman" Jan 20, 1999, at 6, 11; André Martin, Ombudsman, "Overhauling Oversight: Ombudsman White Paper, March 30th, 2005, at 1, 13, 33; National Defence and Canadian Forces "The Case for a Permanent and Independent Ombudsman Office: The Defence Community Deserves No Less", March 2017 Report to the Minister of National Defence, at 8, 9, 10, 14, 15, 17, 18.

In our conversation with Professor Reif, an expert on human rights accountability mechanisms, she stressed that for effective independence from the government of the day, legislatures, and not executives, ought to be the ones to create accountability bodies, appoint their leadership, oversee the bodies' functions, and be the government entity receiving reports from the body.¹⁵⁴ Reif noted this has been a challenge for the federal government, pointing out that even the Canadian Human Rights Commission is not entirely independent from government, since its Executive Director is appointed by the Governor in Council. We agree with the Caring Society that it would be important for the selection of the leaders of our proposed accountability mechanisms to be arms-length from the executive. There are precedents of how this can work.¹⁵⁵

As will be seen further below, we believe the three interconnected mechanisms we propose could be legislated within the same statute.

c) Mechanism with specific mandates relating to Indigenous children and families

There have been recent calls for the creation of accountability mechanisms on Indigenous issues that could potentially serve as accountability mechanisms to address the accountability needs identified in this report. However, we believe that the unparalleled gravity and longevity of the ongoing substantive equality and statutory human rights violations of Indigenous children and families requires the creation of mechanisms with specific mandates in relation to Indigenous children and families.¹⁵⁶

The 2015 Report of the Truth and Reconciliation Commission recommended the creation of a National Council for Reconciliation to monitor, evaluate and report annually on Canada's progress on reconciliation, including implementation of the calls to action.¹⁵⁷ In Budget 2019, Canada announced \$126.5 million in fiscal year 2020 to 2021 to establish a National Council for Reconciliation and endow it with initial operating capital.¹⁵⁸ Despite the TRC containing five calls to action on child welfare, our concern would be that the focus of the Nation Council on

¹⁵⁴ See also Reif, *supra* note 3 at 179, 182, and 748.

¹⁵⁵ See for example, ss. 2(1)-(3) of Alberta's *Child and Youth Advocate Act*, *supra* note 141, which requires the executive to appoint the Child and Youth Advocate based on the recommendation of the Legislative Assembly. Parliament's selection could, in turn, be based on recommendations from Indigenous organizations, or possibly even elections for the role. An interesting model is the bylaws of the former Court Challenges Program, where members of the funding selection committee were elected by organizations representing equality-seeking advocacy groups and had to identify as a member of a group protected under section 15 of the *Charter*.

¹⁵⁶ See Reif, *supra* note 3 at 77, where Reif highlights the benefits of specific mandates to seriously prioritize addressing concerns for discrete vulnerable populations.

¹⁵⁷ TRC, *supra* note 65 at 215-219. In making this recommendation, the TRC noted Canada's poor record of accountability, and reconciliation, observing that Canada has long ignored its obligations and has breached and failed in its duty to do the work needed to revitalize its relationship with Indigenous peoples. However, the monitoring would go beyond the federal government and include all levels and sectors of Canadian society.

¹⁵⁸ CIRNAC website, "National Council for Reconciliation" under tab, "What's happening?" online: <https://www.rcaanc-cirnac.gc.ca/eng/1524503926054/1557514163015>.

Reconciliation would likely be too diffuse to provide the necessary attention to the accountability needs identified in Part 2. Further, it's not clear what kind of investigation, recommendation or enforcement powers, if any, a National Council would have, thus it likely would lack sufficient powers to be effective in the circumstances.

The 2019 Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls called for the creation of both a National Child and Youth Commissioner to strengthen the framework of accountability for the rights of Indigenous children in Canada, as well as National Indigenous and Human Rights Ombudsperson and a National Indigenous and Human Rights Tribunal.¹⁵⁹ The proposed scope and jurisdiction of these mechanisms by the National Inquiry was broad, suggesting these mechanisms could be designed to possess effective powers to hold governments accountable in the area of child welfare, Jordan's Principle and services for Indigenous children and families. Canada's June 2021 MMIWG National Action Plan has partly taken up this recommendation, identifying the creation of "an oversight body which represents the interests of families, survivors, and Indigenous communities by investigating and addressing mal-administration or a violation of rights" as a short-term priority that it will begin to implement.¹⁶⁰ This scope, however, appears focused on the interests of the families and communities of missing and murdered Indigenous women and girls. It therefore would not be sufficient to address the accountability needs identified in Part 2.

In June 2020, Senator Rosemary Moodie introduced Bill S-217, *An Act to establish the Office of Commissioner for Children and Youth in Canada* (which died on the order paper when the election was called in the summer of 2021).¹⁶¹ The bill proposed the creation of an independent Commissioner to serve children and youth in Canada to promote, monitor and report on Canada's implementation of its obligation to advance the rights of children and youth, focusing on the best interests of the child. The bill was criticized by the Caring Society and other Indigenous advocates, as well as some First Nation Senators, for not being sufficiently focused on the needs of Indigenous children.¹⁶² The bill provided, but did not mandate, the creation of an Assistant Commissioner on First Nations, Inuit and Metis children and youth matters. It also did not contemplate the Commissioner having any oversight and enforcement over legislation like C92 and *DISA*, or implementation by Canada of Jordan's Principle or substantive equality.

A report from the Assembly of Seven Generations also concluded that Bill S-217 did not meet Indigenous youth needs around accountability. The report suggests that Indigenous youth and children seemed to be an afterthought in the Bill. Other concerns raised include Bill S-217 providing the Commissioner insufficient powers to hold governments accountable. The Assembly of Seven Generations' report indicated that Indigenous youth want to have ongoing

¹⁵⁹ MMIWG Final Report, *supra* note 73 Executive Summary, 2019, Call for Justice 12.9 and 1.7.

¹⁶⁰ Government of Canada, *2021 Missing and Murdered Indigenous Women, Girls, and 2SLGBTQIA+ People National Action Plan: Ending Violence Against Indigenous Women, Girls, and 2SLGBTQIA+ People*, June 3, 2021, at 28-29.

¹⁶¹ Canada, Bill S-217, *An Act to establish the Office of the Commissioner for Children and Youth in Canada*, 1st Sess, 43rd Parl, 2020, cl ss 17-18 (first reading 16 June 2020) [Bill S-217].

¹⁶² First Nations Caring Society, "Briefing Note: Bill S-217", June 2020. Senator Brian Christmas was particularly outspoken about his concerns about the bill.

conversations about accountability: regional conversations and to establish an ongoing network to share best practices and critical discussions on the topic of accountability.¹⁶³ On this point, the literature is clear that effective accountability mechanisms geared at children should be child and youth-informed.¹⁶⁴

We agree with the Assembly of Seven Generations' report that, to address the long and ongoing history of discrimination faced by Indigenous children and families in Canada, effective accountability mechanisms have to be specifically focused on them. While there may be a need for a federal children's commission focused on the needs of other children (and our recommendations are not intended to dissuade Canada from taking other action on this front), no other group of children have been so detrimentally affected by Canada's exercise of jurisdiction over them. The context justifies an Indigenous-specific national child and family commissioner (or advocate).

d) Mechanisms with powers over all Indigenous children

We believe that effective accountability mechanisms must be focused on all Indigenous children and families, including First Nations (status and non-status), as well as Métis, and Inuit. While the FNCFS Program and the *Caring Society* decision focused on First Nations children (e.g., with Indian status) on reserve, we do not think the accountability needs discussed in this report are limited to status First Nations children and families on reserve.

The exclusion of non-status, Metis and Inuit children from the FNCFS program is a by-product of the same jurisdictional wrangling and discrimination that has preoccupied the federal and provincial governments for over 70 years. Canada did not discriminate between groups when it came to residential schools: Inuit and Metis children were forced to attend along with First Nations children.¹⁶⁵ However, after World War 2, Canada only begrudgingly accepted to provide services on reserves after much public pressure, and then provided inadequate services to First Nations.¹⁶⁶ Similarly, the provinces only begrudgingly provided services to Metis, non-status and off-reserve First Nations because Canada refused to, and were often similarly as neglectful as Canada in the delivery of services to these groups.¹⁶⁷ Due to a ruling from the

¹⁶³ Assembly of Seven Generations, *supra* note 7.

¹⁶⁴ See Bendo *supra* note 33 at 6, 50, 64, 65, 93, 103 and 104; Ombudsman New South Wales "Youth Participation Information Sheet", at 2 and 3, notes the importance of youth participation at different levels and times; *Report of the United Nations High Commissioner for Human Rights on Access to justice for children*, OHCHR, 25th sess, Supp No 35, UN Doc A/25/35 (16 December 2013) at p. 4, 9, 12, 14-16 [OHCHR: Access to justice for children]; and Assembly of Seven Generations, *ibid* at p. 6-9, 26, 27, 31 notably, recognizing Indigenous youth participation as a fundamental right.

¹⁶⁵ See TRC, *Canada's Residential Schools: The Inuit and Northern Experience* (2015), and *Canada's Residential Schools: The Métis Experience* (2016).

¹⁶⁶ See Metallic 2019, *supra* note 67 at 8-11.

¹⁶⁷ *Sumner-Pruden*, *supra* note 122 and *Malone*, *supra* note 126 are both recent examples of this. See Constance MacIntosh, "Indigenous Mental Health: Imagining a Future Where Action Follows Obligations and Promises," (2017) 54 *Alta LR* 589; Josée Lavoie, "Medicare and the Care of First Nations, Métis and Inuit", (2018) 13 *Health Economics, Policy and Law* 280; UNICEF, "Aboriginal Children's Health: Leaving No Child Behind," (2009) online:

Supreme Court of Canada, the federal government was eventually forced to provide services to the Inuit, and then chose to do without a legislative framework and inadequately.¹⁶⁸

In our view, only recommending accountability mechanisms for status First Nations children and families on reserve would be akin to reproducing the same jurisdictional neglect by Canada and the provinces that has been harming Indigenous children and families for decades. The Assembly of Seven Generations also acknowledged problems with the exclusion of Métis children from Jordan's Principle and Inuit Children First Initiative services.¹⁶⁹ Furthermore, decisions of the Supreme Court of Canada have now clearly confirmed that the federal jurisdiction over "Indians" includes First Nations, both status and non-status, Metis and Inuit peoples.¹⁷⁰ Due to ongoing discrimination through the second-generation cut-off rule in the *Indian Act*, since 1985, more and more First Nations are without status.¹⁷¹ Recently Canada seems to have accepted its jurisdiction in relation to all three groups: *DISA* recognizes ISC's jurisdiction in relation to all three groups, and C92 extends the protections in the act to all Indigenous peoples.¹⁷² Further, even the Tribunal in *Caring Society* has extended the protection of Jordan's Principle beyond status First Nations children living on reserve.¹⁷³ For all these reasons, we strongly feel that accountability should be extended to all Indigenous children and families.

We feel such an inclusive approach is necessary to ensure Indigenous children do not fall through jurisdictional cracks in the future. There are precedents in situations involving the human rights complaints of a subgroup of a larger equity-seeking group, where human rights tribunals have issued broader, more inclusive remedies to the larger equity-seeking group in order to effectively prevent future discrimination. For example, in the case of discrimination on the basis of mobility rights in accessing voting stations, the Canadian Human Rights Tribunal ordered the respondent, Elections Canada, to engage in greater consultation with voters with disabilities and disability groups (not just those with mobility disabilities) in order to prevent similar discriminatory practices in the future.¹⁷⁴ In another case involving discrimination on the basis of a person identifying as pangender for not having the ability to properly self-identify their gender on the provincial birth certificates, a Manitoba human rights panel ordered the government to revise its criteria for changing sex designation to include recognition of non-binary sex designations (not just for pangender peoples only).¹⁷⁵ Such an inclusive approach would prevent similar complaints of discrimination from other categories of non-binary persons in the future.

https://www.unicef.ca/sites/default/files/imce_uploads/DISCOVER/OUR%20WORK/ADVOCACY/DOMESTIC/POLICY%20ADVOCACY/DOCS/Leaving%20no%20child%20behind%2009.pdf

¹⁶⁸ See *Reference as to whether "Indians" includes in s. 91 (24) of the B.N.A. Act includes Eskimo in habitants of the Province of Quebec*, [1939] SCR 104.

¹⁶⁹ Assembly of Seven Generations, *supra* note 7 at 15, graphic image.

¹⁷⁰ *Daniels v. Canada (Indian Affairs and Northern Development)*, 2016 SCC 12.

¹⁷¹ Stewart Clatworthy, *The Changing Demography of First Nations Populations: Impacts of the 1985 Indian Act Amendment to the Rules Governing Indian Registration*. Winnipeg: Four Directions Project Consultants, 2007.

¹⁷² *Department of Indigenous Services Act*, SC 2019, c 29, s 336 at s 2; and *An Act respecting First Nations, Inuit and Métis children, youth and families*, *supra* note 98 s 2.

¹⁷³ See 2019 CHRT 7 (interim) and 2020 CHRT 36.

¹⁷⁴ *Hughes v. Elections Canada*, 2010 CHRT 4 at paras 79-80.

¹⁷⁵ *T.A. v Manitoba (Justice)*, 2019 MBHR 12 at para 71.

Inclusive is different from pan-Indigenous. Instead of treating all Indigenous peoples identically, as a pan-Indigenous approach seeks to do, an inclusive approach, while recognizing all Indigenous peoples are worthy of human rights protection, acknowledges there can be differences between different sub-groups that need to be accommodated. An inclusive approach does not prevent a distinctions-based approach when necessary or appropriate. For example, distinctions based on unique needs and the diverse legal traditions among Indigenous peoples may be appropriate to achieve equitable outcomes.

e) Mechanisms that bypass jurisdictional wrangling

Further developing a theme from the last section, we believe that effective accountability in the circumstances must challenge the conventional jurisdictional boundaries the federal and provincial governments have set for themselves. These are the same jurisdictional boundaries that have facilitated decades of neglect of the needs of Indigenous children and families.

In other words, we do not think it will be effective if the jurisdiction of a federal accountability body over Indigenous children and families is solely focused on the conduct of federal authorities, leaving the conduct of provincial authorities in relation to Indigenous children and families to provincial accountability bodies. This will stymie robust oversight, allowing the needs of some Indigenous children and families to fall through the cracks as they have for decades. They need to be addressed together, since it is the combined force of neglect, denials and delays from both the federal and provincial governments that is continuing to harm Indigenous children and families. The fact is that various federal and provincial actors operate within the complex matrix of essential service delivery and child welfare enforcement that affect the well-being of Indigenous children and families. Trying to separate out issues to be dealt with by different federal and provincial accountability mechanisms will only result in delays and denials of services that harm Indigenous children and families.

This issue can be illustrated by the example of an Indigenous child seeking to challenge a denial of the same service by both Canada and their home province as violating their right to substantive equality and Jordan's Principle. Under current law, it would be impossible for the child to bring a discrimination complaint against Canada and the province in the same forum. She would have to bring a complaint against Canada to the Canadian Human Rights Commission, and bring another complaint against the province to her provincial human rights commission.¹⁷⁶ She would face the same issue if she sought to judicially review the decisions of Canada and the province; Canada would have to be sued in Federal Court and the province sued in her provincial superior court.¹⁷⁷ These scenarios present risks of inconsistent legal

¹⁷⁶ This is because the jurisdiction of these tribunals is generally limited to the actions of the enacting government. However, it is possible for Canada to create a tribunal with jurisdiction over both federal and provincial action as we discuss below.

¹⁷⁷ Judicial review against Canada must be instituted in the Federal Court: *Federal Courts Act*, RSC 1985, c F-7, s 18. See also *Mousseau v. Canada (Attorney General)* (1993), 126 NSR (2d) 33 (NSCA), *Nolan v. Canada (Attorney General)*(1998), 155 DLR (4th) 728, and *Ochapowace Indian Band No. 71 v. Canada*, (1999) 167 Sask. R. 167

rulings, increased chances of appeals, delays and increased costs.¹⁷⁸ All of which is not in keeping with the spirit of Jordan's Principle that jurisdictional wrangling should not delay timely access to services by Indigenous children. As one of the pro bono lawyers for the Caring Society aptly put it: "Currently in Canada, there is a Jordan Principle problem with trying to vindicate Jordan's Principle."¹⁷⁹ Such a result is unacceptable in light of the long history of discrimination, delay and denial faced by Indigenous children and families. It is also unnecessary.

Under its jurisdiction under s. 91(24) of the *Constitution Act, 1982*, the federal government has the power to legislate in relation to Indigenous peoples in areas that would otherwise be regarded as areas of provincial jurisdiction. Such legislation can have incidental impacts on provinces.¹⁸⁰ Even legislative provisions that on their face encroach on provincial powers can be upheld so long as they are necessary to the effective functioning of the legislation.¹⁸¹ This is all to say that Canada can pass legislation that would give an accountability body the power to investigate as well as make binding orders in relation to provincial authorities' actions in relation to Indigenous children and families. Historically, Canada has been reluctant to use its legislative powers to provide protection to Indigenous peoples from the provinces.¹⁸² However, such action is in keeping with Canada's fiduciary and treaty obligations to Indigenous peoples, the Honour of the Crown and reconciliation.¹⁸³ With C92, however, Canada turned a page on that history by passing a federal law that has incidental impacts on the provincial powers over child welfare by legislating minimum standards. The Quebec Court of Appeal had no difficulty in concluding that this was within Canada's constitutional jurisdiction to legislate in relation to Indigenous people.¹⁸⁴ Canada did so because it recognized that the crisis of overrepresentation of Indigenous children in state care required such action.¹⁸⁵ The same reasoning applies in the

¹⁷⁸ The only time the child could get a definitive ruling where both the federal government and a province are joined to the matter is if the different cases simultaneously worked their way all the way to the Supreme Court of Canada and were joined there.

¹⁷⁹ Naomi Metallic conversation with David Taylor, June 16, 2020.

¹⁸⁰ *Canadian Western Bank v Alberta*, 2007 SCC 22 at para 28; *British Columbia v Imperial Tobacco Canada Ltd.*, 2005 SCC 49 at para 28; *R v Morgentaler*, [1993] 3 SCR 463 at p 486.

¹⁸¹ *General Motors of Canada Ltd. v. City National Leasing*, [1989] 1 SCR 641.

¹⁸² See John Borrows, "Legislation and Indigenous Self-Determination in Canada and the United States" in Patrick Macklem & Douglas Sanderson, eds, *From Recognition to Reconciliation: Essays on Constitutional Entrenchment of Aboriginal and Treaty Rights* (Toronto: University of Toronto Press, 2016) 474.

¹⁸³ Borrows, *ibid*; see also Grammond, *supra* note 121.

¹⁸⁴ QCCA C92 Reference, *supra* note 100 at paras 313-355. The matter is now being appealed to the Supreme Court of Canada.

¹⁸⁵ See preamble of C92; see also Attorney General of Canada's Brief in Reference to the Court of Appeal of Quebec in Relation to An Act Respecting First Nations, Inuit and Métis Children, Youth and Families (500-09-0287151-196), dated April 1, 2021 at para. 47.

case of passing effective accountability mechanisms in the circumstances, and this is supported in legal scholarship.¹⁸⁶ There is also precedent for this internationally.¹⁸⁷

f) Recommendations for Specific Accountability Mechanisms

We have identified 3 specific accountability mechanisms which could stand alone, but would most effectively safeguard the needs of Indigenous children and families if all 3 were enacted as interconnected mechanisms.

Based on the accountability needs identified in Part 2, and the principles we outlined above, we have identified three mechanisms that we believe will effectively address the government conduct that has contributed to the overrepresentation of Indigenous children in state care for decades. We believe that all 3 are necessary to achieve true accountability. Any of these three mechanisms, individually, could stand alone and would serve to provide greater protection of the rights of Indigenous children and families from the discrimination found in the *Caring Society* case by improving government accountability. However, none are sufficient, on their own, to address all of the identified accountability needs. Therefore, combining all three mechanisms would be the most effective way of preventing discrimination from continuing or re-emerging in the future.

First, we identify the mechanism and the accountability needs each would address. Following this, we explain our rationales for each mechanism, why we ruled out some other options, and what should be included in these mechanisms.

Note that we are not attempting to be exhaustive in setting out details for the mechanisms we propose. We believe there are several details about the proposed Advocate's Office and Tribunal, such as composition, qualifications, terms, staff, etc., that ought to be determined in future discussions and collaboration with Indigenous groups, including Indigenous children and youth, the Caring Society and the pro bono lawyers who have been supporting them. That said, when it comes to appointment criteria and the selection process, we agree with comments received from the Caring Society that it should be a priority for staff of these bodies to be diverse, knowledgeable about human rights and Indigenous child welfare issues, selected in a way that ensures their independence from the government, and for such details to be set out in the enabling legislation.¹⁸⁸

¹⁸⁶ Patrick Macklem has also argued that the federal government has the jurisdiction under s91(24) to establish an independent accountability body with the power to implicate provincial interests: see Patrick Macklem, *Indigenous Difference and the Constitution of Canada* (Toronto: University of Toronto Press, 2001) at 272-273; as see Borrows, *supra* note 182 and Grammond, *supra* note 121.

¹⁸⁷ See for example Reif, *supra* note 3 at 755, who discusses the prospect of national accountability bodies with jurisdiction over subnational governments and gives examples, such as Peru's *Defensoría del Pueblo* (at 588) and Namibia's Ombudsman (at 669).

¹⁸⁸ See, for example, *Human Rights Code*, RSO 1990, c H.19, ss. 27(3) and (4) on mandated composition requirements.

Our mandate did not include drafting of the enabling legislation for these mechanisms, though we have given some ideas for precedent clauses in what follows. These are based on our review of different child advocates and human rights commissions laws in the country. However, we suggest that in the actual development of the enabling legislation, further expert advice be sought to recommend specific statutory language.

Accountability Mechanism 1:

National Indigenous Child and Family Advocate
Need #1: Oversight of Canada's implementation of Jordan's Principle
Need #2: Oversight of Canada's long-term reform of child welfare, including C92 implementation
Need #3: Oversight Canada's implementation of substantive equality in relation to all services impacting on Indigenous Children and Families
Need #4: Oversight of Federal-Provincial cooperation in servicing Indigenous Children and Families
Need #5: Ongoing education for federal and provincial government actors involved in child welfare services
Need #6: Oversight of provincial governments implementation of substantive equality in relation to all services impacting on Indigenous Children and Families
Need #7: Oversight of child provincial welfare agencies, including their implementation of C92

Accountability Mechanism 2:

National Indigenous Child and Family Tribunal
Need #8: Enforce orders against Canada for non-compliance with Jordan's Principle, substantive equality and other relevant laws and international requirements (C-92, DISA, UNDRIP, CRC, etc)
Need #9: Enforce orders against provinces for non-compliance with Jordan's Principle, substantive equality against provinces and relevant laws and international requirements (C-92, UNDRIP, CRC, etc)

Accountability Mechanism 3:

National Legal Services for Indigenous Children and Families

Need #10: Formal advocacy for Indigenous children, families and communities for government services and in child welfare matters

(1) A National Indigenous Child and Family Advocate

The body that we feel would be most effective at addressing accountability needs #1-7 is a national Indigenous child and family advocate. Effectively, this would be based on the ombuds model of a child and youth advocate office, but also with specific jurisdiction to oversee governments' delivery of services to Indigenous children and families in accordance with Jordan's Principle, their right to substantive equality in statutory human rights instruments and other relevant laws and international requirements (C-92, DISA, UNDRIP, CRC, etc). This is because of the dual need for such a body to take a child and family centered approach on the one hand, and to also apply a substantive equality lens informed by both domestic and international human rights principles. The Advocate would also oversee governments' implementation of child welfare legislation and policy in relation to Indigenous children and families.

In discussions with ISC and the Caring Society early on in this project, the specific model of an ombudsperson was of interest. However, as we got further into our research, we reached the conclusion that the 'classic' ombuds model of it would not have the tools and powers necessary to address the accountability needs we have identified in this report. Most classic ombuds offices in Canada focus mainly on the function of a government's administrative systems and procedures, and generally do not consider matters from a human rights lens, which is imperative in the circumstances. Furthermore, most ombuds in Canada also have limited powers to make systemic inquiries, and they generally do not have a mandate for education. Nor do they generally have requirements to take a child-centered approach. The federal government has a number of specific ombuds, some are created pursuant to executive power. These have received critiques for lacking sufficient independence from the government and powers to make effective change.¹⁸⁹ In the circumstances, we do not think a classic ombuds is a sufficiently robust model, and this is why we recommend a child advocate (a form of a thematic ombuds).

In an earlier draft, we had called this mechanism a 'commission' as opposed to an 'advocate.' There is no magic in the name. As we note in our 'Primer on Accountability Mechanisms,' the concepts are largely synonymous, however, advocates usually have a more active role in defending the rights of children and youth than commissions/thematic ombuds offices might, given that children's rights are at stake. 'Advocate' more clearly also distinguishes this office from a human rights commission with a role in screening complaints, which, based on feedback we received from the Caring Society, is a concern about using 'commission.' We had always

¹⁸⁹ See our earlier note 153.

intended that this mechanism would be involved in 'soft advocacy' by assisting Indigenous children and families resolve individual complaints through informal and confidential means. Children advocate office's are typically staffed with trained social workers or other helping professionals who can intervene on children and youth' behalf within the system and help navigate processes.

Below, we set out the functions and powers we believe the Advocate should have in order to be effective.

Mandate

The mandate of the Advocate ought to reflect accountability needs #1-7, and it should specifically identify the assessment standards upon which the Advocate would scrutinize the conduct of governments. For both the federal and provincial governments this would include Jordan's Principle and substantive equality (protected under each government's human rights legislation and the *Charter*), C-92 and international instruments such as *United Nations Declaration on the Rights of Indigenous Peoples*, the *Conventions with Rights of the Child*, and the *Convention of Rights of Persons with Disabilities*. On top of this, ISC's conduct should also be assessed for compliance with its enabling statute, *DISA*. Language in the enabling legislation should convey that these instruments set the minimum standards that government decision-makers are expected to comply with in all circumstances. The mandates in PEI and Ontario's 2007 Child and Youth Advocate law provide a robust mandate for their advocate and this could be drawn upon for inspiration.¹⁹⁰

Consistent with various human rights statutes, the mandate should also explicitly mention the Advocate's role to protect Indigenous children and families' right to substantive equality and statutory human rights, particularly in the delivery of government services. The protected grounds from discrimination should include all those listed in the *Canadian Human Rights Act*, but it will also be important particularize Indigenous origin (which is not mentioned in the *CHRA* but is viewed as included within 'ethnicity'), as well as the various subsets of Indigenous characteristics that government distinctions have often been based upon, such as being non-status, living off-reserve, being Inuit, being Metis, etc., in order to ensure that any actions based on such distinctions suggests *prima facie* discrimination.

Jurisdiction

As we have said before, when it comes to jurisdiction, the Advocate ought to be able to oversee not just the actions of the federal government, but also provincial governments in the delivery of services to Indigenous children and families, as well as oversee the actions of child welfare agencies. This would include FNCFS Agencies, as well as other agencies dedicated to providing services to Indigenous groups (Métis, Inuit and off-reserve First Nations), all of whom currently exercise jurisdiction delegated from the provinces. Our interest in overseeing

¹⁹⁰ See *Child and Youth Advocate Act*, RSPEI *supra* note 141 s 12; and *Provincial Advocate for Children and Youth Act*, 2007, SO 2007, c 9 s 16 [Ontario Advocate].

delegated Indigenous child welfare agencies lies mainly in the fact that such investigations will likely reveal problems with federal and provincial legal or funding frameworks that need to be addressed.

The question of whether the Advocate should oversee the child welfare systems of self-governing Indigenous Governing Bodies as these grow under C92 is more challenging. Of course, accountability of self-governing Indigenous groups is important, but accountability models should not be unilaterally imposed on Indigenous governing bodies. Moreover, the history reviewed in Part 1 reveals that the need for accountability at this time arises from the actions and inactions by federal and provincial governments, not Indigenous governing bodies. For this reason, we do not think the jurisdiction of the Advocate should automatically include jurisdiction over Indigenous governing bodies that become self-governing over child and family services. Recognizing the right to self-determination, an Indigenous governing body should be given the choice to opt-in to the accountability framework offered by the Advocate¹⁹¹, or be left to develop its own.

On the question of the wisdom of duplicating some of the functions carried out by existing accountability bodies, as addressed in Part 1, we know that many provincial governments continue to refuse many services to Indigenous peoples despite Jordan's Principle, and that many actors within provincial child welfare systems are not aware of, and not adhering to the minimum standards in C92. It does not seem that the majority of provincial child advocates, ombuds or human rights commissions are holding provincial authorities sufficiently accountable when it comes to their obligations to Indigenous children and families. The Canadian Human Rights Commission is not mandated to focus on Indigenous child and family issues, nor to take a child-centered approach that employs 'soft advocacy'--that is, working with governments to resolve individual complaints through informal and confidential means.¹⁹² Moreover, as noted in section 3(e) above, both the federal human rights commission and provincial accountability bodies lack the jurisdiction to consider complaints that involve both federal and provincial refusals of a service at once.

There is precedent in the non-Indigenous context for the creation of a federal accountability body that may duplicate some of the functions of an existing provincial accountability body, and

¹⁹¹ See Reif, *supra* note 3 at 14; *Ombudsman Act*, RSY 2002, c. 163, s 11(5).

¹⁹² On this, see Blackstock, *supra* note 75 at 297-298. See also the Summary Report of the 2013 and 2014 Aboriginal Women's Roundtable, "Honouring the Strength of Our Sisters: Increasing Access to Human Rights Justice for Indigenous Women and Girls," which highlights the challenges and barriers experienced by Indigenous peoples in accessing the CHRC, at 23, 27, 28, 31, 32, 34, 35, 36. There were recommendations made by Indigenous groups, after the repeal of s. 67 of the *Canadian Human Rights Act* to strengthen the legislative mandate of the CHRC in relation to Indigenous peoples, but this did not happen: see 2011 Report to Parliament - On The Readiness of First Nations Communities And Organizations To Comply With The *Canadian Human Rights Act*, Appendix C - Report of the Congress of Aboriginal Peoples. Further, the Commission's focus on Indigenous issues has waxed and waned over time. After repeal of s. 67 of the *CHRA*, the Commission had a National Aboriginal Initiative focused on Indigenous issues, however, this branch of the Commission was cut for budgetary reasons around 2015.

the Supreme Court had no issue with the prospect of these bodies operating concurrently.¹⁹³ Further, the legislation could be drafted such that, if another accountability body is effectively responding to a matter, the Advocate may decline to exercise jurisdiction.¹⁹⁴ The Advocate could also be mandated to provide outreach, education and coordination with provincial ombuds, child advocate and human rights commission to assist in their attempts to address matters relating to Indigenous children and families.

Types of investigation

All child advocates, ombuds and human rights commissions have the power to investigate individual complaints relating to their areas of jurisdiction. There is clearly a need for this in the context of the services provided by Canada and provinces to Indigenous children and families. We could also foresee individual complaints including group or community complaints, especially in relation to funding issues relating to both Jordan's Principle, as well as funding under C92. Jurisdiction over group complaints is made explicit in some accountability legislation, and we recommend similarly in the proposed Advocate legislation.¹⁹⁵ It would be best if the law clarified that groups can include Indigenous collectives, such as communities, Bands, tribal councils, and organizations.

Many accountability bodies also have the power to initiate own-motion investigations into matters, and we recommend this for the proposed Advocate. We also recommend that the statute provide clear language that the Advocate has the power to undertake systemic investigations, including the powers to carry out studies and research in support of systemic inquiries, as in the case of some existing statutes.¹⁹⁶ Related to systemic inquiries, a power to carry out studies and research on any relevant question under the advocate's jurisdiction, such as found in Quebec's child advocate laws, is important to specify.¹⁹⁷ The power to engage any persons having technical or specialized knowledge of any matter relating to the work of the Advocate's Officer to advise and assist the Advocate, such as found in the *Official Languages Act*, would further assist the proposed Advocate in making systemic inquiries.¹⁹⁸

¹⁹³ *Multiple Access Ltd. v. McCutcheon*, [1982] 2 SCR 161, involving a federal and Ontario's securities regulatory. The Court held that duplication of legislative regimes in areas of concurrent jurisdiction (double aspect) was acceptable, so long as there was no conflict or 'incompatibility' between the statutes, and this would be conceived of narrowly. In true cases of incompatibility, however, the federal legislation would be paramount.

¹⁹⁴ This could be modeled on the provision on s 41(1)(a) and (b) of the *Canadian Human Rights Act*, RSC 1985, c H-6 [CHRA], which give discretion to the Commission to decline dealing with a complainant if the complainant has not exhausted other grievance procedure otherwise reasonably available, or the complaint is one that could be more appropriately dealt through another procedure.

¹⁹⁵ See, for example, *Charter of Human Rights and Freedoms*, CQLR, c C-12, s 74; and Saskatchewan's *Advocate for Children and Youth Act*, SS 2012, c A-5.4, s 14(2)(b).

¹⁹⁶ See *Saskatchewan Human Rights Code*, 2018, SS 2018, c S-24.2, s 24(h); Ontario Advocate, *supra* note 190 at s 16(1)(p); and *Child and Youth Advocate Act*, *supra* note 141 s 12(1).

¹⁹⁷ See *Youth Protection Act*, CQLR c P-34.1 s 23(f).

¹⁹⁸ *Official Languages Act*, RSC 1985, c 31 (4th Supp), s 52.

Investigative powers

The Advocate should have robust investigative powers to collect necessary information to effectively respond to the different types of complaints (individual, group, own-motion and systemic). In particular, we recommend that the Advocate have investigative powers similar to those of human rights commissions, including powers to make oral or written inquiries, demand the production of documents or records, and search any premises after applying for a warrant, and apply for enforcement of orders.¹⁹⁹ The investigative powers in Senator Moodie's proposed Bill S-217 would have given the proposed Commission all the powers of a commissioner appointed under Part II of the *Inquiries Act*, which covers most of the investigative powers above, so this may be a precedent worth considering.²⁰⁰

In terms of collection of data and systemic oversight of Canada's implementation of Jordan's Principle and CHRT's order to reform FNCFS, we agree with the Caring Society that it would be important to specify in the enabling legislation some types of data that it would be mandatory for the Advocate to collect and analyze. For example, this might include:

- Jordan's Principle decision-makers approval and denial rates, as well as number of requests deemed 'submitted with insufficient information'.
- Jordan's Principle decision-makers turn-around times.
- Jordan's Principle request by regions/communities.
- Disaggregated data by sub-group of Jordan's Principle requests by age, gender, disability as well as service/product/program types.²⁰¹
- Identify gaps in services being addressed through Jordan's Principle.
- identify subgroups that are underrepresented in Jordan's Principle requests.
- The amount of funding being provided per capita through Jordan's Principle, and the variation in funding levels across provinces/territories and remote/rural/urban communities.
- Jordan's Principle appeal approval and denial rates.
- Jordan's Principle appeal turn-around times.
- Disaggregated data of complaints brought to the Advocate and Tribunal.

Further mandatory areas of data collection could be identified in discussions and collaboration with Indigenous groups, lawyers and experts in the area. Note that such a mandatory list should not preclude the Advocate from collecting other data they view as important to fulfilling their mandate, or to investigate specific complaints, and the legislation should also be clear on that.

¹⁹⁹ CHRA, *supra* note 197 at s 43; *Human Rights Act*, RSPEI 1988, c H-12, s 23-24.

²⁰⁰ Bill S-217, *supra* note 161.

²⁰¹ As recommended by Sinha et al., *supra* note 92 at 41, "The data needed is not simply the broad category of services being funded, such as "vision," but a specific description that supports examination of the existing policy framework, e.g., "second pair of glasses within a year, not covered by Non Insured Health Benefits (NIHB)."

We also agree with the Caring Society that, for the purposes of systemic oversight, there is value in listing issues or events that would create an obligation on provincial and federal government departments to report to the Advocate that would in turn trigger mandatory investigations by the Advocate. While this list is not exhaustive, examples of potential areas that could trigger investigations include:

- Jordan's Principle decision-makers with low approval rates.
- Jordan's Principle decision-makers with slow turnaround times.
- Jordan's Principle regions/communities with high and low request rates.
- Situations where there are a large number of requests from members of groups or for a specific service.

Such a list would benefit from further discussions and collaboration with Indigenous groups, lawyers and experts in the area.

Like with the powers of provincial child advocates, the Advocate should also be mandated to meet with children and youth and ensure their voices are heard in the investigation process. Helpful provisions to this effect are included in Newfoundland's *Child and Youth Advocate Act*, which calls for the Advocate to meet with children and youth and ensure their participation in decisions regarding services.²⁰²

We see real value-added in the model of a Child Advocate for engaging in 'soft advocacy' on behalf of Indigenous children and families. Advocate Offices employ trained social workers or other helping professionals who can intervene with government departments and agencies on behalf on children and youth and attempt to informally resolve their complaints. Thus, investigations should take place confidentially, as they do with child advocates and federal legislated ombuds,²⁰³ in order to foster greater cooperation by government parties.²⁰⁴ Confidentiality supports professionalism and diligence as it creates better access to information and gains the respect of senior government officials, which leads to opportunities for quick resolutions.²⁰⁵ Further, confidentiality strengthens accessibility to the public,²⁰⁶ independence,²⁰⁷ trust, and confidence as well as protects from fears of reprisal.²⁰⁸ The provisions in the (now repealed) Ontario *Provincial Advocate for Children and Youth Act* on confidentiality and privacy are a useful precedent to look to. However, this does not prevent public reporting by the Advocate, which we believe will be a crucial function of the Advocate in some cases, as we

²⁰² Newfoundland and Labrador's *Child and Youth Advocate Act*, SNL 2001, c C-12.01, s 15(1)(d)-(f).

²⁰³ *Official Languages Act*, *supra* note 198 at ss 60, 71, and 72; *Corrections and Conditional Release Act*, SC 1982, c 20, s 182.

²⁰⁴ Canadian Audit and Accountability Foundation "Establishing a First Nations Auditor General Research Paper" November 2017, 24.

²⁰⁵ Marshall & Reif *supra* note 19 at 219-220.

²⁰⁶ Greene *supra* note 24 at 21; National Aboriginal Initiative "Honouring the Strength of Our Sisters", *supra* note 192 at 38.

²⁰⁷ Canadian Audit and Accountability Foundation *supra* note 204 at 24.

²⁰⁸ "The Case for a Permanent and Independent Ombudsman Office...", *supra* note 153 at 34-35.

discuss below. In the Ontario legislation, for example, the individual's information can only be disclosed in a public report with consent, or otherwise anonymized.²⁰⁹

The proposed Advocate may require tools to encourage reporting of concerns by public servants and others and discourage any form of retaliation. The *Official Languages Act* contains a provision allowing the Commissioner to make a report to the Treasury Board of any belief of an individual being threatened, intimidated or discriminated against for making a complaint or giving evidence or assisting in an investigation under the *Act*.²¹⁰ The *Canadian Human Rights Act* also prohibits any form of retaliation and treats it as a form of discrimination that can be subject to a compensation order by the Canadian Human Rights Tribunal.²¹¹ We believe that these sorts of protection against discrimination must be included in legislation for the proposed Advocate.²¹²

Remedial powers

Commissions and child advocates do not typically possess remedial powers to make enforcement orders against government actors. By not giving these bodies enforcement powers, this allows them to instead investigate and seek to provide advice and recommendations to the government. The rationale is this will make government actors more amenable to cooperating and working with these bodies. We agree this should be the main function of the Advocate, however, as noted earlier in discussion of Need #8, this is why we are also recommending the creation of a Tribunal that can adjudicate matters when persuasion and advice are ineffective, as discussed further below.

The objective of the Advocate in cases of individual and group complaints should be to facilitate resolution, and like human rights commission and other child advocates, through informal and confidential means. Such methods for resolving disputes should draw on Indigenous laws and dispute resolution processes where possible. If complaints cannot be resolved internally, individuals or groups are free to pursue other modes of resolutions, including going to the proposed new Tribunal (or to existing methods for dispute resolution). We do not intend the Advocate's Office to 'gate-keep' individuals' or groups' access to the Tribunal or other forums. Typically, accessing options of dispute resolution through ombuds-functions does not prevent people from accessing other forums, and we do not intend to limit peoples' options with this mechanism. It is our hope that an individual or group might start with the Advocate to seek informal resolution or, at the least, obtain information to navigate their options, and possibly be connected with legal support if necessary (we explain this further below with our third mechanism, National Legal Services for Indigenous Children and Families). In other words, we

²⁰⁹ Ontario Advocate, *supra* note 190 at ss 19-20.

²¹⁰ *Official Languages Act*, *supra* note 198 at s 62(2).

²¹¹ CHRA, *supra* note 194 at ss 4, 14.1 and 53.

²¹² Also see Samantha Feinstein et al "Are whistleblowing laws working? A global study of whistleblower protection litigation" which offers insight on whistleblower protections to safeguard against retaliation to ensure whistleblowers become essential players in fighting against government abuse of power at 13 - 19, 21 - 23, 25, 27, 65, 68-71.

see the Advocate as providing a “one stop shop” that can support Indigenous children, youth and their families in navigating the different accountability mechanisms that exist. Essential, we envision the Advocate receiving complaints and, based on its knowledge and experience, quickly assessing whether a complaint could be handled based on its relationships with the government actors (through ‘soft advocacy’) or, if the complaint is more complex or beyond their soft advocacy abilities, connecting the complainant with legal counsel to advise them on their options, including going to the Tribunal. The Advocate as a ‘one stop shop’ can help coordinate and ensure complaints are handled efficiently, as well as ensure that the Tribunal is not overwhelmed with complaints that could be more quickly handled through the soft advocacy.

The proposed Advocate would also have similar powers to provincial child advocates to make recommendations to the government. For example, Saskatchewan’s child advocate can make recommendations on any matter concerning services provided to a child or group of children by the government, as well as on “any matter relating to the interests and well-being of children or youths who receive services from [the government].”²¹³ While such wide-discretion to make orders is important, it would be helpful for the enabling legislation to list examples of the types of recommendations the Advocate can make. For example,

- When data or investigations reveal bias in policies, process or staff members, recommendations for training or other corrective measures.
- Recommendations for government actors to take proactive measures, such as steps to ensure that Indigenous children and families are aware of their rights.
- Recommend policy or process changes to address systemic gaps or inequities, for example, driving a high level of Jordan’s Principle requests.
- Recommend a comprehensive solution to avoid the case-by-case or a “projectification” approach to Jordan’s Principle.

Such a list would not be intended to limit what the Advocate can recommend, but to allow Advocate staff, as well as government staff subject to Advocate oversight, to appreciate the Advocate’s role and powers.

Further, if an investigation under the Advocate’s jurisdiction reveals wrongdoing by a government actor (e.g., acting contrary to law, unreasonably, unjustly or based on a mistake of law or fact), we believe it would be important for the enabling legislation to specify, like in Saskatchewan, that the Advocate must report to the wrongdoing to the responsible minister or government service provider and may make recommendations that the Advocate considers appropriate.²¹⁴ The Advocate can also request the government entity who received the recommendation to provide notice within a specified time of the steps that it has taken to or propose action to give effect to the recommendation. If, within a reasonable time of the recommendation, no action is taken that seems to the Advocate to be adequate or appropriate, the Advocate may submit a report of the matter to the Cabinet, as well as mention the report in its annual report to the Legislative Assembly.²¹⁵ A very similar approach is found in Nunavut’s

²¹³ Saskatchewan’s *Advocate for Children and Youth Act*, *supra* note 195 at ss 14(2)(d) and (3)(b).

²¹⁴ *Ibid* at s 28.

²¹⁵ *Ibid* at s 29.

Children and Youth Act, except that a report shall also “include a description of the application, use or incorporation of Inuit culture and Inuit societal values in relation to the conduct of the review.”²¹⁶ The federal Official Language Commissioner also has impressive escalation powers where its recommendations are not acted upon. If, after a reasonable time, the federal institution concerned has not acted on its recommendation, the Commissioner may transmit its report to Cabinet, following which, if no adequate and reasonable response is forthcoming in a reasonable time, the Commissioner may report to Parliament.²¹⁷ If no action is taken, the Commissioner can apply to Federal Court for remedy in relation to a complaint under the *Official Languages Act* with consent of the complainant.²¹⁸ We believe it would be important for the Advocate to have similar escalation powers up to Parliament, as well as to take issues to the proposed new Tribunal.

Beyond reports on specific complaints, human rights commissions and child advocates will normally have annual reporting requirements to the legislative branch on their activities for the year.²¹⁹ However, they are also empowered to make other or special reports commenting on any matter within the scope of its powers that they deem appropriate.²²⁰ Finally, in addition to referring complaints to the federal court, the Official Language Commissioner also has the power to seek leave to intervene in any adjudicative proceedings relating to the status or use of English or French.²²¹ We believe these would all be important powers in the toolbox of the Advocate we are proposing.

Education

Human rights commissions and child advocates typically have specified powers to educate the public. Nova Scotia's human rights legislation calls on its commission to “develop a program of public information and education in the field of human rights.” Alberta's child advocate law empowers its advocate to “promote the rights, interests, and well-being of children through public education.”²²²

We believe that the proposed Advocate should have a significant mandate to promote human rights, particularly the right to substantive equality and Jordan's Principle, of Indigenous children and families, as well as their interests and well-being. We also believe the Advocate should more specifically have a mandate to educate both federal and provincial civil servants in these areas, as well as those other professionals who play a role in child welfare matters (judges, legal aid lawyers, etc.), including their obligation in relation to C92. The Advocate could also

²¹⁶ *Consolidation of Representative for Children and Youth Act*, *supra* note 141 s 33(2) and see ss 33-34.

²¹⁷ *Official Languages Act*, *supra* note 198 at ss 63-65.

²¹⁸ *Ibid* at s 78(1)(a).

²¹⁹ CHRA, *supra* note 194 at s 44(3); see also Ontario Advocate, *supra* note 190 at s 21(1).

²²⁰ CHRA, *ibid* at s 44(2); Ontario Advocate, *ibid* at 21(5); see also *Official Languages Act*, *supra* note 198 at s 67.

²²¹ *Official Languages Act*, *ibid* at s 78(3).

²²² Alberta's *Child and Youth Advocate Act*, *supra* note 141 ; see also Saskatchewan's *The Advocate for Children and Youth Act*, *supra* note 195 at s 14(2)(a); and Manitoba's *The Advocate for Children and Youth Act*, *supra* note 141 at s 12.

play a 'knowledge mobilization' role in terms of ensuring that standards and practices are consistently applied/understood throughout the various jurisdiction and country, and act as a resource for Indigenous nations and communities to facilitate learning from each other.

Other important provisions

Senator Moodie's proposed Bill S-217 included provisions in the mandate of the Commissioner to promote the collective rights of Indigenous peoples, encourage maintenance of connections to culture, families, lands, waters, language, songs and stories, as well as encourage the implementation of Indigenous laws.²²³ It would be worthwhile to emulate such provisions in legislation for the Advocate we are proposing. However, any Indigenous Process designed for accountability purposes needs to recognize the diverse legal traditions among Indigenous Nations.

The Yukon *Child and Youth Advocate Act* includes provisions stipulating that the Advocate should have knowledge of First Nations culture, traditions and beliefs, as well as knowledge about child and youth development and disabilities affecting children and youth.²²⁴ A similar provision can be found regarding the Advocate's knowledge of Inuit culture in Nunavut's Act.²²⁵ Alberta's child advocate legislation requires the child advocate to maintain a roster of Indigenous, Métis, and Inuit advisors.²²⁶

(2) A National Indigenous Child and Family Tribunal

The Advocate we propose above will provide badly needed oversight over the federal and provincial governments and play an essential role in safeguarding the rights of Indigenous children and families. However, as important as it is, given that government intransigence on services for Indigenous children and families is an ongoing problem, the Advocate will be ineffective if its recommendations on individual and systemic discrimination are only ever advisory without the possibility of being enforced through binding orders on governments.

In the choice between escalation by the Advocate to courts (which is the option in the case of the Official Languages Commissioner²²⁷) versus specialized tribunal, in the circumstances, we believe a specialized tribunal with the ability to have more informal procedures and rules around evidence, as well as more robust remedial powers, is preferable. Courts in Canada do not have the power to consider substantive equality and statutory human rights violations.²²⁸ At best, they can consider violation of s. 15 of the *Charter* against government authorities in the context of a judicial review. In judicial review, the conduct of governments is most often assessed on the basis of reasonableness in accordance with the government authorities' statutory

²²³ Bill S-217, *supra* note 161 at s 11(1)(o)-(q).

²²⁴ Newfoundland and Labrador's *Child and Youth Advocate Act*, *supra* note 202 at ss 4(5).

²²⁵ Nunavut's *Consolidation of Representative for Children and Youth Act*, *supra* note 141 at s 6(1)(a).

²²⁶ Alberta's *Child and Youth Advocate Act*, *supra* note 141 at s 9.4.

²²⁷ *Official Languages Act*, *supra* note 198 at s 78(1).

²²⁸ See *Seneca College v. Bhaduria*, [1981] 2 SCR 181; and *Honda Canada Inc. v. Keays*, 2008 SCC 39.

objectives.²²⁹ The nature of these proceedings often results in significant deference shown to governments. Further, the lack of legislative frameworks in the context of services to Indigenous peoples can further up the level of deference courts will show the government.²³⁰ For all these reasons, we believe the creation of a specialized tribunal is important and would be the optimal venue to hear matters relating to Indigenous children and families. As noted earlier, however, we do not intend to limit individual or group complainants to the Tribunal and think they should be able to choose between it and existing forums. Below, we suggest ways to improve access to justice in existing forums. Given the long history of non-existent or ineffective options, we believe Indigenous children and families would benefit from more avenues for vindicating their rights to substantive equality, not less.

The Tribunal's jurisdiction would be in relation to the same laws falling within the Advocate's mandate. While we generally recommend a Tribunal that is focused on Indigenous Child and Family issues, there has been recommendations and ongoing advocacy for a broader National Indigenous and Human Rights Tribunal that can adjudicate the gamut of disputes between Indigenous peoples and governments based on their Aboriginal rights and human rights, including all those rights protected under the *United Nations Declaration on the Rights of Indigenous Peoples*.²³¹ While we feel strongly that the proposed Advocate should be focused specifically on Indigenous children and family issues, we are less concerned about the complaints from the Advocate going to a Tribunal with broader jurisdiction, so long as the Tribunal is focused only on Indigenous matters, can bind both the provinces and governments, and has a sufficiently flexible process and robust remedies. Further, it is likely that a Tribunal that can provide broad remedies in *all* areas of the Crown-Indigenous relationship will avoid any potential jurisdictional gaps.²³²

In section 3(e), we explained our reasoning for why using the Canadian Human Rights Tribunal would not be an effective forum to adjudicate the issue we have identified in this report, since it cannot hear matters that simultaneously involve the provinces. We also think that the legislation creating the Tribunal (potentially the same legislation creating the Advocate) should impose a greater emphasis on ensuring those who adjudicate matters at the Tribunal have expertise in the discrimination issues faced by Indigenous children and families. In general, the qualifications of adjudicators of the Tribunal, terms of office, and further details about the

²²⁹ See *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65.

²³⁰ See Promislow & Metallic, *supra* note 6 at 104-108; see also Yellowhead Institute, "Looking for Cash Back in the Courts" (2021), *supra* note 6.

²³¹ MMIWG Final Report, *supra* note 73, Executive Summary, Call for Justice 1.7; see also Inuit Tapiriit Kanatami Position Paper – Establishing an Indigenous Human Rights Commission through Federal UN Declaration Legislation (2021).

²³² In *Canada (AG) v First Nations Caring Society of Canada et al*, 2021 FC 969, at paras 241-258, Flavel J. underscored the importance of general and broad remedial jurisdiction in order to remedy past and prevent future discrimination in relation to First Nations children and families. Linda Reif also emphasizes the importance of accountability mechanisms having broad jurisdiction due to the multifaceted and interrelated nature of matters, particularly as it relates to human rights: see *v supra* note 3 at 27, 77, 149, 251- 252 and 755.

Tribunal ought to be determined in discussion and cooperation with Indigenous groups, including Indigenous children and youth, as mentioned earlier.

As for the powers of the Tribunal, in general, we recommend similar procedural and remedial rules as those of the Canadian Human Rights Tribunal, perhaps with some adaptation to further facilitate effective resolution of complaints in the circumstances, including the powers to order costs against governments.²³³ To ensure that the substantive equality rights of Indigenous children and families are vindicated, we believe it would be important for the Tribunal's power to grant the remedial orders be mandatory where discrimination is established.²³⁴ Further, given the importance that supervisory jurisdiction has played in the *Caring Society* case, the power of the Tribunal to exercise this remedy ought to be made explicit. We also agree with the suggestion of the Caring Society that it would be important for the Tribunal to have the power to grant interim orders and make summary decisions in situations where there is a clear human rights violation, or in urgent circumstances.²³⁵ The ability to incorporate Indigenous laws and legal procedures into the process should be made explicit. It would also be desirable to design child-informed and child-friendly procedures.²³⁶

Further advice on the design of such a Tribunal ought to be sought from those parties and other lawyers who have been involved in the *Caring Society* case. The Tribunal should also be designed to lessen the grounds upon which its decision can be reviewed.

Finally, we strongly recommend that this new Tribunal not be included within the schedule of federal administrative tribunals falling under the *Administrative Tribunals and Support Services of Canada Act*, SC 2014, c 20, s 36 (ATSSCA). The management of facilities and support services for federal tribunals under the jurisdiction of the Administrative Tribunals Support Services of Canada has been criticized as compromising the independence of federal tribunals, particularly those involving Indigenous issues.²³⁷ Because the need for independence from the federal government is crucial for the mechanisms proposed in this report, the proposed Tribunal should not be included in the ATSSCA.

²³³ See Blackstock, *supra* note 75 at 299-300 on the need for reform in this area, as well as other further details of access to justice problems within the current CHRT process.

²³⁴ For an example of this language, see s. 37(2) of the *Human Rights Code*, RSBC 1996, c 210

²³⁵ Further suggestions made by the Caring Society for consideration include a one-way cost regime as is the case in American civil rights legislation. This might be especially important given the Supreme Court of Canada's decision in *Canada (Canadian Human Rights Commission) v. Canada (Attorney General)*, 2011 SCC 53, that powers to award costs should be made explicit for human rights tribunals.

²³⁶ See OHCHR: Access to justice for children, *supra* note 164, for standards and good practices for childrens' access to justice; Commissioner for Children and Young People Western Australia "National Principles for Child Safe Organizations WA: Guidelines, November 2019; Australian Government National Office for Child Safety prepared by the New South Wales Ombudsman's Office "Complaint Handling Guide: Upholding the rights of children and young people" 2019; New South Wales Office of the Advocate for Children and Young People "NSW Strategic Plan for Children and Young People – Consultation Results Report" May 2016, and Assembly of Seven Generations, *supra* note 7.

²³⁷ See letter, "Independence of Specific Claims Tribunal", to Ministers McKay and Valcourt from the Canadian Bar Association, February 8, 2015.

(3) National Legal Services for Indigenous Children and Families

In addition to the Advocate and Tribunal described above, as long as federal and provincial governments have power and control over services for Indigenous children and families, and particularly as long as processes to access essential services remain individualized, there will be a continued need for advocacy and legal services. Indigenous children and families require access to knowledgeable advocates and lawyers who can support them in their attempts to access substantive equality in services from the federal and provincial governments, and in their interactions with child welfare systems. The power imbalance between individual children and families and the state makes advocacy essential for upholding the right to substantive equality and statutory human rights. These are complex areas that are challenging even for well-connected lawyers to navigate, as the story of Carolyn Buffalo-Jackson illustrates.²³⁸ The specialized advocacy and support the Caring Society's staff and network of pro bono lawyers can provide in a limited number of cases is clearly needed but needs to be regularized and government funded on a national scale.

ISC funds Jordan Principle service coordinators from First Nations organizations to help children and families navigate the Jordan's Principle process. This is some recognition that Indigenous families and children need particular support in accessing services from the federal government. These positions are a good start because they help families navigate the process, but they are not able to provide deeper advocacy and legal support, which is essential.

As discussed in relation to accountability need #10, Indigenous children and their families experience significant barriers in accessing existing avenues to hold governments for violations of their rights to services, and the Caring Society and their pro bono lawyers have been assisting them informally on a shoe-string budget. There is a need for state-funded legal and advocacy support to be provided to Indigenous children and families to address the discrimination and breaches of the *Canadian Human Rights Act* found by the Canadian Human Rights Tribunal and prevent further discriminatory practices in the future as well as realize their rights to substantive equality and statutory human rights under human rights law, C92, *DISA* and international human rights instruments. This should include funding supports to navigate the different avenues for recourse, to filling forms, letter writings and speaking on their behalf, to pursuing ombuds, child advocate, human rights challenges (before the federal or provincial human rights commission, or the new Tribunal we are proposing) or judicial review in the courts.

The Supreme Court of Canada has held that parents living in poverty who face the prospect of losing their children in child protection proceedings have a right to state-funding for legal counsel.²³⁹ This is because the stress, stigma and disruption of family life caused by the prospect of having the state take one's child engages a parent's right to security under s 7 of the *Charter* and also violates the parent's right to fair hearing if they do not have the opportunity to present their case effectively. Three judges also said that because single mother's are

²³⁸ See "Buffalo v Canada – My Family's Fight for the Right for Noah to ride a bus to school," *supra* note 119.

²³⁹ *New Brunswick (Minister of Health and Community Services) v. G. (J.)*, [1999] 3 SCR 46.

disproportionately impacted by child welfare proceedings, this also engaged equality protections that informed a finding of a *Charter* violation.

Arguing from analogy, we can argue that lack of effective representation in procedures (Jordan's Principle requests) that may eventually result in child apprehension (and the link between denial of services and child apprehensions in the First Nations context has been established by the *Caring Society* case) violates s 7 of the *Charter*. Further, the MMIWG National Inquiry Report also suggested that interjurisdictional neglect, delays and denials of services constituted a s 7 *Charter* violation.²⁴⁰ On top of this, there is a s. 15 equality rights dimension here given the Indigeneity of the claimants. In our view, there is a strong *Charter* case for effective legal representation in Jordan Principle matters.

With respect to child welfare hearings, provincial legal aid plans in Canada can represent parents in provincial child welfare matters, however, applying for legal aid and qualifying based on an increasingly narrow income and other criteria, creates another barrier for many families. Legal aid providers may not have the specialized knowledge necessary for adequate representation, or the case may simply not meet the criteria set for legal aid (i.e. in some provinces, legal aid can only act for a parent after apprehension of a child, so a Jordan's Principle appeal for medical equipment or in-home support won't meet the threshold for representation). In addition, Indigenous care providers and communities now have rights to participate in child welfare hearings under C92,²⁴¹ and, to our knowledge, they are likely not covered under legal aid plans. However, without legal representation, they are likely not able to participate meaningfully in these proceedings. Again, based on the above-noted Supreme Court decision, there is a strong *Charter* argument for state-funded representation. Furthermore, as noted earlier, the guarantees of substantive equality in the exercise of the rights of children, their family members and communities in C92 suggest a positive obligation on governments to fund legal representation. Where there is some overlap with provincial Legal Aid, as noted earlier, duplication of provincial mechanisms is not a barrier and there are ways for bodies with similar functions to cooperate with each other.

This could take different forms. Ontario has the Office of the Children's Lawyer that is an independent law office that operates out of the Ministry of the Attorney General.²⁴² While such a model has promise, in the circumstances, we believe legal services situated outside government would be preferable. The *Caring Society* also recommended the Ontario Human Rights Legal Support Center or Ontario Specialty clinics as potential structures to look at to inspire the governance of this service.

²⁴⁰ MMIWG Final Report, *supra* note 73 at 567.

²⁴¹ *An Act respecting First Nations, Inuit and Métis children, youth and families*, *supra* note 98 at ss 12-13.

²⁴² Ontario Government, Office of the Children's Lawyer, online: <https://www.ontario.ca/page/office-childrens-lawyer>

A model we find particularly promising is the Legal Representation for Child and Youth (LRCY) branch of Alberta's Office of the Child and Youth Advocate (OCYA).²⁴³ Like other child advocate offices, the advocate office is precluded from acting as legal counsel in their role.²⁴⁴ In general, this avoids blurring lines between the investigative and persuasive functions of advocates²⁴⁵ and adversarial advocacy. To avoid this blurring, but also equip children and youth with needed legal supports, Alberta's *Child and Youth Advocate Act* also gives the advocate the power to appoint lawyers to represent children with respect to a variety of legal matters that affect children in the province.²⁴⁶ Based on this, the OCYA created the LRCY. The LRCY does not provide legal advice *directly*, but instead receives referrals from young people, caseworkers, courts, parents, foster parents, other caregivers and concerned individuals, appoints lawyers from a roster, sets and monitors service standards for lawyers, and pays lawyers for services provided.²⁴⁷ For lawyers to be considered for membership on the LRCY roster they must, be lawyers in the province in good standing, have practiced in Alberta in the area of Family Law/Child Protection for a minimum of five years, be willing to be bound by LRCY's expectations and services standards, and submit a completed application and any additional information requested by the LRCY Manager.²⁴⁸

We believe a similar dual model to the Advocates and the LRCY, coordinated from the proposed Advocate, would be effective for several reasons. First, we expect the proposed Advocate would become highly visible to Indigenous peoples, therefore having the Advocate be a 'one-stop-shop' for information, complaints, and legal referrals increases accessibility. Second, the referrals branch of the Advocate will benefit from the knowledge and expertise of staff at the Advocate and this should inform the development of representation expectations and standards of the Advocate, as well as development of the lawyers' roster. Third, by building this into the infrastructure of the proposed Advocate, this does not rely on uncoordinated provincial legal aid offices nor requires separate legislation for the creation of a new national legal aid entity. Building and maintaining a national roster of lawyers would create much needed capacity and expertise for effective advocacy in these complex, under-served legal areas. Finally, the Advocate could collect national data on common themes and regional differences in legal

²⁴³ Office of the Child and Youth Advocate Alberta website, "About Legal Representation for Children and Youth," online: <https://www.ocya.alberta.ca/adult/what-we-do/legal-representation-lrcy/about-lrcy/>

²⁴⁴ Alberta's *Child and Youth Advocate Act*, *supra* note 141 at 9(2)(c) and 11.

²⁴⁵ The persuasive function is cooperative and flexible, which fosters consensus decision-making that works to modify thinking and behaviour leading to long-term and widespread change, see Reif, *supra* note 3 at 24, 25, 26; and Chartrand, *supra* note 5 at p. 17, 18, 24, 25. This function is often accompanied by an investigative function that allows for a thorough investigation, consideration of all perspectives and analysis of all the issues that ultimately enables a more informed and reasoned approach to recommendations and decisions, see Reif, *supra* note 3 at p. 25, 49, 50. The inclusion of an adversarial function could significantly affect the strengths of these other functions.

²⁴⁶ See Alberta's *Child and Youth Advocate Act*, *supra* note 141 at s 9(2)(c) and *Child and Youth Advocate Regulation*, Alta Reg 53/2012, s 1.1(1).

²⁴⁷ See "About Legal Representation for Children and Youth," *supra* note 243.

²⁴⁸ Office of the Child and Youth Advocate Alberta website, "How To Get On The Roster," online: <https://www.ocya.alberta.ca/adult/what-we-do/legal-representation-lrcy/how-to-get-on-the-roster/>

cases, which would in turn help identify inadvertent barriers, helpful solutions, educational needs and potential subjects for systemic policy reforms.

Recommendations

It is our conclusion that the history of overrepresentation of Indigenous children in state care, particularly the role of interjurisdictional wrangling between the federal and provincial governments over essential services to Indigenous children and families, which continues up to the present (see Part 1), creates accountability needs (see Part 2) which necessitate significant action to be taken by the government of Canada in order to create meaningful and effective accountability.

Primary Recommendation:

We recommend three mechanisms external to the government of Canada to ensure true accountability. We believe all three of these mechanisms must:

- Be set out in federal legislation and not simply created by the executive, in order to ensure independence from government and the greatest degree of oversight and accountability. Further, the three interconnected mechanisms we proposed could be addressed in one statute.
- Be specific to the interest and rights of Indigenous children and families (and not wrapped into a broader mechanism).
- Apply to all Indigenous children and families, not just First Nations on reserve (e.g., non-status First Nations, off-reserve, Métis and Inuit). Such an inclusive approach prevents repeating exclusions of the past. Instead of treating all Indigenous peoples identifiably, as a pan-Indigenous approach seeks to do, an inclusive approach, while recognizing all Indigenous peoples are worthy of human rights protection, acknowledges there can be differences between different sub-groups that need to be accommodated.
- Apply to conduct of both federal and provincial governments, which Canada has the constitutional jurisdiction to legislate pursuant to s 91(24) of the *Constitution Act, 1982*.

The three mechanisms are:

1. A **National Indigenous Children and Families Advocate**, which would be based on the thematic ombuds model of a child and youth advocate office, but also with specific jurisdiction to oversee governments' delivery of services to Indigenous children and families in accordance with Jordan's Principle, their right to substantive equality in statutory human rights instruments and other relevant laws and international requirements (C-92, DISA, UNDRIP, CRC, etc), as well as implementation of child welfare legislation and policy. To be effective this Advocate should:
 - a. Have oversight over:
 - i. Canada's implementation of Jordan's Principle;

- ii. Canada's long-term reform of child welfare, including C92 implementation;
 - iii. Canada's implementation of substantive equality in relation to all services impacting on Indigenous Children and Families;
 - iv. Federal-Provincial cooperation in servicing Indigenous Children and Families;
 - v. Education for federal and provincial government actors involved in child welfare services;
 - vi. Provincial governments' implementation of substantive equality in relation to all services impacting on Indigenous Children and Families; and
 - vii. Child provincial welfare agencies, including their implementation of C92 (not including self-governing Indigenous Governing Bodies except with their consent).
- b. Assess governments' obligations in relation to Jordan's Principle and substantive equality (protected under each government's human rights legislation and the *Charter*), C-92 and international instruments such as United Nations Declaration on the Rights of Indigenous Peoples, the Conventions with Rights of the Child, and the Convention of Rights of Persons with Disabilities.
 - c. Scrutinizes governments' distinctions-based approach in relation to the need for equitable services on the grounds of the various subcategories of Indigeneity governments have relied on in the past to make distinctions (non-status, off-reserve, Metis, Inuit, etc.) as *prima facie* discrimination.
 - d. Have the power to investigate individual, group and community complaints, as well as institute own-motion investigations, including into systemic issues.
 - e. Have robust investigative powers to collect and compel necessary information from government parties to effectively respond to the different types of complaints as well as to be able to effectively conduct systemic oversight.
 - f. Conduct research and hire experts in conducting systemic inquiries.
 - g. Be mandated to meet with children and youth and ensure their voices are heard in the work of the Advocate's Office.
 - h. Attempt to facilitate resolution of complaints through informal and confidential means. Such methods for resolving disputes should draw on Indigenous laws and the dispute resolution processes where possible. This would not prevent reporting and recommendations.
 - i. Providing a "one stop shop" that can support Indigenous children, youth and their families in navigating the different accountability mechanisms that exist. This is not intended to limit peoples' options for resolving complaints through other mechanisms. It is our hope that an individual or group might start with the Advocate to seek informal resolution or, at the least, obtain information to navigate their options, and possibly be connected with legal support if necessary

(we explain this further below with our third mechanism, National Legal Services for Indigenous Children and Families).

- j. Have the power to make recommendations to governments, and to escalate these recommendations to higher levels (up to and including the Tribunal) if recommendations are not reasonably acted upon.
- k. Report annually to Parliament on its activities, as well as make special reports commenting on any matter within the scope of its powers that it deems appropriate.
- l. Intervene in any adjudicative proceedings relating to the jurisdiction of the Advocate.
- m. Educate the public and federal and provincial civil servants, and those involved in child welfare matters, about the right to substantive equality and Jordan's Principle, of Indigenous children and families, as well as their rights within child welfare matters, including under C92.
- n. Play a 'knowledge mobilization' role in terms of ensuring that standards and practices are consistently applied/understood throughout the various jurisdiction and country, and act as a resource for Indigenous nations and communities to facilitate learning from each other.
- o. Promote connections to culture, families, lands, waters, language, songs and stories, as well as encourage the implementation of Indigenous laws in the work of the Advocate.

Beyond these requirements, further details about the Advocate (composition, qualifications, terms, staff, etc.) ought to be determined in discussion and cooperation with Indigenous groups, including Indigenous children and youth, the Caring Society and the pro bono lawyers who have been supporting it. We further suggest that, in the actual development of the enabling legislation, further expert advice be sought to recommend specific statutory language.

2. **A National Indigenous Child and Family Tribunal** with the power to hear complaints (individual, group, community or systemic). To be effective, the Tribunal should:
 - a. Have the power to issue binding orders against both the federal and provincial governments and their public servants and agencies.
 - b. Have the powers to craft its own procedures and rules of evidence that are more flexible than the courts, including child-informed and child-friendly procedures, and the incorporation of Indigenous law and legal procedures into the process.
 - c. Be mandated to issue remedial orders where discrimination is established.
 - d. Have extensive remedial powers, including powers to grant interim orders and make summary decisions, as well as the power to exercise supervisory jurisdiction made explicit.

- e. Be composed of adjudicators with expertise in the discrimination issues faced by Indigenous children and families.

Beyond these requirements, further details about the Tribunal (composition, qualifications, terms, staff, etc.) ought to be determined in discussion and cooperation with Indigenous groups, including Indigenous children and youth, including parties and lawyers that have been involved in the Caring Society case.

The creation of a Tribunal with a focus on Indigenous child and family issues is critical to support the work of the proposed Advocate. Should Canada eventually implement recommendations from the MMWIG National Inquiry and others to create a National Indigenous and Human Rights Tribunal, we think this body could equally support the work of the Advocate, so long as the Tribunal is focused only on Indigenous matters, can bind both the provinces and governments, and has a sufficiently flexible process and robust remedies. However, until such time as a National Indigenous and Human Rights Tribunal, there needs to be a National Indigenous Child and Family Tribunal.

Finally, to ensure the utmost independence from the federal government, the proposed Tribunal should not be included within the schedule of federal administrative tribunals falling under the *Administrative Tribunals and Support Services of Canada Act*, SC 2014, c 20, s 36

3. **National Legal Services for Indigenous Children and Families** to provide Indigenous children and families with state-funded access to knowledgeable lawyers who can support them in their attempts to access substantive equality in services from the federal and provincial governments, and in their interactions with child welfare systems. The power imbalance between individual children and families and the state makes advocacy essential for upholding substantive equality and human rights. To be effective, these services should:
 - a. Include funding support from filling forms, letter writings and speaking on their behalf, to pursuing existing Ombuds, Child Advocate, human rights processes (before the federal or provincial human rights commission, or the new Tribunal we are proposing) or judicial review in the courts.
 - b. Take the form of a legal referral service housed in the proposed Advocate (similar to the Legal Representation for Child and Youth branch of Alberta's Office of the Child and Youth Advocate). This includes:
 - i. The Advocate's Office has the power to refer children and families to lawyers and appoint lawyers to represent them to access substantive equality in services from the federal and provincial governments, and in their interactions with child welfare systems.
 - ii. The lawyers appointed would be from a roster maintained by the Advocate. To get on the roster, lawyers would have to meet standards

and expectations set by Advocate (e.g., practice experience, years at the bar of a province, knowledge of Indigenous communities, etc.).

Additional Recommendations:

We believe all three mechanisms we have outlined can and should be legislated within one federal statute.

This federal statute, and the details of these 3 mechanisms should be co-developed in partnership with the AFN, the Caring Society and the Assembly of Seven Generations, and with broad and robust consultation with Indigenous children, youth and families, knowledge holders across all regions of Canada.

In the interim, and in addition to this external mechanism, as discussed in more detail above in Part 3(a), we recommend the following internal steps that ISC could take immediately to address some of the ongoing issues:

- Continue and increase activities such as staff training, internal audits, dispute resolution mechanisms and reporting,
- Create a Code of Ethics and Network Panel²⁴⁹ as a framework for funding community-based youth organizations,
- Put in place internal human rights champions who are responsible for engaging with service coordinators and Indigenous children, families and communities to review and evaluate ISC processes, and advocate for changes to ensure compliance with principles of substantive equality;
- Review all Jordan's Principle requests, including those with inadequate documentation, to identify where ISC can reduce demands for documentation to a minimal data set, particularly for services commonly approved or falling within the "normative standard of care."
- Reverse the onus of who has to establish how the requested service meets the standard of substantive equality, by requiring ISC staff to identify and give written reasons as to where and why they believe a specific request does not fall within that standard, prior to claimants ever being asked to explain how their request falls within this.
- Create and use confidential release forms, that, with the consent of Indigenous children and families, give their third party representatives access to information in order to advocate and support clarification, claims and/or appeals; and
- Fund the advocates or lawyers who are supporting the ad hoc advocacy work of the Caring Society in the interim.

²⁴⁹ See Assembly of Seven Generations, supra note 7 at 6, 7, 26.

Finally, to be clear that we are not proposing the 3 accountability mechanisms we have outlined to be exclusive mechanisms. We do not intend that once developed, Indigenous children, families and communities would be precluded from accessing the existing (albeit imperfect) infrastructure that we seek to supplement. Given the history of systemic discrimination against Indigenous children and families discussed in Part 1, we feel strongly that Indigenous children and families should have more avenues for vindicating their rights to substantive equality, not less. Accordingly, along with our recommendations above, we encourage Canada, in the enabling legislation to create the mechanisms below, to include the following provisions in order to improve access to existing mechanisms:

- A provision giving courts hearing matters touching on Jordan's Principle or the substantive equality rights of Indigenous children and families, the ability to address such discrimination. For example, section 46.1 of the *Ontario Human Rights Code* contains such a provision.²⁵⁰
- Even leaving aside the jurisdictional issues in judicially reviewing Jordan's Principle claims in Part 3(e) above, there remain several challenges for Indigenous children and families to bring successful judicial review proceedings in the courts. One challenge is lack of clear legislated reference standards courts can use to review governments' interactions with Indigenous children.²⁵¹ While *DISA* and *C92* now provide reference standards to applicable to some decision-makers, given the gravity of discrimination against First Nations' children in *Caring Society v. Canada*, a more universal standard, applicable to all decision-makers may be called for. This could be effectuated through a clause in the proposed legislation stating: "The best interests of the child must be the paramount consideration in all decisions impacting Indigenous children. The unique cultural, historical, and geographic strengths, needs and circumstances must be considered as part of the best interests of the child."
- To avoid closing any legal doors for potential complainants, including to existing human rights commission and tribunals, it would be important to include a specific provision to neutralize provisions commonly found in human rights statutes requiring the complainants to exhaust alternative grievances or review procedures reasonably available.²⁵² This provision could read as follows "Nothing in this Act shall be construed so as to abrogate or derogate from the rights provided for under the *Canadian Human Rights Act*, any provincial human rights statute or provincial child advocate or ombuds state." A similar provision appears in the *Canada Labour Code*.²⁵³

²⁵⁰ *Human Rights Code*, RSO 1990, c H.19, s. 46.1.

²⁵¹ See Promislow & Metallic, *supra* note 6 at 101-108; see also Naiomi Metallic, "Deference and legal frameworks not designed by, for or with us," Paul Daly - Administrative Law Matters, February 27, 2018.

²⁵² For example, s. 41(1)(a) of CHRA, *supra* note 194, states: "...the Commission shall deal with any complaint filed with it unless in respect of that complaint it appears to the Commission that (a) the alleged victim of the discriminatory practice to which the complaint relates ought to exhaust grievance or review procedures otherwise reasonably available;..."

²⁵³ *Canada Labour Code*, RSC 1985, c L-2 at s. 123.1

Conclusion

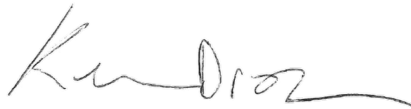
In identifying the accountability problems to be addressed by an accountability mechanism for this report, we have looked thoroughly at the context of a “one of the worst possible cases” of racial discrimination, that has deeply and irrevocably harmed multiple generations of Indigenous children and families. We have also reviewed features of effective accountability mechanisms that can contribute to the imperative work of bringing an end to these ongoing harms.

There has been progress, and genuine work toward internal, policy and even legislative reform. However, there is much work to be done and many of the reforms that Canada has unilaterally implemented have been inadequate to stymy ongoing substantive equality and statutory human rights violations. The vast majority of meaningful reforms to date have occurred since the Tribunal issued its 2016 Main Decision and retained supervisory jurisdiction.

There will come a day, when the Tribunal will relinquish jurisdiction over the case. Given the very long history of systemic discrimination against Indigenous people by the government in Canada, particularly in the area of service delivery, it will be important to have alternative accountability mechanisms in place. We have set out 3 that, together, we believe will practically address the accountability problems that have facilitated one of the worst possible cases of racial discrimination in Canadian history for over half a century. There are also internal steps ISC can take in the interim, and in addition, to external legislated accountability mechanisms.

The Assembly of Seven Generations report clearly emphasized that “Indigenous youth and children deserve accountability and responsibility from the federal government, as well as all levels of government.” As Cindy Blackstock says, once we know better, we need to *do* better. We hope and believe a new and better chapter has begun and can be created for present and future generations. Accountability is an essential aspect of this. Indigenous children, youth and families deserve nothing less.

This is **Exhibit “27A”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

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

Kevin Droz
LSO#: 82678N

Background Information on File (Note: all dates are YYYY/MM/DD)	
Date/Time Escalated:	2023-07-12 08:48
Date Appeal Submitted:	2023-07-24
Group Request (Y/N):	Individual
Child's Name:	[REDACTED]
Child's Date of Birth:	[REDACTED]
Address/Community:	[REDACTED]
Parent/Requestor Name:	Naomi Baptiste

Presentation to ADM (filled in electronically)			
Case Number:	[REDACTED] *URGENT*	Review Request Number	RVR-181497
Responsible Region:	SASKATCHEWAN <ul style="list-style-type: none"> Child lives On Reserve in Red Pheasant First Nation 		
When Requestor Sent in This Request:	2023-02-28	Date Request was Received at HQ:	2023-07-12
Age:	3 years old		
Child's Status:	First Nation Registered		
Consent on file if Requestor is not Parent/Guardian:	Yes		
Professional Diagnosis:	Brain injury, global developmental delay, seizure disorder, hearing loss, lazy eye, gastroesophageal reflux disease, G-tube fed and is non-verbal and not mobile.		

Requestor Relation to Child:	Navigator
Challenges/Needs identified:	<p>Requesting funding for a new accessible house for a child with a brain injury, global developmental delay, seizure disorder, hearing loss, lazy eye, gastroesophageal reflux disease, and who is G-tube fed and is non-verbal and not mobile.</p> <p>Request History:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> Appeal submitted for Housing Adaptation for \$307,034.30 Approved at Appeals Secretariat on March 31, 2023 Request for Housing Adaptation for \$307,034.30 Denied at Escalations on November 23, 2023 by Director General & Chief Nursing Officer Request for Bathroom Modifications for \$13,359.35 Approved in Region on November 17, 2023 <p>The requestor wanted to withdraw the Housing Adaptations which were approved, and submit a request for a New Home.</p> <p>Letter from Mother – dated February 27, 2023</p> <ul style="list-style-type: none"> Writing letter in support of her son Indicates the child's diagnoses Attached pictures of her son Indicating that her other children are in the home, and the home does not meet the children's needs Oldest son is wanting to move to her mother's home Needing space for the child's medical equipment as her 3 year old child grows Transferring the child into different spaces is difficult The carrying and lifting is taking a toll on her body Unable to purchase a wheelchair accessible home for him Humbly asking to take her request into consideration

Letter of Support – Shona Gladue BA, Cultural Facilitator, Healthy Families, Battle River Treaty 6 Health Centre Inc – dated February 17, 2023

- Letter of support for child and child's parents
- Parents have 5 children, 3 year old child with medical needs being the youngest
- Reside in [REDACTED] Red Pheasant First Nation in Saskatchewan
- Current house is 3 bedroom, single level home, no basement, not enough bedrooms for their family
- Mother indicates it is quite cramped and children share rooms, no space specifically for the 3 year old child's equipment, no space for his Physical Therapy or Occupational Therapy equipment
- Child sleeps in a medical bed in his parent's room
- Mother looking for new home, "so that [REDACTED] can grow comfortable in, with no worries of injuries or barriers."
- Parents aware that child will require additional supports, space and his equipment and needs will continue to grow
- Child's conditions include Global Developmental Delay, Seizure Disorder, hearing loss, feeding difficulties requiring G tube feeds and Gastroesophageal Reflux Disease

Letter of Support – Chief Lux Benson, Pheasant Cree Nation – dated February 15, 2023

- Red Pheasant Cree Nation Chief and Council along with the Band's housing department supports Jordan's Principle funding available for their community members who submit an application for eligible funding as per Canadian Human Rights Tribunal rulings
- Supports a member of their community to pursue supportive, affordable innovative energy efficient and specialized need housing to suit the long-term care for children with specialized needs (Housing Unit)
- They vision their housing department innovative for enhancement supporting the members of their community. Support housing governance programs, roles and responsibilities of staff, including community education and other development and implementation policies and procedures for the nation
- On behalf of Chief and Council, they appreciate the review of their plan to support the child, for long term housing with specialised needs

Letter of Support – Chaeleen Albert, Headstart Coordinator, Red Pheasant First Nation – dated February 15, 2023

- Provide support for child
- Current house is 3 bedroom, single level home, no basement, 4 other siblings, living conditions not suitable for child's space and equipment on a day to day basis
- Shared bedroom with Mother
- Child has following conditions, Global Developmental Delay, Seizure Disorder, hearing loss, feeding difficulties requiring G tube feeds and Gastroesophageal Reflux Disease
- Applications for a new home are being sought for the family, where child has his own space, without any worries of injury or barriers, as child grows and develops

Letter of Support – Lionel Pilar, Principal, [REDACTED] – dated February 15, 2023

- Letter of support describing the need fore a new Ready to Move (RTM) home for family to live in
- Support for request, and outlining the same information as the letters from Headstart Coordinator, and Cultural Facilitator

Letter of Support – Dr. Ayisha Kurji M.D., F.R.C.P.C., Department of Pediatrics, Royal University Hospital – dated February 13, 2023

- Is Child's Pediatrician
- Child is developmentally delayed due to complications from meningitis earlier in his life, and will require a wheelchair likely for his whole life. Wheelchair accessible home would ensure his needs are met as he grows

Letter of Support – Kennedy Harris, Occupational Therapist – dated February 13, 2023

- Letter of support for child and family to receive a wheelchair accessible home
- Child's medical history is complex and includes, refractory seizures, global developmental delay and hearing loss secondary to strep pneumococcal meningitis
- Child unable to sit, stand, walk or crawl independently, requires maximum assist with all transfers
- As child grows, needs will change which requires a change in equipment and new equipment needing to be brought in to support his care needs
- An accessible home will be beneficial for the child and family in supporting his changing needs.
- 2 adults and 5 children current live in the home, which makes for a crowded space. The space is not adequate for the child's needs
- As child grows, he will have a hospital bed, wheelchair, patient lift, and wheeled commode. These pieces of equipment will get larger, as he grows
- Home will have to support the needs of a wheelchair user and be accessible in all areas in addition to providing enough space to safely use the child's equipment, important to have space where he receives Physical Therapy and Occupational Therapy regularly in the home. Not an option at the moment, due to the limited space.
- Recommend for the child to have his own bedroom to support his needs, his equipment to be used safely in order to achieve this. Family requires a larger home
- Full support of Child and Family receiving the above recommendation to ensure everyone is safe, when caring for the child.

Letter of Support – AJ Timm, MSW, RSW, JPCH Medical Social Worker – Pediatric Out Patient from Jim Pattison Children's Hospital – dated February 10, 2023

- Child is a patient that is seen at the JPCH Out-patient department by a number of specialists
- Child resides with Mother and 5 siblings
- Mother is a reliable caregiver and is committed to the child's care and ensures he attends numerous medical and developmental appointments and providing care for him in the family home
- Child's daily living is impacted by his chronic health conditions
- Child has Gastrostomy Tube (GT) for feeding and hydration which requires care throughout the day
- Child is non-verbal, unable to communicate, due to significant developmental delays and seizures. Uses a specialized wheelchair for mobility. Due to these needs, child requires a wheelchair accessible home, including entry and exit from home, the bathroom, living space and child's sleeping space
- Family has indicated that their current residence is not compatible with the family and the child's needs
- Supporting the family to relocate or receive support adapting their home as per wheelchair accessible standards.

Letter of Support – Miranda King, Program Lead and Allie Dimmick, Specialized Support Facilitator from Battlefords Early Childhood Intervention Program – dated February 9, 2023

- Letter speaks to support for accessible RTM home for child and family
- Assigned an Early Childhood Interventionist who goes to the home twice a month to work on Developmental Goals, between multiple appointments in Saskatoon, due to his needs
- Child has medical bed in parent's bedroom, also has standing frame, Convald Stroller and High chair
- They will be receiving a plinth and more medical equipment to support child's developmental needs and therapies
- Beneficial for the child to have his own room for his items
- Important for parents to have their own room, so they can have some respite for their mental health
- Mother stated to her that oldest son is talking about moving to the grandma's house because they are over-crowded and he needs

privacy as the younger children are sharing rooms with the teenagers

- They support request for an accessible RTM for this family for the mental and physical needs in this home for the child and whole family

Letter of Support – Kesha Constant, BISW, CISW, Registered Social Worker, Jordan’s Principle Service Coordinator, Battle River Treaty 6 Health Centre Inc. – dated February 9, 2023

- Mother of child reached out to Battle River Treaty 6 Health Centre in hopes of making connections to support her and some through challenges and barriers they were recently experiencing
- On December 6, 2022, Kesha and co-worker, Cynthia Netmaker attend a home visit at the family’s home. During visit, mother shared her son’s story.
- Child suffers from a brain injury caused by meningitis and requires 24-hour care
- Mother is self-sufficient and able to find resources and advocate for her son’s medical needs
- Mother has 4 other children. 3 year old, being the youngest
- Mother looking to apply for a wheelchair accessible home for her and the 5 children
- Based on observations from home visit:
- Family lives in a 3 bedroom home, no basement, 1 washroom that accommodates 6 people living in the home
- House lacks space and storage for child’s medical equipment
- Lacks space for bedroom situation for the children. Children are required to share rooms
- Child with medical needs is sharing a room with the Mother
- Medical equipment is being stored in the corner of the family living room
- Concerns are that child is growing, as child is growing, so are his needs
- Family would benefit from a new house, big enough for them to grow in and allow them to stay as a family unit
- Mother expressed the living headquarters are so small, she is considering moving the eldest child out to her mom’s home, so she can better take care of the child with medical needs.
- Mother has made great sacrifices since child has become sick from Meningitis. No end date to his condition. Will need lifelong support.
- Recommend family receives necessary supports and services they are entitled to based on the child’s medical diagnosis and medical needs

Letter of Support – Cynthia Netmaker, RSW, BISW, Registered, Battle River Treaty 6 Health Centre Inc. – dated February 9, 2023

- Same information as in the letter from Kesha Constant, BISW, CISW, Registered Social Worker, Jordan’s Principle Service Coordinator, Battle River Treaty 6 Health Centre Inc. – dated February 9, 2023

Letter of Support – Naomi Baptiste, Jordan’s Principle Service Coordinator from Red Pheasant Health – dated February 7, 2023

- Letter of Support for RTM for the child and family

Letter of Support – Kara Daniels B.A., Early Childhood Development Outreach Coordinator – dated February 6, 2023

- Letter of Support for RTM for the child and family

Occupational Therapy Home Assessment Report – Julie Bakke, M.Sc., O.T. Reg. (SK), BSc Kin., Occupational Therapist – dated February 2, 2023

- Diagnosed with refractory seizures, global development delay and hearing loss secondary to Meningitis, full time wheelchair user, and will require extensive physiotherapy and occupational therapy, preferably in a home setting. This is going to require large equipment that is large in nature and will require a designated area in the home to accommodate it
- One of 5 children, lives with Mother and her partner on Red Pheasant First Nation.

	<ul style="list-style-type: none"> • Mother finishing up Social Work Degree and starting work in the spring. • Live in bungalow style home that is 1000 square feet. Small kitchen/living room with a very small entrance at the front of the home. Bathroom is not wheelchair accessible. 3 bedrooms. Child's bed is in parent's room, and the other 2 rooms have 2 other children each. No basement in the home. • There was a recommendation made to provide a basement for this family and complete a home renovation on the main floor, however this is much too costly, and it was declined • Needs/Concerns: <ul style="list-style-type: none"> ○ Child has very little ability to voluntarily move and is unable to transfer from his wheelchair to any surface ○ [REDACTED] however a growing boy, will continue to increase his weight ○ Plan is to have child attend his daycare for at least the next 3 years ○ Child will have multiple needs throughout his lifetime, and will require wheelchair accessible home ○ House should have 2 entrances, one on either side of the home that is accessible for safety in case of fire ○ Wheelchair accessible bathroom with a barrier free shower and a bathtub with the capacity to have ceiling tracks to accommodate when the child gets bigger, and his Mother is unable to transfer him ○ Child should have his own bedroom with room for a wheelchair to mobilize in ○ Designated therapy room as noted he will require a plinth for therapy, he has a standing frame, and will require other equipment as he grows • Recommendations: <ul style="list-style-type: none"> ○ Provide the client with an RTM home that is built with all the accessibility requirements. They should use the CSA guides to ensure appropriate turning radius is achieved and all doors are wide enough for entrances. Home should be provided with a full basement with 4 bedrooms and a bathroom for the other children in the home, and the main floor designated for child and his parents. ○ Have an Occupational therapist work with the home builder to ensure all needs are being met according to the CSA guidelines and assist with implementing any ongoing need for this child. <p><u>Letter of Support – Sheila Clarke, Registered Nurse, from the office of the Community Health Nurse, Red Pheasant Health Clinic – dated June 6, 2022</u></p> <ul style="list-style-type: none"> • Letter of Supports for a Fence • Child has Global Developmental Delay, hearing loss, epilepsy, cannot walk or talk • Mother requires a fence to keep child safe <p><u>Letter – Dr. Ayisha Kurji M.D., F.R.C.P.C, Royal University Hospital – dated December 12, 2022</u></p> <ul style="list-style-type: none"> • Confirms child's diagnoses: <ul style="list-style-type: none"> ○ Had meningitis as an infant with a complicated course ○ Global Developmental Delay ○ Seizure Disorder ○ Hearing Loss ○ Feeding difficulties requiring G-tube feeds ○ Gastroesophageal Reflux Disease
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Product or service requested/ Appealed:	House	\$307,095.35 x 1	\$307,095.35	2023-05-26 2023-07-24
Other relevant information:	<p><u>Regional Notes for Escalation:</u></p> <ul style="list-style-type: none"> • Escalating for national decision due to lack of policy authority for a new build. • Requester was approved for home modifications of similar amount prior but withdrew to submit for new home. • [REDACTED] 			

	<ul style="list-style-type: none"> • AFN requested this be switched to an urgent request.
Request History:	<p>[REDACTED]</p> <ul style="list-style-type: none"> • Appeal submitted for Housing Adaptation for \$307,034.30 Approved at Appeals Secretariat <p>Rationale: <i>Your request to appeal the denial of funding for a housing adaptation (\$307,034.30) under Jordan's Principle was determined under the arm's length Jordan's Principle Appeal Secretariat. Please accept this as a formal notification advising you that your request for funding, which was originally denied on November 23, 2022 has been overturned (approved) on March 31, 2023.</i></p> <p><i>This approval was based on safeguarding the best interest of the child and ensuring substantive equality in the provision of services/products/supports.</i></p> <ul style="list-style-type: none"> • Request for Housing Adaptation for \$307,034.30 Denied at Escalations on November 23, 2023 by Director General & Chief Nursing Officer <p>Rationale: <i>The request for Housing Adaption is denied, as the supporting documentation provided with the request does not sufficiently link the requested supports/services, to an articulated unmet medical, social, or educational need, on behalf of the child.</i></p> <p><i>The supporting documentation provided with the request does not sufficiently indicate that funding beyond what has already been approved by Jordan's Principle Saskatchewan Region for: Bathroom Adaptations in the amount of \$13,359.35 is required to meet the needs of the child.</i></p> <p><i>Additionally, the previous approval for Bathroom Renovations meets the accessibility requirements requested by the Occupational therapist on behalf of the child and/or to ensure the child's specific medical or health needs are currently being met.</i></p> <p><i>Based on the information provided, if the family is being supported by a Regional Jordan's Principle Navigator/Coordinator, the Navigator/Coordinator may be able to support the facilitation and connection to existing community, provincial and federal supports, in relation to the requested items in the application.</i></p> <p><i>If the family would like to be connected to other Navigators/Coordinators, who may also be able to support the connection and facilitation to existing community, provincial and federal supports, to support the ongoing housing adaption/modification related needs, please reach out to Jordan's Principle Saskatchewan Region.</i></p> <ul style="list-style-type: none"> • Request for Bathroom Modifications for \$13,359.35 Approved in Region on November 17, 2023 <p>[REDACTED]</p> <ul style="list-style-type: none"> • Request for Bathroom Renovations The request was referred to NIHB
Supporting Documents:	<ul style="list-style-type: none"> • Letter from Mother – dated February 27, 2023 • Letter of Support – Shona Gladue BA, Cultural Facilitator, Healthy Families, Battle River Treaty 6 Health Centre Inc – dated February 17, 2023 • Letter of Support – Chief Lux Benson, Pheasant Cree Nation – dated February 15, 2023 • Letter of Support – Chaeleen Albert, Headstart Coordinator, Red Pheasant First Nation – dated February 15, 2023 • Letter of Support – Lionel Piliar, Principal, [REDACTED] – dated February 15, 2023 • Letter of Support – Dr. Ayisha Kurji M.D., F.R.C.P.C., Department of Pediatrics, Royal University Hospital – dated February 13, 2023

	<ul style="list-style-type: none"> • Letter of Support – Kennedy Harris, Occupational Therapist – dated February 13, 2023 • Letter of Support – AJ Timm, MSW, RSW, JPCH Medical Social Worker – Pediatric Out Patient from Jim Pattison Children’s Hospital – dated February 10, 2023 • Letter of Support – Miranda King, Program Lead and Allie Dimmick, Specialized Support Facilitator from Battlefords Early Childhood Intervention Program – dated February 9, 2023 • Letter of Support – Kesha Constant, BISW, CISW, Registered Social Worker, Jordan’s Principle Service Coordinator, Battle River Treaty 6 Health Centre Inc. – dated February 9, 2023 • Letter of Support – Cynthia Netmaker, RSW, BISW, Registered, Battle River Treaty 6 Health Centre Inc. – dated February 9, 2023 • Letter of Support – Naomi Baptiste, Jordan’s Principle Service Coordinator from Red Pheasant Health – dated February 7, 2023 • Letter of Support – Kara Daniels B.A., Early Childhood Development Outreach Coordinator – dated February 6, 2023 • Occupational Therapy Home Assessment Report – Julie Bakke, M.Sc., O.T. Reg. (SK), BSc Kin., Occupational Therapist – dated February 2, 2023 • Letter of Support – Sheila Clarke, Registered Nurse, from the office of the Community Health Nurse, Red Pheasant Health Clinic – dated June 6, 2022 • Letter – Dr. Ayisha Kurji M.D., F.R.C.P.C, Royal University Hospital – dated December 12, 2022
Appeal Supporting Documents:	<p>2023-07-19_Email_Denial</p> <p>2023-07-24_Appeal Letter</p> <p>2023-07-27_Email_Documents Received</p> <p>2023-07-31_Email_Appeal (2)</p> <p>2023-07-31_Email_Appeal</p>
Date of ADM Review:	<p>Date: 2023-07-18</p> <p>Time: 5:00PM EST</p> <p>Designated Decision Maker (DDM)</p>
Decision:	<p>Denied</p>
Rationale:	<p>Jordan’s Principle Authorities around housing are limited to the renovations/modifications of a home. The current request is for the purchase of a Ready To Move In Home, which is denied.</p> <p>Canada acknowledges the unique circumstances of the child. If the requestor would like to submit a request for housing modifications to an existing home, to specifically meet the child’s health and medical needs, Jordan’s Principle would encourage submitting supporting documentation from licensed/registered professionals within their scope of practice, and within the child’s circle of care, making a recommendation on behalf of the child, outlining the specific needs and renovations/modifications to the home.</p> <p>Jordan’s Principle will consider requests for modifications to an existing home to ensure the home meets the accessibility requirements of a child.</p>
Follow-up Action:	<p>Regional Office/Focal Point to update and notify the requestor of the decision.</p> <p>PLEASE NOTE:</p> <p>Saskatchewan Region to document the follow-up on file and the specific rationale attached.</p> <p>Region to also indicate in the file, the previous approvals of products/services/supports provided to the requestor/family/children, in the ‘Request History’, linking any relevant case file numbers.</p>

Guidance Questions to Help Assess Substantive Equality

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

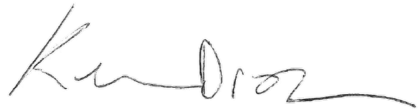
1. Does the child have heightened needs for the service in question as a result of an historical disadvantage?
2. Would the failure to provide the service perpetuate the disadvantage experienced by the child as a result of his or her race, nationality or ethnicity?
3. Would the failure to provide the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

ADM Decision and Signature (completed on hard copy of document)

Approved	<input type="checkbox"/> Product/service/support available to all children; or <input type="checkbox"/> Product/service/support within normative standard If not - the request	
	<input type="checkbox"/> Ensures substantive equality in the provision of products/services/supports to the child <input type="checkbox"/> Ensures culturally appropriate services/product/support to child <input type="checkbox"/> Safeguards the best interest of the child	
Rationale		
Denied	Eligibility	<input type="checkbox"/> Above Age of Majority for the province of residence; or <input type="checkbox"/> Non-Status, not eligible for status, does not have a parent/guardian who has status or is eligible for status, does not have recognition from a First Nation for the purposes of Jordan's Principle, and not-ordinarily resident on reserve; or <input type="checkbox"/> Not a child-specific request
	CHRT assessment	<input type="checkbox"/> Product/service/support not available to all children (beyond normative standard); or And based on the documentation provided, the request does not have sufficient information to determine that this product/service/support should be provided to: <input type="checkbox"/> Ensure substantive equality <input type="checkbox"/> Ensure culturally appropriate service provision to child <input type="checkbox"/> Safeguard the best interest of the child
Rationale		
<input type="checkbox"/> The supporting documentation provided with the request does not sufficiently link the requested product / service / support to the identified need/s of the child(ren). <input type="checkbox"/> Outside of Jordan's Principle Policy Authority		
ADM Signature		

Please Note: Due to Covid-19, social distancing practices preclude the ADM or designate from signing the paper Summary. The ADM or designates signature will be obtained and will be added at a later date when safety measures are lifted.

This is **Exhibit “27B”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a solid horizontal line.

Kevin Droz
LSO#: 82678N

Request Details			
Case Number	Type (single/multi-child)	Date of Appeal Request	Date Referral Sent
██████████	Individual	Jul 31, 2023	Aug 3, 2023
Referred by	Referred to	Requestor Name	Relationship
Heather Saxby	Deborah Fraser-Roberts, Jennifer Copp-Scaff, Rachel Northwavey	Naomi Baptiste	Navigator

Background Information					
Child 1	Child Name	Age (DOB)	Community	On Reserve	Child Status
	██████████	██████████	Red Pheasant 108 (Red Pheasant), SK	Yes	First Nation - Registered
	Child Need	Global Developmental Delays;Unspecified Seizure;Hearing Loss			
	Medical Diagnosis				

Recommendation						
	Product or Service	Requested Amt.	Recommended Amt.	Recommendation Completion Date	Completed by	Date of Panel
	House	\$307,095.35	\$0.00	Aug 10, 2023	Rachel Northwavey, Deborah Fraser-Roberts, Jennifer Copp-Scaff	Aug 10, 2023

External Consultant's Recommendation & Rationale for Decision	
DEC-286918	<p>REC-5640 (Jennifer Copp-Scaff) - DENIED</p> <p>Normative Standard: Above</p> <p>Best Interest of Child: Yes - It is in the best interest of the child to have a home environment that is able to accommodate his extensive and complex needs.</p> <p>Culturally Appropriate: Not Assessed</p> <p>Substantive Equality: Yes</p> <p>Eligibility: Eligible - Applicant is First Nations registered.</p> <p>Summary Rationale: - It is abundantly clear to the panel that the best course to provide suitable housing for the applicant child is a "ready to move in" or RTM home for several reasons. Firstly, during renovations there would not be suitable accommodations for the child to move to that will provide for his disabilities. Secondly, the child requires significant equipment on a daily basis to function that cannot be easily moved. Because the costs of the renovation and new build are almost the same, it makes sense to build a home that will allow for this family to care properly for the applicant child and the other children of the household. Unfortunately, we are not permitted within the parameters of Jordan's Principle program to fund new builds, even when it is the most logical course.</p>
	<p>REC-5639 (Deborah Fraser-Roberts) - DENIED</p> <p>Normative Standard: Within</p> <p>Best Interest of Child: Yes - It is clearly evident from the documentation provided that an accessible home is required for this medically complex child and a larger home required to meet the needs of all the children/youth in the family</p> <p>Culturally Appropriate: Yes - Housing will be in home community on reserve</p> <p>Substantive Equality: Yes</p> <p>Eligibility: Eligible</p> <p>Summary Rationale: - Urgent request for an accessible home for a 3-year-old boy residing on reserve in Red Pheasant, SK. At the time of appeal, all information provided in the original request as well as new information at appeal was reviewed and panel discussion held. Relevant medical diagnoses include acquired brain injury associated with global developmental delay, seizure disorder, hearing loss, and G-tube feeds. Extensive medical documentation speaks to the exceptional medical and developmental needs of this child which are chronic and complex. There is an existing identified need for an accessible home with increased space for this child and his medical therapy equipment as well as four other children/youth in the home. Prior approval of adaptations to the existing home of approximately 300k, however family requesting a new home of similar cost which would better meet their needs. File raised to an urgent level of priority however no imminent risk to the child apparent. Missing from the documentation at the time of appeal is an updated letter of support from the Red Pheasant Cree Nation Chief, council or housing stating there is no</p>

alternate home available for the family on reserve and they support a new build home. Unfortunately, it is currently not within the mandate of Jordan's principle to build new homes and this case may need to go to judicial review for further consideration. It does make sense to provide a new home rather than have the family undergo extensive renovations to their existing home where temporary shelter would also be required for several months, noting the chronic housing shortage in many First Nations communities. Jordan's Principle/GC encouraged to work with this First Nation community to optimally use the funding already approved to create a larger, accessible home to meet the long term housing needs of this child and other household members.

REC-5615 (Rachel Northwevey) - DENIED

Normative Standard: Within - This a request for support to purchase a house. The name on request is a 3 year old child with multiple, complex, lifelong needs. The child has 4 other siblings living in the same 3 bedroom/1 bathroom house along with their parents. The family is requesting this support so that they have enough room to care for the child comfortably.

Best Interest of Child: Yes - This a request for support to purchase a house. The name on request is a 3 year old child with multiple, complex, lifelong needs. The child has 4 other siblings living in the same 3 bedroom/1 bathroom house along with their parents. The family is requesting this support so that they have enough room to care for the child comfortably.

Culturally Appropriate: Not Assessed - This a request for support to purchase a house. The name on request is a 3 year old child with multiple, complex, lifelong needs. The child has 4 other siblings living in the same 3 bedroom/1 bathroom house along with their parents. The family is requesting this support so that they have enough room to care for the child comfortably.

Substantive Equality: Yes - This a request for support to purchase a house. The name on request is a 3 year old child with multiple, complex, lifelong needs. The child has 4 other siblings living in the same 3 bedroom/1 bathroom house along with their parents. The family is requesting this support so that they have enough room to care for the child comfortably.

Eligibility: Eligible - This a request for support to purchase a house. The name on request is a 3 year old child with multiple, complex, lifelong needs. The child has 4 other siblings living in the same 3 bedroom/1 bathroom house along with their parents. The family is requesting this support so that they have enough room to care for the child comfortably.

Summary Rationale: - This is a financial request for family to purchase a ready to move in home. The request is for a 3 year old child who will require life long supports/care for his multiple, complex medical needs. The family has 5 children and currently live in a 3 bedroom/1 bathroom house. Even though the child is only three, there is already not enough room in the current house to store and use the medical equipment that the child requires. The supporting documents describe all the current needs (and future needs) of the child that support this request but the panel has no authority to approve housing requests, therefore an uphold in the denial is recommended.

Decision

Date Sent For Decision	Chair	Secretariat Officer Name
August 10, 2023		Heather Saxby

Concurrence

DEC-286918	Product or Service	Requested Amt.	Decision Approval Amt.	Decision (Concur with recommendation?)
	House	\$307,095.35	\$0.00	<input checked="" type="checkbox"/> Yes No Pending
	Secretariat Officer Comments	Upheld as Jordan's Principle does not have the financial authority to fund new builds and/or capital infrastructure.		

Follow-up Actions

Print Name

wong, tom

Digitally signed by wong, tom
DN: C=CA, O=GC, OU=HSC-SAC, CN="wong, tom"
Reason: I am approving this document
Location:
Date: 2023.08.10 22:26:02-04'00'
Foxit PDF Editor Version: 12.1.2

Date

FAA Section 32 Approval

Signature

Supplementary Information

Supporting Documentation List (The following documents have been provided to the Consultants for their review of this file.)

Pkg 1

Email - Application Received

ADM Summary - URGENT - SK - [REDACTED] - RVR-181497

Email Pkg 2

Pkg 2

Email - Additional Information

Email - Notification of Appeal to Client

Email - Intake's Notification to Adjudicator

Email: Escalation Decision Notification

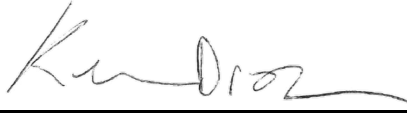
Email - Additional information to Requestor

Recommendation Letter - Respite

Diagnosis 20221212

AFN HQ correspondence to change to urgent

This is **Exhibit “27C”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

Andreas, Taylor

From: Saxby, Heather on behalf of Jordans Principle Appeals Secretariat
Sent: August 11, 2023 1:05 PM
To: nibaptiste@hotmail.com
Cc: Beitel, Joy; Desjarlais, Peter; Ionechild, sandra; Jordans Principle Appeals Secretariat
Subject: ██████████ - Appeal Decision Letter (Upheld)
Attachments: ██████████_Decision Letter.pdf

Hello,

Your file was received by the Jordan's Principle Appeal Secretariat/Interim Inuit Child First Initiative Appeal Secretariat and assessed by a non-government external review committee, comprised of health, education and social professionals who are Indigenous or have longstanding expertise in serving Indigenous communities across Canada.

Please find the attached letter, which outlines the decision for the below items for this appeal determined on August 10, 2023.

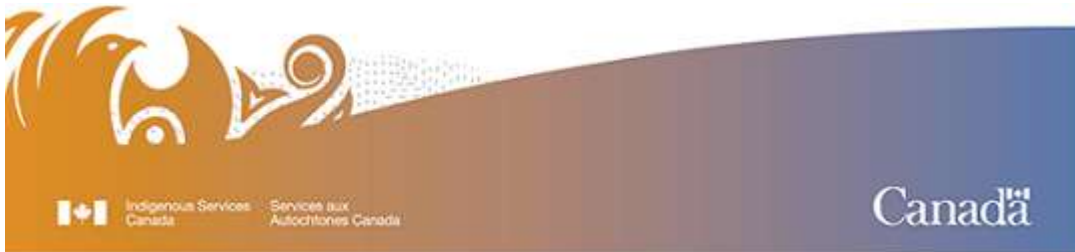
- House

Sincerely,

Heather Saxby

Junior Program Officer

Jordan's Principle Inuit Child First Initiative Appeals Secretariat
First Nations and Inuit Health Branch / Direction générale de la santé des Premières nations et des Inuits
Indigenous Services Canada/ Services aux Autochtones Canada



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August 10, 2023

Re: ISC- APPEAL

Dear Naomi Baptiste,

Please accept this letter as formal notification advising that the decision to deny your request for funding for a House, originally denied on July 18, 2023, has been upheld as of August 10, 2023. The decision on your appeal, submitted on July 31, 2023, was made by the External Expert Review Committee (“the committee”). This committee is comprised of health, education, and social professionals outside of government who are Indigenous or have longstanding expertise in serving Indigenous communities across Canada.

In evaluating your request, the committee reviewed the previous decision and reconsidered the unique needs of [REDACTED] and whether the requests should be provided in order to ensure the application of substantive equality, culturally appropriate services, and/or to safeguard the best interest of the child in the provision of services. Whether a support is available to all other children is a minimum standard, and unique circumstances and needs that stem from historical disadvantage may support requests for products, services and supports that go beyond the normative standard of care.

In making its decision, the committee considered the new information provided and determined that your request does not meet the minimum requirements and cannot be approved under Jordan’s Principle/Inuit Child First Initiative, as Jordan’s Principle does not have the financial authority to fund new build homes and/or capital infrastructure.

You have the option to file an application for judicial review before the Federal Court within 30 days of receipt of this letter. More information on the judicial review process can be found on the [website of the Federal Court](#).

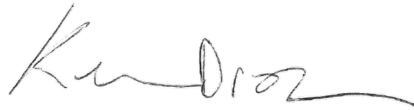
For more information on Jordan’s Principle, please visit www.canada.ca/jordans-principle, contact your regional Focal Point, or call the Jordan’s Principle National Call Centre at 1-855-JPCHILD (1-855-572-4453).

Regards,

Jordan’s Principle and Inuit Child First Initiative Appeals Secretariat
jordansprincipleappealssecretariat@sac-isc.gc.ca



This is **Exhibit “28A”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

Background Information on File (Note: all dates are YYYY/MM/DD)	
Date/Time Escalated:	2023-09-01 08:53
Date Appeal Submitted:	2023-10-31
Group Request (Y/N):	Individual
Child's Name:	[REDACTED]
Child's Date of Birth:	[REDACTED]
Address/Community:	Chestermere, Alberta
Parent/Requestor Name:	[REDACTED]

Presentation to ADM (filled in electronically)			
Case Number:	[REDACTED] *URGENT*	Review Request Number	RVR-197410
Responsible Region:	ALBERTA <ul style="list-style-type: none"> Family lives off reserve in Chestermere City outside of Calgary 		
When Requestor Sent in This Request:	2023-08-16	Date Request was Received at HQ:	2023-09-01
Age:	3 year old		
Child's Status:	First Nation, Registered		
Consent on file if Requestor is not Parent/Guardian:	Yes		
Professional Diagnosis:	<ul style="list-style-type: none"> Ogden Syndrome 2 genetic mutations Multiple medical complexities At risk of arrhythmia and a sudden cardiac event Has an implantable cardiac defibrillator and is on regular medication for this and followed by cardiology. 		
Requestor Relation to Child:	Family Member		

Challenges/Needs identified:	<p><u>Region Approved:</u></p> <ul style="list-style-type: none"> Mesh Canopy for \$7,249.33 <p><u>Escalations Approved:</u></p> <ul style="list-style-type: none"> Rent 3 Months for \$6,480.00 <p><u>Region Escalated:</u></p> <ul style="list-style-type: none"> RENO Home Renovations for \$729,184.09 <p><u>BACKGROUND INFORMATION:</u></p> <p><u>Child's Background:</u></p> <ul style="list-style-type: none"> Child is 2.5 years old and has a rare genetic disorder- Ogden Disease and Timothy Syndrome (Cacna1c Change). Child has had 2 cardiac arrest and was on life support in July and August of 2021. Child has a full medical team that works with him. Child has to live close to hospital and within 10 min of first responders. [REDACTED] stated that she lives 6 km east of Calgary and is 6 minutes from first responders. They are unable to rent an apartment due to her son having oxygen tanks. <p><u>Family's Background:</u></p> <ul style="list-style-type: none"> She said that her husband is the only one working and makes \$78,000 per year so they cannot afford to pay \$400,000 for a bungalow. She has a quote coming in for the renovations and is waiting for another final quote. She is waiting on a home assessment from Occupational Therapy. She is waiting on a letter from the child's nurse. The child starts preschool in September, the teacher will go to the child home and with strict guidelines (mask, gloves, sanitization) she will teach the child.
------------------------------	--

Request for Purchase of New Home:

- Details: Legal guardian is requesting assistance for fees to build an accessible house for child who has a rare genetic disorder. The child is vulnerable in his current environment and guardian self declared the case urgent.
 - Parent would like a new home built that is wheel chair accessible and has an elevator. She spoke to a contractor that told her if she purchased a bungalow it would cost approx. \$250,000 or \$300,000 to renovate.

In a Previous Case:

[REDACTED]

- Accessible house for \$1,007,443.50 (Base unit of House \$959,470.00, with taxes, \$1,007,443.00)

Escalations Decision:

Date of ADM Review:	Director General of Jordan's Principle and Inuit Child First Initiative – 2023-04-19
Decision:	Denied
Rationale:	<p>The request for an Accessible House is denied, as Jordan's Principle Authorities around housing are limited to the renovations/modifications of a home.</p> <p>If the requestor would like to submit a request for housing modifications to an existing home, to specifically meet the child's health and medical needs, Jordan's Principle would encourage submitting supporting documentation from a licensed/registered professional within their scope of practice, and within the child's circle of care, making a recommendation on behalf of the child, outlining the specific needs and renovations/modifications to the home.</p> <p>Jordan's Principle will consider requests for modifications to an existing home to ensure the home meets the accessibility requirements of a child.</p>

Appeals Decision:

Denial Upheld on May 15, 2023

Rationale:	<p>Under the financial authority and operational oversight of Indigenous Services Canada, Chief Science Officer, the decision was made via an external, non-government review committee. This committee of consultants is comprised of health, education and social professionals who are Indigenous or have longstanding expertise in serving Indigenous communities across Canada.</p> <p>In evaluating your request, the external, non-government review committee considered whether this support is available to all other children and/or is beyond the normative standard of care. Consideration was also given to the unique needs of A.F. and whether the requests should be provided to ensure substantive equality in the provision of services, to ensure culturally appropriate services and/or to safeguard the best interest of the child.</p> <p>In making its decision, the external review committee considered the new information you provided, and determined that your request cannot be approved under Jordan's Principle, as Jordan's Principle does not have the financial authority to fund capital infrastructure requests.</p>
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Letter of Support from Lauren Macartney, Occupational Therapist at Alberta Children's Hospital, dated September 8, 2023 (Submitted by Brittney Mathews)

- Child is a 3-year-old boy who has a history of:
 - Ogden Syndrome with CACNA1C gene mutation,
 - Polymorphic ventricular tachycardia and long QT syndrome (2 episodes of cardiac arrest in the last 6m and placement of an ICD - implantable cardioverter defibrillator -in July 2021),
 - Obstructive sleep apnea,
 - Home O2 Therapy,
 - Failure to Thrive,
 - Global Developmental Delay.

- “Child is known to the outpatient occupational therapy team for management of equipment and therapeutic needs. I most recently met with Child and his mother, P, to discuss equipment and home accessibility on May 17, 2023.”
- “Child is not able to crawl or sit independently. He uses a walker for supported standing and relies on caregivers to be positioned into the walker. He will be fit for a wheelchair this summer. Child’s parents carry him for all transfers, including upstairs to his bedroom and bathroom.”
- “Child’s family currently lives in a 4-level split home, which they rent. This home has stairs to enter, as well as stairs between stories. As tenants, they are not permitted to renovate this home to meet Child’s needs.”
- “The purpose of this letter is to determine the supports available to Child and his family in funding renovations for an accessible home. I have outlined the social, educational and healthcare factors within my scope which contribute to this request.”

HEALTH:

- “Child has complex medical needs which contribute to his family’s request for an accessible home. As detailed in medical documentation, Child relies on oxygen therapy and his oxygen equipment is transferred with him on stairs.”
- “Child requires close monitoring by caregivers overnight. Therefore, Child is safest sleeping next door to his parents’ room and within close proximity to his bathroom equipment. Child’s family requires two bedrooms on the same level in order to provide adequate overnight care. Their current home has two bedrooms on the upper level only, which necessitates the need to transport Child and his oxygen equipment up and down the stairs multiple times a day.”
- “For this reason, the family is seeking an accessible home with elevator. Unfortunately, transporting Child and his medical equipment on the stairs has resulted in caregiver falls and injury. As mentioned above, Child is not able to sit independently, therefore could not be positioned safely in a stair lift. An elevator would not only impact caregiver safety in transfers but would also allow Child to use his walker throughout the home.”
- “While these benefits may also be possible in a single-level home, many single-level homes within the family’s budget exist in multi-family dwellings. The family has been advised that homeowner’s association of most multi-family dwellings do not allow for the storage of oxygen cylinders; therefore, many single-level homes are eliminated from the family’s search. Specifically, Child’s family requires a storage area for their oxygen tanks that is temperature regulated, adequately ventilated, main floor accessible and meets the National Fire Codes compressed gas storage standards.”
- “Child also requires an accessible entrance to his home, either with no stairs or ramp entrance. This will allow family to transport Child in and out of the home in his new wheelchair. As previously mentioned, Child’s caregivers are at a significant risk for transfer injury (which will continue to increase as Child grows) if they are required to lift Child and his wheelchair in and out of the home. Their current home has stairs to enter, which they are not able to renovate. This poses a significant safety risk not only during transfers but also by eliminating Child’s ability to exit the home independently. Further, an accessible entrance will allot Child independence in exploring his outdoor space using his walker. Because Child’s compromised immunity limits his ability to participate in activities outside of the home, the ability to access his yard independently would greatly contribute to his social and emotional development, as well as quality of life.”
- “Lastly, the family requires an accessible bathroom on same level as bedrooms. This bathroom will need to be large enough for Child’s wheelchair to fit through the doorway and include a roll-in shower to accommodate seated support for bathing. The family is not able to renovate their current rental space to accommodate these needs, which are vital to reduce the risk of caregiver and child injuries in transfers and bathing.”

SOCIAL:

- “As outlined in medical documentation, Child’s compromised immunity limits his ability to safely access specialized cultural programs and land-based activities outside of the home. Access to culturally appropriate learning and activities will be instrumental to Child’s social development and sense of belonging. His family is keen to facilitate these cultural supports within the home and require adequate, accessible space to do so. This space will need to be accessible by

main floor or elevator to allow Child to mobilize within the space using his wheelchair or walker. Currently, family is facilitating these activities in their kitchen, which has a single step to enter, eliminating the possibility for Child to move independently. The other possible teaching areas in their home are carpeted, which also reduces Child's ability to mobilize independently. Further, this space is adjacent to a heat source, which is not safe for Child's oxygen equipment. In their accessible home, the family will require adequate space within this area for Child's oxygen equipment, as well as the space required for an adult facilitator to implement cultural teachings."

EDUCATIONAL:

- "As mentioned above, Child's compromised immunity limits his ability to safely access education within the community. Therefore, his schooling will need to be done in the home. Child is now preschool aged, and his family is motivated to facilitate in-home education. Because of Child's developmental delays and physical impairments, he has access to school-based physiotherapy, occupational therapy and speech language pathology. Child's family is connected to the GRIT Program, who will facilitate concurrent therapies and education within the home. This will be instrumental not only to Child's pre-academic learning, but also his social, communication, gross and fine motor development. As above, Child requires an accessible space for teaching. Family plan to implement cultural and academic teaching within the same space, therefore the same requirements outlined above apply."
- "In summary, the family is seeking funding for home renovations to provide the following accessible features:
 - Accessible home entrance (ramp),
 - Elevator between levels,
 - One accessible bathroom on same floor as bedrooms,
 - Two bedrooms on same floor,
 - Adequate oxygen storage space,
 - Accessible space for education, therapies and cultural programs."
- "Thank you in advance for your consideration of these needs. Please do not hesitate to be in contact if further information is required."

Quote and Description from Contractor Alliance, dated – August 15, 2023:

- Demolition/Removal
 - Back wall of house from basement foundation to second floor roof
 - All electrical in back wall of house
 - All plumbing in back wall of house
 - All hvac in back wall of house
 - Shingles - Shingles are not in good condition resulting in leaks and mold growing inside of house
 - Kitchen - currently against back wall of house
 - Upstairs and main floor bath - Currently against back wall of house
 - Flooring - Flooring in poor condition - has lifting which will affect the child's ability to move throughout the home
- Framing
 - Frame new addition on the back of the house for the child's bedroom, accessible bathroom, cultural/social/education room, and tank room
 - Frame bedroom and accessible bathroom for Child
 - Frame oxygen tank room for child
- Electrical
 - Run new electrical in addition - Lighting, receptacles, switches
 - Electrical Upgrade panel to accommodate elevator for the child
 - Electrical Rewire electrical to accommodate new layout for child's rooms
- Plumbing
 - Work New plumbing in addition with Sprinklers in the basement for the oxygen tank room
 - Plumbing Work New plumbing for child's bathroom
 - Plumbing Work New hot water tank - current tank is in poor condition and will not support child's needs
- Drywall for all rooms mentioned above for the child
 - Drywall/Insulation Drywall Oxygen tank room with extra fireproofing to ensure minimum 2 hour burn time
- Finishing
 - Expand all doors in the home to minimum 36" for child's wheelchair accessibility

- Finishing New doors interior and exterior (None of the doors are 36" currently)
- Finishing New trim around doors - Old trim will have to be removed for door widening
- Finishing New Baseboards - Baseboards have to be replaced due to the condition of the flooring (Cannot replace flooring with baseboards installed) and widening the doorways for child
- Install
 - New siding - Current is old style and cannot be matched to the addition for the child
 - Exterior - Roof New roof - Current has leaks with visible mold inside and must tie in new addition roof over child's bedroom and bathroom
- *Mold will cause further health issues for the child and has to be corrected***
 - Doors/Windows/Trim New windows for child's bedroom, and social/cultural/educational room
 - Bedroom windows must be oversized in case of fire
 - Exterior - General Accessible sidewalks front and back with ramps - Current sidewalks have stairs which is not suitable for child
 - Foundation Parking pad in back - Gravel or dirt will not support the weight of the child's wheelchair (450lbs) and would be a danger to the child
 - In the case of an emergency, the child needs to be able to exit the home quickly. With our climate in Calgary, we get up to 1'+ of snow in the winter and this will be a danger to the child.
 - Foundation Add support outside the child's bedroom window for system to get the child out of house in case of emergency
 - Flooring (General) New flooring in home - Current floor is lifting and missing boards which will make it difficult for the child to navigate the home
 - Painting Paint walls, baseboards, trims and doors
 - HVAC New furnace to accommodate addition for child
 - Cabinets New kitchen cabinetry - old kitchen will be removed with back wall of house and is not accessible for the child
- Remediation/Restoration Main floor bathroom - bathroom will be effected by wall removal for addition - needs to be accessible so the child has a bathroom on the main floor
- Elevator from basement to 2nd floor for child (\$60,379.75)
- Engineering/Inspections Engineering - New addition for child
- Design/Selection Time Design/Selection Time - choosing materials that will be durable and beneficial for child, designing the layout for the best accessibility for the child
- GST @ 5% \$34,723.09
- NET: \$694,461.00

Letter of Support from Lauren Macartney, Occupational Therapist at Alberta Children's Hospital, dated July 4, 2023:

- "Child is a 3-year-old boy who has a history of:
 - Ogden Syndrome with CACNA1C gene mutation
 - Polymorphic ventricular tachycardia and long QT syndrome (2 episodes of cardiac arrest in the last 6m and placement of an ICD - implantable cardioverter defibrillator -in July 2021)
 - Obstructive sleep apnea
 - Home O2 Therapy
 - Failure to Thrive
 - Global Developmental Delay
- Child is known to the outpatient occupational therapy team for management of equipment and therapeutic needs. I most recently met with child and his mother to discuss equipment and home accessibility on May 17, 2023.
- Child is not able to crawl or sit independently. He uses a walker for supported standing and relies on caregivers to be positioned into the walker. He will be fit for a wheelchair this summer. Child's parents carry him for all transfers, including upstairs to his bedroom and bathroom.
- The purpose of this letter is to determine the supports available to Child and his family in funding renovations to make their home accessible. I have outlined the social, educational and healthcare factors within my scope which contribute to this request.
- **Health:** Child has complex medical needs which contribute to his family's request for an accessible home. As detailed in medical documentation, child relies on oxygen therapy and his oxygen equipment is transferred with him on stairs.

- The child requires close monitoring by caregivers overnight. Therefore, the child is safest sleeping next door to his parents' room and within close proximity to his bathroom equipment. The child's family requires **two bedrooms on the same level** in order to provide adequate overnight care. They also require an **accessible bathroom on same level as bedrooms**. This bathroom will need to be large enough for the child's wheelchair to fit through the doorway. In order to reduce the risk of caregiver injury in transfers and provide the child with adequate seated support, they also require a roll-in shower in this bathroom.
- Further, the Family is seeking an accessible home with **elevator**. Child's parents currently carry him and his oxygen equipment up and down the stairs multiple times a day. Unfortunately, this has resulted in caregiver falls and injury. As mentioned above, the child is not able to sit independently, therefore could not be positioned safely in a stair lift. An elevator would not only impact caregiver safety in transfers but would also allow the child to use his walker throughout the home. The child also requires **an accessible entrance to his home, either with no stairs or ramp entrance**. This will allow family to transport the child in and out of the home in his new wheelchair. As previously mentioned, the child's caregivers are at a significant risk for transfer injury (which will continue to increase as the child grows) if they are required to lift him and his wheelchair in and out of the home. Further, an accessible entrance will allot his independence in exploring his outdoor space using his walker. Because the child's compromised immunity limits his ability to participate in activities outside of the home, the ability to access his yard independently would greatly contribute to his social and emotional development, as well as quality of life.
- The benefits of increased independence for the child and reduced caregiver injury could also be possible in a single-level home. However, many single-level homes within the family's budget exist in multi-family dwellings. The family has been advised that homeowner's association of most multi-family dwellings do not allow for the storage of oxygen cylinders; therefore, many single-level homes are eliminated from the family's search. Specifically, the child's family requires a storage area for their oxygen tanks that is temperature regulated, adequately ventilated, main floor accessible and meets the National Fire Codes compressed gas storage standards.
- **Social:** As outlined in medical documentation, the child's compromised immunity limits his ability to safely access specialized cultural programs and land-based activities outside of the home. Access to culturally appropriate learning and activities will be instrumental to the child's social development and sense of belonging. **His family is keen to facilitate these cultural supports within the home and require adequate, accessible space to do so.** This space will need to be accessible by main floor or elevator to allow him to mobilize within the space using his wheelchair or walker. They will also require adequate space within this area for the child's oxygen equipment, as well as the space required for an adult facilitator to implement cultural teachings.
- **Educational:** As mentioned above, the child's compromised immunity limits his ability to safely access education within the community. Therefore, his schooling will need to be done in the home. The child will be preschool age in the fall and his family are motivated to facilitate in-home education. Because of the child's developmental delays and physical impairments, he has access to school-based physiotherapy, occupational therapy and speech language pathology. The child's family is connected to the GRIT Program, who will facilitate concurrent therapies and education
- developmental delays and physical impairments, he has access to school-based physiotherapy, occupational therapy and speech language pathology. The child's family is connected to the GRIT Program, who will facilitate concurrent therapies and education within the home. This will be instrumental not only to the child's pre-academic learning, but also his social, communication, gross and fine motor development. As above, the child requires and **accessible space for teaching**. Family plan to implement cultural and academic teaching within the same space, therefore the same requirements outlined above apply.
- In summary, the family is seeking funding for home renovations to provide the following accessible features:
 - Accessible home entrance (ramp)
 - Elevator between levels
 - One accessible bathroom on same floor as bedrooms
 - Two bedrooms on same floor
 - Adequate oxygen storage space
 - Accessible space for education, therapies and cultural programs
- Thank you in advance for your consideration of these needs. Please do not hesitate to be in contact if further information is required."

	<p><u>Sales Order from Maximum Healthcare & Mobility, dated – June 22, 2023:</u></p> <ul style="list-style-type: none"> • Mesh Canopy for beds by George Slumber <ul style="list-style-type: none"> ○ series bed # ss190-s ○ ss190-S bed, slumber series for \$7,249.33 <p><u>Letter of Support from Ashley Humber, MD, FRCPC (Locum for Dr. Laura Miles) at Ladybug Pediatrics, dated – April 6, 2023:</u></p> <ul style="list-style-type: none"> • “Child is a 2 year, [REDACTED] month old male with Ogden syndrome, 2 genetic mutations and multiple medical complexities. Child has a NAA10 genetic mutation which is seen with Ogden syndrome, as well as a genetic mutation in CACNAIC which can be associated with prolonged QT. Due to this he is at risk of arrhythmia and a sudden cardiac event. He has an implantable cardiac defibrillator. is on regular medication for this and is followed closely by cardiology.” • “Child also has significant developmental delay in all areas of development, and uses a wheelchair for mobility.” • “He is followed by physiotherapy, speech therapy and occupational therapy. He also has feeding struggles and has had to use an NG tube for periods of time. He has a defibrillator machine with him at all times (connected to his implanted device) due to his risk of sudden cardiac. He is on regular oxygen for underlying lung disease not yet diagnosed and is followed by Respiriology. He has had periods of hypoglycemia not yet diagnosed and has been followed by Endocrine.” • “Due to all of the child’s complex medical needs including his dependence on a wheelchair for mobility and the need for his oxygen and defibrillator to be on him 24/7, the child requires a wheelchair accessible home with an elevator. The elevator is necessary to be able to keep his medical devices with him at all times.” • “If you have any questions about the above, please do not hesitate to reach out.” <p><u>Prescription from Ashley Humber, MD, FRCPC (Locum for Dr. Laura Miles) at Ladybug Pediatrics, dated April 6, 2023</u></p> <ul style="list-style-type: none"> • “Prescription states, “Rx: Wheelchair accessible home WITH an elevator due to need to keep oxygen tank and defibrillator with him at all times.” • “Quantity: 1 EA Refills: None Subst: Allowed Staff On Date: 31-Mar-2023” <p><u>Private Guardianship Order in the Provincial Court of Alberta, dated – June 7, 2022:</u></p> <ul style="list-style-type: none"> • Whereas: The Applicant, who has authority to act on behalf of a Director, applied to the Court for an Order appointing P.M and G.P as guardians of the child, A.F, born [REDACTED] (the "Child"). • The Court finds that: The Child was subject to a Permanent Guardianship Order, which has been terminated; P.M and G.P are able and willing to assume the responsibilities of guardianship toward the Child; This Order is in the best interest of the Child. • IT IS HEREBY ORDERED THAT: • P.M and G.P are appointed as guardians of the child. A.F born [REDACTED] <p><u>Research Report, Alberta Children’s Hospital, from Dr. Renee Perrier, dated November 4, 2020:</u></p> <ul style="list-style-type: none"> • Confirms Diagnosis. 			
<p>Product or service requested/Appealed:</p>	<p>Rent 3 months (APPROVED)</p> <p>#RENO Home renovations</p>	<p>\$6,480.00 x 1</p> <p>\$729,184.09 x 1</p>	<p>\$6,480.00</p> <p>\$729,184.09</p>	<p>2023-09-01</p> <p>2023-09-01 2023-10-31</p>
<p>Other relevant information:</p>	<p><u>Regional Notes for Escalation:</u></p> <ul style="list-style-type: none"> • Escalated to National as per National Back to Basics Decision Making Model in consultation with Director Cynthia Onyegbula. • Region has provided a conditional approval pending review from National approval, as per consultation/guidance with J.A. and G.R. 			
<p>Request History:</p>	<ul style="list-style-type: none"> • [REDACTED] <ul style="list-style-type: none"> ○ Accessible house for \$1,007,443.50 (Base unit of House \$959,470.00, with taxes, \$1,007,443.00) Denied on May 15, 2023 at Appeals 			

Supporting Documents:	<ul style="list-style-type: none"> Quote and Description from Contractor Alliance, dated – August 15, 2023 Letter from [REDACTED], Rental Property Owner, dated – August 12, 2023 Letter of Support from Lauren Macartney, Occupational Therapist at Alberta Children’s Hospital, dated July 4, 2023 Letter of Support from Ashley Humber, MD, FRCPC (Locum for Dr. Laura Miles) at Ladybug Pediatrics, dated – April 6, 2023 Prescription from Ashley Humber, MD, FRCPC (Locum for Dr. Laura Miles) at Ladybug Pediatrics, dated – April 6, 2023 Private Guardianship Order in the Provincial Court of Alberta, dated – June 7, 2022
Appeal Supporting Documents:	<p>2023-09-15_Email_AB Region 2023-09-22_Email_AB Region 2023-09-28_Email_AB Region 2023-10-19_Letter_OT 2023-10-31_Email_AB Region 2023-10-31_Email_Denial & Requestor 2023-11-01_Email_AB Region Denial Letter Reno picture 1 Reno picture 2 Reno picture 3 Reno picture 4 Reno picture 5 Reno picture 6 Reno Picture 7 Reno picture 8 Reno Picture 9</p>
Date of ADM Review:	<p>Date: 2023-09-14 Time: 9:00AM EST Director of Jordan’s Principle and Inuit Child First Initiative</p>
Decision:	<p>Denied</p>
Rationale:	<p>Thank you for providing additional documentation to assist Jordan’s Principle National Office in reviewing your submitted request for Home Renovations, including a new addition for a total of \$729,184.09 [REDACTED]</p> <p>Our National office has reviewed all provided documentation related to your request. Jordan’s Principle Authorities around housing are limited. Major structural changes are outside of Jordan’s Principle scope. All of the proposed renovations requested do not directly link to the child’s mobility, health and/or medical needs, therefore your request has been denied.</p> <p>Indigenous Services Canada acknowledges the unique circumstances of your child and is committed to working with you and the professionals within your child’s circle of care in finding an existing home, which you may own, that would require minor renovations/modifications, to meet the specific mobility, health and/or medical needs, on behalf of your child.</p> <p>Jordan’s Principle would take into consideration the specific aspects of a renovation request related to your child’s specific mobility, health and/or medical needs. We encourage submitting supporting documentation from licensed/registered professionals, within your child’s circle of care, making recommendations within their scope of practice, directly linking the requested products/services/supports to your child’s unmet mobility, health and/or medical needs.</p> <p>Jordan’s Principle will consider requests for minor renovations/modifications to an existing, family owned home, to ensure the home meets the accessibility requirements of a child, for example to name a few:</p> <ul style="list-style-type: none"> • Wheelchair ramps; • Stair glides; • Safety yard enclosures e.g., fencing; • Room modifications to allow space for additional equipment; • Ergonomically comfortable bathroom renovations related to accessibility such as: <ul style="list-style-type: none"> ○ specialized equipment: bath lift, low mirrors & sinks; ○ bathing equipment, e.g., walk-in tub/shower, toilet/shower grab bars; ○ widening of doorways for wheelchair accessibility; ○ ceiling track lift system;

	<ul style="list-style-type: none">▪ portable lifts room adaptations to enable accessibility to a bathroom.
Follow-up Action:	Regional Office/Focal Point to update and notify the requestor of the decision. <u>PLEASE NOTE:</u> Alberta Region to document the follow-up on file and the specific rationale attached. Region to also indicate in the file, the previous approvals of products/services/supports provided to the requestor/family/children, in the 'Request History', linking any relevant case file numbers.

Guidance Questions to Help Assess Substantive Equality

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

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

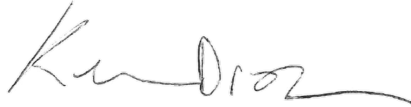
1. Does the child have heightened needs for the service in question as a result of an historical disadvantage?
2. Would the failure to provide the service perpetuate the disadvantage experienced by the child as a result of his or her race, nationality or ethnicity?
3. Would the failure to provide the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

ADM Decision and Signature (completed on hard copy of document)

Approved		<input type="checkbox"/> Product/service/support available to all children; or <input type="checkbox"/> Product/service/support within normative standard If not - the request <input type="checkbox"/> Ensures substantive equality in the provision of products/services/supports to the child <input type="checkbox"/> Ensures culturally appropriate services/product/support to child <input type="checkbox"/> Safeguards the best interest of the child
Rationale		
Denied	Eligibility	<input type="checkbox"/> Above Age of Majority for the province of residence; or <input type="checkbox"/> Non-Status, not eligible for status, does not have a parent/guardian who has status or is eligible for status, does not have recognition from a First Nation for the purposes of Jordan's Principle, and not-ordinarily resident on reserve; or <input type="checkbox"/> Not a child-specific request
	CHRT assessment	<input type="checkbox"/> Product/service/support not available to all children (beyond normative standard); or And based on the documentation provided, the request does not have sufficient information to determine that this product/service/support should be provided to: <input type="checkbox"/> Ensure substantive equality <input type="checkbox"/> Ensure culturally appropriate service provision to child <input type="checkbox"/> Safeguard the best interest of the child
Rationale		
<input type="checkbox"/> The supporting documentation provided with the request does not sufficiently link the requested product / service / support to the identified need/s of the child(ren). <input type="checkbox"/> Outside of Jordan's Principle Policy Authority		
ADM Signature		

Please Note: Due to Covid-19, social distancing practices preclude the ADM or designate from signing the paper Summary. The ADM or designates signature will be obtained and will be added at a later date when safety measures are lifted.

This is **Exhibit “28B”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

Request Details			
Case Number [REDACTED]	Type (single/multi-child) Individual	Date of Appeal Request Oct 31, 2023	Date Referral Sent Nov 10, 2023
Referred by Heather Saxby	Referred to Chantal Wiebe, Jennifer Copp-Scaif, Rachel Northweavey	Requestor Name [REDACTED]	Relationship Family Member

Background Information					
Child 1	Child Name [REDACTED]	Age (DOB) 3y [REDACTED]	Community Chestermere, AB	On Reserve No	Child Status First Nation - Registered
	Child Need	Unspecified Genetic Disorder			
	Medical Diagnosis				

Recommendation						
	Product or Service #RENO Home renovations	Requested Amt. \$729,184.09	Recommended Amt. \$0.00	Recommendation Completion Date Dec 20, 2023	Completed by Jennifer Copp-Scaif, Rachel Northweavey, Chantal Wiebe	Date of Panel Dec 20, 2023
DEC-337204	External Consultant's Recommendation & Rationale for Decision					
	<p>REC-6302 (Chantal Wiebe) - DENIED Normative Standard: Above Best Interest of Child: Not Assessed Culturally Appropriate: No Substantive Equality: Yes Eligibility: Eligible Summary Rationale: - This file was re-reviewed. The extensive medical needs of this child are not in question. He is followed by OT, PT, Respiriology, Cardiology, and Endocrine specialists. There are specific needs that he will require in his day to day living at home as outlined by his caregivers and occupational therapy. Currently, he is not houseless and the family has been approved rent to ensure he is in a home that meets his needs. His long term housing with his permanent guardian is the subject of this appeal, which was made following denial for extensive new construction in a purchased home. The construction proposal includes new foundational work, a new kitchen, new roofing, adding a bedroom, and adding a bathroom. However, the original denial letter states that the Region would work with the family to find an existing home that would require minor renovations. It is unclear as to the details of how the Region and family worked together in this situation. If the Region did not follow internal procedure, the ultimate scope of the request remains outside the authority of Jordan's Principle, as it largely rests on new addition and major new construction to a purchased home that the child cannot live in. As noted, the family purchased the home, which does not meet the child's needs, and are not living in the home until the construction is complete. Given that the construction quote is based on new construction, partial approval of specific items (e.g., flooring) are unable to be split by the committee as it is beyond their scope to determine was proportion of the item is for new portion of the home as opposed to existing portion. Long term solutions that fit within the authority of Jordan's Principle will require planning and coordination.</p>					
	<p>REC-6301 (Rachel Northweavey) - DENIED Normative Standard: Above - This is a request for home renovations to accommodate a child with multiple, complex needs. Although, the child requires much support, the majority of the requested items fall outside of Jordan's Principle scope and cannot be approved. Best Interest of Child: Not Assessed - This is a request for home renovations to accommodate a child with multiple, complex needs. Although, the child requires much support, the majority of the requested items fall outside of Jordan's Principle scope and cannot be approved. Culturally Appropriate: Not Assessed - This is a request for home renovations to accommodate a child with multiple, complex needs. Although, the child requires much support, the majority of the requested items fall outside of Jordan's Principle scope and cannot be approved. Substantive Equality: Not Assessed - This is a request for home renovations to accommodate a child with multiple, complex needs. Although, the child requires much support, the majority of the requested items fall outside of Jordan's Principle scope and cannot be approved.</p>					

Eligibility: Eligible - This is a request for home renovations to accommodate a child with multiple, complex needs. Although, the child requires much support, the majority of the requested items fall outside of Jordan's Principle scope and cannot be approved.

Summary Rationale: - This is a request for support for home renovations. The home was purchased to house a child with complex multiple needs and the family wants to renovate the home to accommodate their needs. Child is dependent on a wheelchair for mobility and needs his oxygen and defibrillator on him 24/7. They would need a wheelchair accessible home and an elevator for access to the second level. They were many parts of the request that was not approvable and some items that could be supported. The child does certainly have a lot of needs but major renovations fall outside of Jordan's Principle scope. There are limitations. There are items in the request that could be approvable like widening of doorways, etc. but there are other items that would be need to be approved (that are not approvable) in order to get to those projects. We, as panel members, felt that it was beyond our scope of practice to parse out the request and decide what items they need and can use to make their home "work". In the end, the panel decided to uphold the whole request because the majority of items in project quote were not approvable under Jordan's Principle as it is a capital request. The panel also felt that the needs of the child were currently being met with supports for rent, etc.

REC-6269 (Jennifer Copp-Scalf) - DENIED

Normative Standard: Above

Best Interest of Child: Yes - It is in the best interest of the applicant child to have a safe secure home that meets his many needs. Unfortunately the plan that has been presented in this application is extensive and many of the major renovations are not subject to funding through Jordan's Principle. The few renovations that are approvable are dependent on first completing major renovations that are not. After extensive review and discussion it has been decided by the panel that in its current state, this application is not approvable under the guidelines of Jordan's Principle.

Culturally Appropriate: Not Assessed

Substantive Equality: Yes

Eligibility: Eligible - Applicant child is First Nations registered.

Summary Rationale: - It is in the best interest of the applicant child to have a safe secure home that meets his many needs. Unfortunately the plan that has been presented in this application is extensive and many of the major renovations are not subject to funding through Jordan's Principle. The few renovations that are approvable are dependent on first completing major renovations that are not. After extensive review and discussion it has been decided by the panel that in its current state, this application is not approvable under the guidelines of Jordan's Principle.

Decision

Date Sent For Decision	Chair	Secretariat Officer Name
December 20, 2023		Heather Saxby

Concurrence

DEC-337204	Product or Service	Requested Amt.	Decision Approval Amt.	Decision (Concur with recommendation?)
	#RENO Home renovations	\$729,184.09	\$0.00	X Yes No Pending
Secretariat Officer Comments	Upheld as Jordan's Principle Authorities around housing are limited. Major structural changes are outside of Jordan's Principle scope.			

Follow-up Actions

Secretariat to inform the applicant about the option and the process to apply to the appropriate housing committee

Print Name _____

Date _____

FAA Section 32 Approval

Signature

Supplementary Information

Supporting Documentation List (The following documents have been provided to the Consultants for their review of this file.)

Invoice receipt for Mesh Canopy

Email to National

Email Query, Medical equipment and response

Letter of support from OT

Letter of support from MD

Quote from contractor for home renovation

Letter of support for rental assistance

Prescription for funding [REDACTED] [REDACTED]

Denial Email

Wheelchair Adapted Vehicle Application

Mesh Canopy Documentation

email communication between requestor and Lincoln N (quote for trental assistance) Thursday August 24

Email communication between requestor and Lincoln N. (funding application) Thursday August 24

Phone call with requestor Call ID 2001694447 Friday August 25

Phone call with requestor Call ID 2001683841 Thursday August 24

LOS- OT

Approval Email

URGENT - ADM Summary - AB - [REDACTED] - RVR-197410

Initial Request Email

NIHB letter of denial for canopy

Invoice to HUB

Email communication between requestor and Lincoln N Friday August 25

Approval Email

Escalation Email

Approval Email

email to HUB for payment

Phone call with requestor and Lincoln N. Friday September 1

Case review summary Lincoln

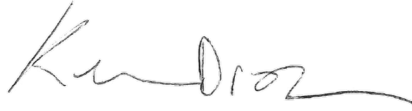
Email Response to Requestor

Email Response from Requestor

Appeal Request with Documentation

Additional Documentation for Appeal Request

This is **Exhibit “28C”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

Wu, Amanda

From: Saxby, Heather on behalf of Jordans Principle Appeals Secretariat
Sent: Friday, December 22, 2023 9:09 AM
To: [REDACTED]
Cc: Jordans Principle AB / Principe de Jordan; Jordans Principle Appeals Secretariat
Subject: [REDACTED] - Appeal Decision Letter (Upheld)
Attachments: [REDACTED] Decision Letter.pdf

Hello,

Your file was received by the Jordan's Principle Appeal Secretariat/Interim Inuit Child First Initiative Appeal Secretariat and assessed by a non-government external review committee, comprised of health, education and social professionals who are Indigenous or have longstanding expertise in serving Indigenous communities across Canada.

Please find the attached letter, which outlines the decision for the below items for this appeal determined on December 21, 2023.

- Home Renovations

Sincerely,

Heather Saxby

Junior Program Officer

Jordan's Principle Inuit Child First Initiative Appeals Secretariat
First Nations and Inuit Health Branch / Direction générale de la santé des Premières nations et des Inuits
Indigenous Services Canada/ Services aux Autochtones Canada



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Friday, December 22, 2023

Re: [REDACTED] - APPEAL

Dear P [REDACTED]

Please accept this letter as formal notification advising that the decision to deny your request for funding for home renovations, originally denied on September 14, 2023, has been upheld as of December 21, 2023. The decision on your appeal, submitted October 31, 2023, was made by the External Expert Review Committee (“the committee”). This committee is comprised of health, education, and social professionals outside of government who are Indigenous or have longstanding expertise in serving Indigenous communities across Canada.

In evaluating your request, the committee reviewed the previous decision and reconsidered the unique needs of [REDACTED] and whether the requests should be provided in order to ensure the application of substantive equality, culturally appropriate services, and/or to safeguard the best interest of the child in the provision of services. Whether a support is available to all other children is a minimum standard, and unique circumstances and needs that stem from historical disadvantage may support requests for products, services and supports that go beyond the normative standard of care.

In making its decision, the committee considered the new information provided and determined that your request does not meet the minimum requirements and cannot be approved under Jordan’s Principle/Inuit Child First Initiative, as Jordan’s Principle authorities around housing are limited. Major structural changes are outside of Jordan’s Principle’s scope.

You have the option to file an application for judicial review before the Federal Court within 30 days of receipt of this letter. More information on the judicial review process can be found on the [website of the Federal Court](#).

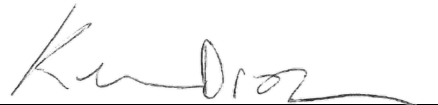
For more information on Jordan’s Principle, please visit www.canada.ca/jordans-principle, contact your regional Focal Point, or call the Jordan’s Principle National Call Centre at 1-855-JPCHILD (1-855-572-4453).

Regards,

Jordan’s Principle and Inuit Child First Initiative Appeals Secretariat
jordansprincipleappealssecretariat@sac-isc.gc.ca



This is **Exhibit “29”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a solid horizontal line.

Kevin Droz
LSO#: 82678N



[Canada.ca](#) › [Working for the government](#) › [Innovation in the public service](#)

› [Public Service Employee Survey](#) › [2022 Public Service Employee Survey Results](#)

2022 Public Service Employee Survey: Highlights

From: [Treasury Board of Canada Secretariat](#)

The 2022 Public Service Employee Survey took place from November 2022 to February 2023.

This report contains highlights of the results.

Participation

- 91 departments and agencies participated
- 335,957 employees invited to respond
- 189,584 responses received
- Response rate: 53% (61% in 2020)

Themes

These highlights cover seven themes:

- [workplace well-being](#)
- [anti-racism](#)
- [leadership](#)
- [mobility and retention](#)

- duty to accommodate
- future of work
- harassment and discrimination

Workplace well-being

Mental health in the workplace

- 68% of employees would describe their workplace as being psychologically healthy, the same result as in 2020
- 72% of employees feel their department or agency does a good job of raising awareness of mental health in the workplace, down from 81% in 2020

Work-related stress

The survey asked employees about the extent to which 22 factors cause them stress at work. The top five factors were as follows:

- Not enough employees to do the work: 31% of respondents
- Heavy workload: 27% of respondents
- Pay or other compensation-related issues: 23% of respondents
- Competing or constantly changing priorities: 21% of respondents
- Difficulty balancing work and personal life: 20% of respondents

Anti-racism

The 2022–23 survey contained three new questions about racism in the workplace:

- 77% of respondents said that, in their work unit, they feel safe to speak about racism in the workplace without fear of reprisal or negative impact on their career

- 76% said that, in their work unit, they feel safe to speak about racism in the workplace without fear of reprisal or negative impact on their mental health
- 50% of respondents feel that racism in their department or agency has had an adverse or negative impact their mental health

Actions to address racism

- 11% of respondents who said they had experienced race-based discrimination are satisfied with how concerns or complaints about racism in the workplace are resolved in their organization, up from 10% in 2020
- 69% of respondents feel that their organization implements initiatives that promote anti-racism in the workplace, down from 75% in 2020
- 49% of respondents feel that the Call to Action on Anti-Racism, Equity and Inclusion has had a positive impact on their organization

Leadership

Senior management

- 64% of respondents have confidence in the senior management of their organization, down from 68% in 2020
- 55% of respondents feel that senior management in their organization makes effective and timely decisions, down from 60% in 2020

Change management

- 51% of respondents feel that change is managed well in their organization, down from 59% in 2020
- 57% of respondents feel that essential information flows effectively from senior management to staff, down from 61% in 2020

Mobility and retention

Intention to leave

In 2022, 38% of respondents said they intend to leave their current position in the next two years, up from 24% in 2020.

Reasons for leaving

The results for the reasons for leaving break down as follows:

- To pursue another position in the same department or agency (42%)
- To pursue another position within a different department or agency (24%)
- To retire (13%)
- End of the term or contract (9%)
- To pursue a position outside the federal public service (6%)

Duty to accommodate

Requests

- 13% of respondents requested workplace accommodation measures in the last two years, the same as in 2020
- 58% of those who said they had requested an accommodation measure said the request was related to a disability, up from 50% in 2020

Implementation

- 74% of respondents who had requested an accommodation measure said the measure was implemented, down from 79% in 2020
- 80% of those who had requested an accommodation measure said they were satisfied with it, down from 82% in 2020

Hybrid work (These responses were captured during a specific time period (November 2022 to February 2023))

Work arrangements

In 2022–23, respondents' work arrangements broke down as follows:

- 14% work on-site
- 42% work remotely
- 45% do a combination of on-site and remote work

Work location

Nearly three-quarters of respondents (71%) usually work at a Government of Canada (GC) location on the same day(s) every week.

Time spent working at a GC location:

- 1 day a week: 35% of respondents
- 2 days a week: 31% of respondents
- 3 days a week: 11% of respondents
- 4 days a week: 7% of respondents
- more than 4 days a week or less than 1 day a week: 15% of respondents

Perceptions of work location

Respondents were asked to choose which of 11 activities are best completed at a GC location. Respondents could choose as many activities as they liked. The top three responses were as follows:

- participating in team-building activities: 54%
- collaborating on projects: 44%
- attending meetings 38%

Perceptions of hybrid work

- 89% of respondents indicated that having the flexibility to choose where they work allows them to have a better work-life balance
- 24% of respondents are concerned they will miss out on career opportunities if they are not at the GC worksite as often as others
- 32% of respondents believe team members who attend meetings virtually would feel less included than those who attend in person

Harassment and discrimination

Harassment

11% of respondents said they had been the victim of harassment on the job in the previous 12 months, the same rate as in 2020.

Top three types of harassment on the job:

1. offensive remarks (55%)
2. unfair treatment (51%)
3. being excluded or being ignored (46%)

Discrimination

8% of respondents said they had been the victim of discrimination on the job in the previous 12 months, up from 7% in 2020.

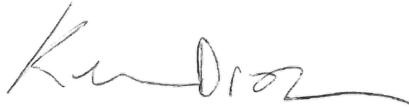
Top three types of discrimination on the job:

1. sex (27%)
2. race (27%)
3. age (24%)

Date modified:

2024-02-15

This is **Exhibit “30”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

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

Kevin Droz
LSO#: 82678N



2022 Public Service Employee Survey Results for Indigenous Services Canada

The results of the 2022 Public Service Employee Survey (PSES) are presented according to the numerical order of questions, grouped by section theme as they appeared in the questionnaire. Results are not shown when there is no historical comparison or when there is an insufficient number of responses.

Note: Due to rounding, percentages may not add to 100. Results have been adjusted for non-response to better represent the target population. Therefore, percentages should not be used to determine the number of respondents within a response category. The results for "Most positive or least negative answers" and "Least positive and most negative answers" are calculated by removing the "Don't know" and "Not applicable" responses from the total responses.

Survey Themes

- [My Job](#)
- [My Work Unit](#)
- [My Immediate Supervisor](#)
- [Senior Management](#)
- [My Organization \(Department or Agency\)](#)
- [Mobility and Retention](#)
- [Harassment](#)
- [Discrimination](#)
- [Stress and Well-Being](#)
- [Duty to Accommodate](#)
- [Compensation](#)
- [Hybrid Work](#)

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My Job

Question 1. I have the tools, technology and equipment I need to do my job.

Survey year	Organization	Strongly agree (%)	Somewhat agree (%)	Neither agree nor disagree (%)	Somewhat disagree (%)	Strongly disagree (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	43	41	4	9	4	0	0	84	12	189360
2022	Indigenous Services Canada	40	44	4	8	4	0	0	84	12	3210
2020	Public Service	37	45	4	10	3	0	0	83	13	188350

Mobility and Retention

Question 56_1. Do you intend to leave your current position in the next two years?

The question content has been modified from the 2020 PSES, see [Question number concordance](#)

In order to make historical trend analysis, Q56 has followed same format as last year. This means Q56_1 is same as Q53 in the 2020 PSES, and Q56_2 is same as Q54 in the 2020 PSES.

Survey year	Organization	Yes (%)	No (%)	Unsure (%)	Total responses
2022	Public Service	38	33	29	189400
2022	Indigenous Services Canada	42	27	31	3210
2020	Public Service	24	41	35	188494
2020	Indigenous Services Canada	27	35	38	3283
2019	Public Service	27	38	35	181906
2019	Indigenous Services Canada	31	34	35	2933
2018	Public Service	27	39	35	161647
2018	Indigenous Services Canada	33	29	38	2685

Question 56_2. Please indicate your reason for leaving.

The question content has been modified from the 2020 PSES, see [Question number concordance](#)

In order to make historical trend analysis, Q56 has followed same format as last year. This means Q56_1 is same as Q53 in the 2020 PSES, and Q56_2 is same as Q54 in the 2020 PSES.

Survey year	Organization	Yes, to retire (%)	Yes, to pursue another position within my department or agency (%)	Yes, to pursue a position in another department or agency (%)	Yes, to pursue a position outside the federal public service (%)	Yes, end of my term, casual or student employment (%)	Yes, other reason Specify other reason (%)	Total responses
2022	Public Service	13	42	24	6	9	7	70775
2022	Indigenous Services Canada	12	34	33	6	8	7	1335
2020	Public Service	17	38	28	4	6	6	45796
2020	Indigenous Services Canada	14	29	42	3	4	8	923
2019	Public Service	15	33	29	6	12	6	49800
2019	Indigenous Services Canada	14	27	39	6	6	7	982
2018	Public Service	17	33	30	6	8	6	43390
2018	Indigenous Services Canada	14	26	35	8	9	8	916

Survey year	Organization	Strongly agree (%)	Somewhat agree (%)	Neither agree nor disagree (%)	Somewhat disagree (%)	Strongly disagree (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2018	Public Service	30	31	19	5	4	10	1	69	10	161053
2018	Indigenous Services Canada	24	29	24	7	6	9	1	59	14	2678

Of those who indicated that they were a victim of race-based discrimination:

Question 71. I am satisfied with how concerns or complaints about racism in the workplace are resolved in my department or agency.

Survey year	Organization	Strongly agree (%)	Somewhat agree (%)	Neither agree nor disagree (%)	Somewhat disagree (%)	Strongly disagree (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	3	6	21	16	37	16	1	11	63	3610
2022	Indigenous Services Canada	1	4	23	16	42	14	0	5	68	135
2020	Public Service	2	6	21	17	39	12	1	10	66	3416
2020	Indigenous Services Canada	4	8	18	22	40	9	0	13	68	133

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Stress and Well-Being

Question 72a. Overall, to what extent do the following factors cause you work-related stress? Pay or other compensation-related issues

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	31	27	17	9	12	0	2	60	23	188410
2022	Indigenous Services Canada	28	29	17	10	14	0	2	58	24	3180
2020	Public Service	33	28	19	10	9	0	1	62	19	187765
2020	Indigenous Services Canada	29	30	19	11	10	0	1	60	20	3265
2019	Public Service	24	27	20	12	15	0	1	52	28	181595

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2019	Indigenous Services Canada	19	25	22	15	19	0	1	44	34	2918
2018	Public Service	21	24	22	14	18	0	1	46	32	161369
2018	Indigenous Services Canada	17	22	23	16	21	0	1	40	37	2683

Question 72b. Overall, to what extent do the following factors cause you work-related stress? Heavy workload

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	20	27	25	14	13	0	1	48	27	188540
2022	Indigenous Services Canada	16	26	25	15	17	0	1	42	33	3195
2020	Public Service	21	27	25	15	11	0	1	48	26	188096
2020	Indigenous Services Canada	17	25	25	17	16	0	0	42	33	3279
2019	Public Service	22	29	25	14	10	0	1	51	24	181495
2019	Indigenous Services Canada	19	26	25	16	14	0	0	45	30	2921
2018	Public Service	18	27	28	16	11	0	1	45	27	161255
2018	Indigenous Services Canada	16	25	28	16	15	0	0	42	30	2683

Question 72c. Overall, to what extent do the following factors cause you work-related stress? Unreasonable deadlines

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	29	29	20	11	9	1	3	60	20	188305
2022	Indigenous Services Canada	24	29	22	12	11	0	2	54	24	3185
2020	Public Service	31	29	20	11	7	0	2	61	18	187628

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2020	Indigenous Services Canada	24	29	22	13	10	0	1	55	23	3269
2019	Public Service	30	30	20	10	7	0	2	62	17	180654
2019	Indigenous Services Canada	25	33	21	11	8	1	1	59	19	2901
2018	Public Service	25	29	24	13	8	0	2	55	21	160603
2018	Indigenous Services Canada	22	32	24	13	8	1	1	54	21	2668

Question 72d. Overall, to what extent do the following factors cause you work-related stress? Not enough employees to do the work

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	23	22	21	15	16	1	2	47	31	188585
2022	Indigenous Services Canada	17	21	21	17	21	1	2	39	40	3190
2020	Public Service	27	24	21	14	12	1	1	52	26	187371
2020	Indigenous Services Canada	22	23	22	16	16	1	1	45	33	3268
2019	Public Service	24	24	21	15	14	1	1	49	29	180774
2019	Indigenous Services Canada	19	24	22	15	19	0	1	43	34	2904
2018	Public Service	20	23	23	17	15	1	1	44	32	160732
2018	Indigenous Services Canada	18	21	23	16	20	1	1	40	37	2669

Question 72e. Overall, to what extent do the following factors cause you work-related stress? Overtime or long work hours

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	48	22	11	6	5	1	7	76	12	188760

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Indigenous Services Canada	43	25	12	6	8	0	6	72	15	3195
2020	Public Service	48	23	13	7	5	0	4	74	13	187251
2020	Indigenous Services Canada	40	24	14	10	9	0	2	66	19	3254
2019	Public Service	52	22	11	5	4	0	5	78	10	180845
2019	Indigenous Services Canada	46	26	13	6	6	0	3	75	12	2912
2018	Public Service	46	23	13	6	4	0	6	75	11	160698
2018	Indigenous Services Canada	42	27	14	6	6	0	5	73	12	2673

Question 72f. Overall, to what extent do the following factors cause you work-related stress? Balancing work and personal life

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	34	27	18	10	10	0	1	62	20	188815
2022	Indigenous Services Canada	30	28	20	10	11	0	1	59	21	3195
2020	Public Service	30	27	21	12	10	0	1	58	21	187793
2020	Indigenous Services Canada	26	26	21	13	13	0	0	53	26	3261
2019	Public Service	34	29	19	9	8	0	1	64	17	181228
2019	Indigenous Services Canada	29	30	19	11	10	0	1	60	21	2923
2018	Public Service	30	27	21	11	9	0	1	58	20	161068
2018	Indigenous Services Canada	27	28	22	11	11	0	1	56	22	2680

Question 72g. Overall, to what extent do the following factors cause you work-related stress? Lack of control or input in decision-

making

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	33	30	18	8	7	1	2	65	16	188615
2022	Indigenous Services Canada	30	31	20	9	7	1	2	63	17	3195
2020	Public Service	33	33	19	8	5	1	1	68	13	187500
2020	Indigenous Services Canada	31	35	19	8	5	1	1	67	13	3269
2019	Public Service	30	34	20	9	5	1	1	65	15	181070
2019	Indigenous Services Canada	27	34	21	9	7	1	1	62	16	2903
2018	Public Service	25	33	23	10	6	1	1	59	17	160799
2018	Indigenous Services Canada	23	34	23	11	7	1	1	58	18	2677

Question 72h. Overall, to what extent do the following factors cause you work-related stress? Competing or constantly changing priorities

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	27	30	20	11	9	1	2	58	21	188835
2022	Indigenous Services Canada	22	33	21	12	10	1	1	56	22	3200
2020	Public Service	26	32	22	12	7	1	1	59	19	187397
2020	Indigenous Services Canada	25	30	24	13	7	0	1	56	20	3266
2019	Public Service	25	32	22	12	7	1	1	58	19	180996
2019	Indigenous Services Canada	21	32	24	13	9	1	1	53	22	2912
2018	Public Service	21	31	25	14	8	1	1	53	22	160760
2018	Indigenous Services Canada	19	30	26	14	9	1	1	50	24	2673

Question 72i. Overall, to what extent do the following factors cause you work-related stress? Lack of clear expectations

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	35	29	17	9	8	1	2	65	17	188925
2022	Indigenous Services Canada	29	29	20	10	10	0	1	60	20	3205
2020	Public Service	33	31	19	10	6	0	1	65	16	187439
2020	Indigenous Services Canada	31	31	19	12	7	0	1	62	19	3267
2019	Public Service	31	31	19	10	7	0	1	63	17	180843
2019	Indigenous Services Canada	25	31	21	13	9	0	1	56	22	2906
2018	Public Service	27	31	22	12	7	0	1	59	19	160624
2018	Indigenous Services Canada	23	31	23	12	10	1	1	55	22	2675

Question 72j. Overall, to what extent do the following factors cause you work-related stress? Lack of recognition

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	45	25	13	7	8	1	2	72	15	188715
2022	Indigenous Services Canada	45	26	13	7	7	0	2	72	15	3200
2020	Public Service	45	26	14	8	6	1	1	72	14	187021
2020	Indigenous Services Canada	46	25	13	8	6	1	1	71	15	3258
2019	Public Service	42	27	15	8	7	1	1	69	16	180767
2019	Indigenous Services Canada	40	27	15	8	8	0	1	68	17	2908

Question 72k. Overall, to what extent do the following factors cause you work-related stress? Feeling disconnected from

colleagues

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	50	26	12	5	4	0	2	78	10	188820
2022	Indigenous Services Canada	50	25	12	5	6	0	1	77	11	3200
2020	Public Service	30	30	21	11	6	0	1	61	17	187621
2020	Indigenous Services Canada	28	32	22	11	7	0	1	60	18	3263

Question 72l. Overall, to what extent do the following factors cause you work-related stress? Information overload

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	32	30	19	9	7	0	1	63	17	188645
2022	Indigenous Services Canada	30	32	18	10	7	0	1	64	18	3195
2020	Public Service	28	31	22	12	8	0	1	59	19	187551
2020	Indigenous Services Canada	26	31	23	12	7	0	1	57	20	3263
2019	Public Service	33	31	19	10	6	0	1	65	16	180372
2019	Indigenous Services Canada	29	34	20	10	6	0	0	64	16	2900
2018	Public Service	27	31	22	12	7	0	1	59	18	160191
2018	Indigenous Services Canada	25	32	22	13	7	0	1	58	20	2666

Question 72m. Overall, to what extent do the following factors cause you work-related stress? Physical work environment

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	56	20	10	5	6	1	3	79	11	188425

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Indigenous Services Canada	51	20	11	6	8	0	3	74	15	3195
2020	Public Service	48	28	14	5	3	0	1	77	9	186877
2020	Indigenous Services Canada	47	30	15	5	3	0	1	77	8	3258
2019	Public Service	52	24	12	5	4	0	1	78	10	180439
2019	Indigenous Services Canada	48	25	13	7	6	0	1	74	12	2892
2018	Public Service	50	25	13	6	4	0	2	76	10	160099
2018	Indigenous Services Canada	48	25	14	7	5	0	1	74	12	2655

Question 72n. Overall, to what extent do the following factors cause you work-related stress? Difficulty accessing my work tools or network (e.g., work email, work device, ergonomic equipment)

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	46	31	13	5	4	0	1	78	9	188820
2022	Indigenous Services Canada	44	33	13	5	4	0	1	78	10	3200
2020	Public Service	33	35	20	8	4	0	0	68	13	187065
2020	Indigenous Services Canada	28	35	21	9	6	0	0	63	15	3259

Question 72o. Overall, to what extent do the following factors cause you work-related stress? Accessibility or accommodation issues

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	70	12	4	2	2	1	8	90	5	188835
2022	Indigenous Services Canada	68	13	5	2	3	1	8	88	6	3200

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2020	Public Service	68	17	7	2	2	1	4	89	4	186977
2020	Indigenous Services Canada	66	19	7	2	2	0	4	88	4	3262
2019	Public Service	71	13	5	2	2	1	6	90	5	180422
2019	Indigenous Services Canada	68	14	6	3	3	1	6	87	6	2899
2018	Public Service	67	16	7	3	3	1	5	87	6	160330
2018	Indigenous Services Canada	65	16	7	3	3	1	4	86	6	2656

Question 72p. Overall, to what extent do the following factors cause you work-related stress? Harassment or discrimination

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	73	10	5	3	4	1	5	89	7	188850
2022	Indigenous Services Canada	70	11	6	3	4	1	5	86	8	3200
2020	Public Service	76	10	5	3	3	1	3	89	6	186882
2020	Indigenous Services Canada	73	12	5	3	3	1	2	88	7	3264
2019	Public Service	70	12	6	4	4	1	2	85	8	180981
2019	Indigenous Services Canada	60	17	9	5	6	1	2	79	12	2900
2018	Public Service	67	14	7	4	4	1	3	84	9	160420
2018	Indigenous Services Canada	61	17	9	5	5	1	2	80	10	2675

Question 72q. Overall, to what extent do the following factors cause you work-related stress? Issue(s) with my co-worker(s)

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
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Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	67	19	6	2	2	0	3	89	5	188805
2022	Indigenous Services Canada	62	23	7	2	2	0	3	88	5	3200
2020	Public Service	67	20	7	3	2	0	2	89	4	186557
2020	Indigenous Services Canada	62	24	8	3	2	0	2	87	4	3255
2019	Public Service	56	26	10	4	3	0	1	84	6	180466
2019	Indigenous Services Canada	49	29	11	5	4	0	1	80	9	2893
2018	Public Service	52	27	11	4	3	0	1	81	7	160968
2018	Indigenous Services Canada	48	30	13	5	3	0	1	79	8	2679

Question 72r. Overall, to what extent do the following factors cause you work-related stress? Issue(s) with individual(s) with authority over me

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	65	16	7	4	5	1	3	84	9	188595
2022	Indigenous Services Canada	63	18	7	4	6	0	3	83	10	3195
2020	Public Service	66	16	8	4	4	0	1	84	9	186974
2020	Indigenous Services Canada	62	18	9	4	5	0	1	82	9	3251
2019	Public Service	59	19	10	5	5	0	1	80	10	180189
2019	Indigenous Services Canada	54	21	10	6	7	0	1	76	13	2889
2018	Public Service	53	22	11	6	6	0	1	76	12	160500
2018	Indigenous Services Canada	52	22	12	7	6	1	1	74	13	2666

Question 72s. Overall, to what extent do the following factors cause you work-related stress? Issue(s) with individual(s) working

for me

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	62	10	4	1	1	0	21	92	3	188605
2022	Indigenous Services Canada	60	12	5	2	1	0	21	91	4	3190
2020	Public Service	61	11	4	2	1	0	21	91	3	187272
2020	Indigenous Services Canada	58	13	5	2	1	0	21	91	3	3263
2019	Public Service	58	12	5	2	1	0	22	90	4	179719
2019	Indigenous Services Canada	53	14	6	2	2	0	23	88	5	2877
2018	Public Service	52	13	6	2	1	0	26	88	4	159765
2018	Indigenous Services Canada	50	12	6	2	1	1	28	87	5	2660

Question 72t. Overall, to what extent do the following factors cause you work-related stress? Issue(s) with other individual(s) (e.g., members of the public, individuals from other departments or agencies)

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	68	16	6	2	2	1	6	90	4	188425
2022	Indigenous Services Canada	64	18	8	2	2	1	5	88	4	3185
2020	Public Service	68	18	7	2	1	0	3	89	4	187971
2020	Indigenous Services Canada	61	22	9	4	2	0	3	86	5	3277
2019	Public Service	66	18	7	2	1	0	5	89	4	180276
2019	Indigenous Services Canada	57	24	10	4	2	0	3	83	6	2895
2018	Public Service	61	20	9	3	2	0	6	86	4	160250
2018	Indigenous Services Canada	53	24	11	5	2	1	5	81	7	2668

Question 72u. Overall, to what extent do the following factors cause you work-related stress? Lack of job security

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	67	14	6	4	5	1	4	84	9	189075
2022	Indigenous Services Canada	67	14	6	3	5	1	4	86	8	3205
2020	Public Service	68	16	7	4	4	0	2	86	8	188032
2020	Indigenous Services Canada	67	17	7	3	3	1	2	86	7	3280
2019	Public Service	68	14	6	4	5	0	3	85	9	180902
2019	Indigenous Services Canada	64	18	9	3	3	1	2	84	7	2898
2018	Public Service	64	15	7	4	5	0	4	83	10	160852
2018	Indigenous Services Canada	62	16	8	4	6	1	3	81	10	2676

Question 72v. Overall, to what extent do the following factors cause you work-related stress? Personal issues

Survey year	Organization	Not at all (%)	To a small extent (%)	To a moderate extent (%)	To a large extent (%)	To a very large extent (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	51	26	12	4	3	1	3	80	7	189020
2022	Indigenous Services Canada	51	27	12	4	2	0	4	81	7	3200
2020	Public Service	46	30	15	5	3	0	1	77	8	188018
2020	Indigenous Services Canada	46	30	15	5	2	0	1	77	8	3277
2019	Public Service	53	27	12	4	2	0	2	82	6	180485
2019	Indigenous Services Canada	54	28	11	4	2	0	2	83	6	2889
2018	Public Service	48	29	14	4	2	0	2	79	7	160646
2018	Indigenous Services Canada	49	29	14	4	2	0	2	79	6	2670

Question 73. Overall, my level of work-related stress is...

Survey year	Organization	Very low (%)	Low (%)	Moderate (%)	High (%)	Very High (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	11	31	37	13	6	0	0	43	19	189420
2022	Indigenous Services Canada	10	30	39	14	7	0	0	40	22	3210
2020	Public Service	14	33	34	13	5	0	0	48	18	188144
2020	Indigenous Services Canada	13	32	35	14	5	0	0	45	20	3274
2019	Public Service	17	34	33	12	4	0	0	50	17	181789
2019	Indigenous Services Canada	15	32	33	13	6	0	0	47	19	2924
2018	Public Service	13	31	36	14	5	0	0	45	19	161633
2018	Indigenous Services Canada	12	30	36	15	6	0	1	43	21	2690

Question 74. After my workday, I feel emotionally drained.

Survey year	Organization	Always/Almost always (%)	Often (%)	Sometimes (%)	Rarely (%)	Never/Almost never (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	9	19	39	21	11	0	0	32	29	188990
2022	Indigenous Services Canada	11	19	43	19	8	0	0	27	30	3195
2020	Public Service	11	20	38	21	9	0	0	31	31	187534
2020	Indigenous Services Canada	14	22	38	19	7	0	0	26	36	3265
2019	Public Service	10	18	38	23	11	0	0	34	29	180286
2019	Indigenous Services Canada	14	20	38	19	9	0	0	28	34	2897
2018	Public Service	10	20	38	22	10	0	0	32	30	159815
2018	Indigenous Services Canada	12	21	39	20	8	0	0	28	33	2647

Question 75. My department or agency does a good job of raising awareness of mental health in the workplace.

Survey year	Organization	Strongly agree (%)	Somewhat agree (%)	Neither agree nor disagree (%)	Somewhat disagree (%)	Strongly disagree (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	30	40	14	8	5	3	0	72	13	189260
2022	Indigenous Services Canada	25	43	15	9	5	3	0	70	14	3205
2020	Public Service	40	39	11	5	3	1	0	81	8	187949
2020	Indigenous Services Canada	39	40	13	5	2	1	0	80	7	3279
2019	Public Service	31	40	15	8	4	2	0	73	12	181158
2019	Indigenous Services Canada	26	40	16	10	6	2	0	68	16	2913
2018	Public Service	29	40	16	8	4	2	0	71	13	161108
2018	Indigenous Services Canada	22	43	17	9	5	2	0	67	15	2673

Question 76. In general, how is your mental health?

Survey year	Organization	Excellent (%)	Very good (%)	Good (%)	Fair (%)	Poor (%)	Total responses
2022	Public Service	12	28	35	19	6	189320
2022	Indigenous Services Canada	9	27	37	21	6	3205

Question 77. My immediate supervisor supports my mental health and well-being.

Survey year	Organization	Strongly agree (%)	Somewhat agree (%)	Neither agree nor disagree (%)	Somewhat disagree (%)	Strongly disagree (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	53	26	10	4	3	3	1	83	7	189380
2022	Indigenous Services Canada	54	26	9	4	4	3	1	83	7	3205
2020	Public Service	48	27	13	4	4	3	1	79	8	187225

Survey year	Organization	Strongly agree (%)	Somewhat agree (%)	Neither agree nor disagree (%)	Somewhat disagree (%)	Strongly disagree (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2020	Indigenous Services Canada	48	26	13	5	4	3	1	78	9	3262

Question 78. I would feel comfortable sharing concerns with my immediate supervisor about my mental health.

Survey year	Organization	Strongly agree (%)	Somewhat agree (%)	Neither agree nor disagree (%)	Somewhat disagree (%)	Strongly disagree (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	46	26	9	9	8	2	1	73	18	189330
2022	Indigenous Services Canada	47	26	8	8	9	2	0	74	17	3205
2020	Public Service	39	28	12	11	8	1	1	69	20	187730
2020	Indigenous Services Canada	39	28	10	12	8	1	1	69	21	3268

Question 79. I would feel comfortable sharing concerns with my immediate supervisor about my physical health and safety.

Survey year	Organization	Strongly agree (%)	Somewhat agree (%)	Neither agree nor disagree (%)	Somewhat disagree (%)	Strongly disagree (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	54	28	7	5	5	1	1	83	10	189380
2022	Indigenous Services Canada	55	27	6	5	5	1	0	83	10	3210
2020	Public Service	50	29	9	7	5	1	0	80	12	187389
2020	Indigenous Services Canada	50	28	9	7	5	1	0	79	12	3263

Question 80. I would describe my workplace as being psychologically healthy.

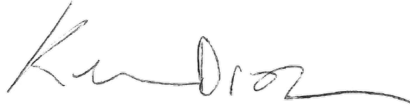
A psychologically healthy workplace is one that promotes employees' psychological well-being and actively works to prevent harm to employee psychological health due to negligent, reckless or intentional acts.

Survey year	Organization	Strongly agree (%)	Somewhat agree (%)	Neither agree nor disagree (%)	Somewhat disagree (%)	Strongly disagree (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	29	37	13	10	8	2	0	68	19	189260
2022	Indigenous Services Canada	24	39	15	11	8	2	0	65	20	3205
2020	Public Service	34	33	15	10	7	2	0	68	17	188058
2020	Indigenous Services Canada	32	32	16	11	7	2	0	65	19	3280
2019	Public Service	25	35	17	13	9	2	0	61	22	181482
2019	Indigenous Services Canada	19	33	20	16	11	2	0	52	28	2916
2018	Public Service	23	35	18	13	10	2	0	59	23	161341
2018	Indigenous Services Canada	17	33	19	18	11	2	1	51	29	2684

Question 82. I am equipped to support employees in my work unit who are experiencing mental health issues.

Survey year	Organization	Strongly agree (%)	Somewhat agree (%)	Neither agree nor disagree (%)	Somewhat disagree (%)	Strongly disagree (%)	Don't know (%)	Not applicable (%)	Most positive or least negative answers (%)	Least positive or most negative answers (%)	Total responses
2022	Public Service	19	50	13	13	4	1	0	69	18	46350
2022	Indigenous Services Canada	15	50	12	15	6	1	0	67	21	965
2020	Public Service	23	47	13	12	3	1	1	71	15	44705
2020	Indigenous Services Canada	23	45	13	14	4	1	0	69	18	902
2019	Public Service	21	45	14	12	4	2	2	68	17	41266
2019	Indigenous Services Canada	19	47	10	16	5	2	1	68	21	816

This is **Exhibit “31”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

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

Kevin Droz
LSO#: 82678N

December 8, 2023

VIA EMAIL

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Dear Counsel:

**RE: FIRST NATIONS CHILD AND FAMILY CARING SOCIETY OF CANADA ET AL V ATTORNEY GENERAL OF CANADA, T1340/7008
AGREEMENT IN PRINCIPLE ON LONG-TERM REFORM OF FIRST NATIONS CHILD AND FAMILY SERVICES AND JORDAN'S PRINCIPLE
OUR MATTER ID: 5204-006**

As our client has discussed with yours over the past two weeks, I write to advise that the Caring Society will file a non-compliance motion with the Tribunal early next week, asking for urgent relief regarding Jordan's Principle. The growing and widespread serious harms to First Nations children, youth, and families in the context of Canada's choice to not remedy systemic non-compliance requires immediate legal remedies. The Caring Society has raised its concerns with Canada in writing and in meetings over many months, and in some cases over many years, yet Canada has not implemented solutions at the level of the child (either those suggested by the Caring Society or alternative measures). The Caring Society must now act urgently to redress Canada's willful and widespread non-compliance with the Canadian Human Rights Tribunal orders.

The Caring Society plans to file a Notice of Motion in advance of the case management conference scheduled for December 19, 2023. The relief sought is consistent with the Jordan's

Principle Workplan attached to the AIP, the Back-to-Basics Approach and the solutions discussed between the parties, both at the counsel and client level. The Caring Society is particularly disappointed that many of these serious risks could have been prevented had Canada fulfilled its commitments agreed to in the AIP Jordan's Principle Workplan, signed in 2021, which was designed to uphold Canada's obligations set out in the existing Canadian Human Rights Tribunal orders.

The Caring Society accepts that taking this step to stand up for First Nations children and families engages paragraph 146 of the AIP, requiring us to step out of the AIP process. Nonetheless, the Caring Society remains fully committed to the AFN/Caring Society Path Forward and working with all Parties to achieve Final Settlement Agreements in both child and family services and Jordan's Principle. In the short term, the Caring Society remains ready and willing to aim for a draft Final Settlement Agreement on long-term reform of First Nations child and family services so it can be presented to the First Nations in Assembly at the AFN's Annual General Assembly in July 2024 for their review and decision making per Resolution 2022/40.

Redacted - Settlement Privilege

the Caring Society remains committed to moving forward with these measures and overall long term reform of First Nations child and family services and later on Jordan's Principle. That work should continue, and we remain ready to do our part.

Indeed, this approach is consistent with the dialogic approach encouraged by the Tribunal and approved by the Federal Court. Consistent with the AFN/Caring Society Path Forward, the Caring Society sees a clear opportunity to resolve the complaint regarding First Nations child and family services in a manner consistent with the direction of First Nations in Assembly contingent on Canada negotiating in good faith and fully complying with its obligations respecting the IFSD research and associated data in 2022 CHRT 8. To that end, we remain available for discussions on next steps at the parties' convenience, including at the already-scheduled meeting on Monday, December 11, 2023.

In order to structure negotiations in a manner that is principled and effective, the Caring Society envisions a clear negotiation process promoting consensus on topics before drafting the legal text. Consistent with the AIP Principles and the direction by First Nations in Assembly, the Caring Society looks forward to resolving matters including, but not limited to:

- a. Durability of the Final Settlement Agreement Redacted - Settlement Privilege
[REDACTED];
- b. Needs-based funding structures and policies, agreements and processes that reflect distinct community contexts;
- c. Alternative Dispute Resolution (for both individual and systemic complaints);

- d. Liability;
- e. Funding Reviews;
- f. Major capital for FNCFS following the conclusion of an FSA;
- g. Funding and structure of a “Secretariat” function for FNCFS both regionally and nationally; and
- h. Allocation of the remaining housing funding contained within Canada’s mandate.

In closing, we emphasize our ongoing commitment to work toward Final Settlement Agreements on child and family services and Jordan’s Principle while we take measures before the Tribunal to ensure that First Nations children, youth and families receive full benefit from the Tribunal’s orders.

Thank you for your consideration and we look forward to continuing our work together.

Yours truly,

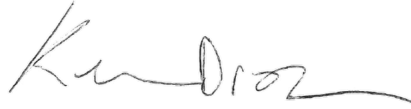


David P. Taylor

DPT/jk

Copy to: **Sarah Clarke and Kevin Droz**
Co-counsel for the Caring Society

This is **Exhibit “32”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

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

Kevin Droz
LSO#: 82678N

From: [Secretariat Commun PrincipedeJordan / Jordans Principle Common Secretariat](#)
To: ["Adam Warner"](#); ["Alicia Moulton"](#); [Allen, Jennifer](#); ["bmathews@fncaringsociety.com"](#); [Buck, Lacey \(she-elle\)](#); ["Caring Society Reception"](#); ["charmaine.pyakutch@fsin.com"](#); ["Cindy Blackstock"](#); ["Courtney Wheelton"](#); [Damours, Catherine](#); ["debra.bear@cyfn.net"](#); ["Emily King"](#); ["executive.assistant@afnyukon.ca"](#); [Gutierrez, Lilliana \(she-elle\)](#); [Howell, Glenn](#); [Itwaru, Michelle](#); ["Jennifer King"](#); ["Jessica Quinn"](#); ["Jessie.Messier@cssspnql.com"](#); [Kasper, Catherine](#); ["katherine alexander"](#); [Keays, Ashley](#); ["kholley@unsm.org"](#); [Kimbley, Paige](#); [Korbo, Michelle \(she-elle\)](#); [Larose, Mathieu](#); [Lauren Doxtater](#); [Lemick, Rita \(she-elle\)](#); [Leroy, Jennifer](#); ["Lisa Paul"](#); [lonechild, sandra](#); ["Maggie Wente"](#); ["Mariah Sylvester"](#); [McArthur, William](#); [Mirabelli, Meaghan \(she-elle\)](#); ["mmurray@nan.ca"](#); [Molly Rasmussen](#); [Musgrave, Sandra](#); [Onyegbula, Cynthia](#); ["patrice.cameron@yfned.ca"](#); ["Rhoda Hallgren"](#); ["Robin Quachegan"](#); [Robinson, Grant](#); ["Ross Perley"](#); ["Roxanne Cook"](#); [Roy, Cheri](#); ["Ruby Miller"](#); [Sabitova, Vanessa](#); [Sanderson, Mary-Lou](#); ["Shadelle Chambers"](#); ["shirley bighead"](#); [Simard-Chicago, Christine \(she\)](#); ["Sinéad Dearman"](#); [Steeves, Sarah](#); ["Stephanie Wellman"](#); ["Steve Courtoreille"](#); ["Tara Levi"](#); ["Tarlton, Jonathan"](#); ["tmacgillivray@nan.ca"](#); ["Veronica Marlowe"](#); ["Wendy Trylinski"](#); [Wilson-Clark, Samantha \(she-elle\)](#); [Wolfe, Isaac](#); ["Zachariah General"](#); [Secretariat Commun PrincipedeJordan / Jordans Principle Common Secretariat](#)
Cc: [Kelly Holley](#); [Charmaine Pyakutch](#); [Kim Rumley](#); [Bergamin, Tania \(she-elle\)](#); [Isabelle Verret](#)
Subject: Canceled: POSTPONED: Jordan's Principle Operations Committee Meeting
Importance: High

Dear JPOC Colleagues,

In consideration of the non-compliance motion pertaining to Jordan's Principle, the JPOC meeting scheduled for Tuesday February 27 will be postponed. The JPOC co-chairs will be in touch regarding future JPOC meetings.

Thank you,

Jordan's Principle Correspondence - Correspondance du principe de Jordan
National Office - Bureau national

Microsoft Teams meeting

Join on your computer, mobile app or room device

Click here to join the meeting <https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDI5MTVhMTctMWRjOC00ZTA0LTk2MmYtNjkzOWZkMjIwMW10%40thread.v2/0?context=%7b%22Tid%22%3a%22727ce8f2-a756-412e-a4c6-95204ad68d84%22%2c%22Oid%22%3a%2229d16c42-6400-42af-8ba6-ca820385aebd%22%7d>

Meeting ID: 234 332 925 28
Passcode: ommiq4

Download Teams <<https://www.microsoft.com/en-us/microsoft-teams/download-app>> | Join on the web <<https://www.microsoft.com/microsoft-teams/join-a-meeting>>

Join with a video conferencing device

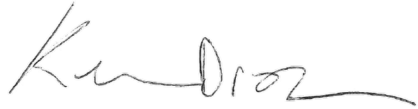
teams@sac-isc.video.canada.ca <<mailto:teams@sac-isc.video.canada.ca>>

Video Conference ID: 115 709 311 9

Alternate VTC instructions <<https://pexip.me/teams/sac-isc.video.canada.ca/1157093119>>

Learn More <<https://aka.ms/JoinTeamsMeeting>> | Meeting options <https://teams.microsoft.com/meetingOptions/?organizerId=29d16c42-6400-42af-8ba6-ca820385aebd&tenantId=727ce8f2-a756-412e-a4c6-95204ad68d84&threadId=19_meeting_MDI5MTVhMTctMWRjOC00ZTA0LTk2MmYtNjkzOWZkMjIwMW10@thread.v2&messageId=0&language=en-US>

This is **Exhibit “33”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

A handwritten signature in black ink, appearing to read "Kevin Droz", written over a horizontal line.

Kevin Droz
LSO#: 82678N

From: Brittany Mathews <bmathews@fncaringsociety.com>
Sent: Thursday, February 29, 2024 3:21 PM
To: Wilson-Clark, Samantha; 'Stephanie Wellman'
Cc: Secretariat Commun_PrincipedeJordan / Jordans Principle_Common Secretariat; Cindy Blackstock; Molly Rasmussen; Jennifer King; Jessica Quinn
Subject: Re: Postponed - JPOC February 27, 2024

Good afternoon co-chairs,

I hope this email finds everyone well.

Has a date been set for this postponed meeting? I note that it follows on the heels of the postponed January 24-25 in-person JPOC.

As Dr. Blackstock indicated in January, the Caring Society is of the view that the work of JPOC should not be disturbed by a non-compliance proceeding, and there is a long history of productive meetings, including with Canada, on child and family and Jordan's Principle alongside non-compliance motions and judicial reviews.

We look forward to hearing from you.

Thank you,

Brittany Mathews (*she/her*)
Director of Reconciliation & Policy
First Nations Child & Family Caring Society
bmathews@fncaringsociety.com
613-230-5885

fncaringsociety.com
Twitter: [@caringsociety](https://twitter.com/caringsociety)

Facebook: [@caringsociety](https://www.facebook.com/caringsociety)
Instagram: [@spiritbearandfriends](https://www.instagram.com/spiritbearandfriends)

From: Secretariat Commun_PrincipedeJordan / Jordans Principle_Common Secretariat <secretariat-principedejordan-jordansprinciple@sac-isc.gc.ca>

Date: Monday, February 26, 2024 at 3:54 PM

To: Adam Warner <warner@csfs.org>, 'Alicia Moulton' <aliciamoulton.mawiw@efned.ca>, Allen, Jennifer <jennifer.allen@sac-isc.gc.ca>, Brittany Mathews <bmathews@fncaringsociety.com>, Buck, Lacey (she-elle) <Lacey.Buck@sac-isc.gc.ca>, Caring Society Reception <reception@fncaringsociety.com>, 'charmaine.pyakutch@fsin.com' <'charmaine.pyakutch@fsin.com'>, Cindy Blackstock <cblackst@fncaringsociety.com>, 'Courtney Wheelton' <courtney.wheelton@yfned.ca>, Damours, Catherine <catherine.damours@sac-isc.gc.ca>, debra.bear@cyfn.net <debra.bear@cyfn.net>, 'Emily King' <Emily.King@coo.org>, 'executive.assistant@afnyukon.ca' <'executive.assistant@afnyukon.ca'>, Gutierrez, Liliana (she-elle) <liliana.gutierrez@sac-isc.gc.ca>, Howell, Glenn <glenn.howell2@sac-isc.gc.ca>, Itwaru, Michelle <michelle.itwaru@sac-isc.gc.ca>, Jennifer King <jking@fncaringsociety.com>, 'Jessica Quinn' <JQuinn@afn.ca>, Jessie.Messier@cspnql.com <Jessie.Messier@cspnql.com>, Joyce Spence

<jspence@nan.ca>, Kasper, Catherine <catherine.kasper@sac-isc.gc.ca>, Keays, Ashley <ashley.keays@sac-isc.gc.ca>, 'kholley@unsm.org' <'kholley@unsm.org'>, Kim Rumley <Kim.Rumley@yfned.ca>, Kimbley, Paige <paige.kimbley@sac-isc.gc.ca>, Korbo, Michelle (she-elle) <michelle.korbo@sac-isc.gc.ca>, Larose, Mathieu <Mathieu.Larose@sac-isc.gc.ca>, Lauren Doxtater <LDoxtater@afn.ca>, Lemick, Rita (she-elle) <rita.lemick@sac-isc.gc.ca>, Leroy, Jennifer <jennifer.leroy@sac-isc.gc.ca>, Lisa Paul <lisa.paul@mawiw.ca>, lonechild, sandra <sandra.lonechild@sac-isc.gc.ca>, Maggie Wente <mwente@oktlaw.com>, Mariah Sylvester <MFSylvester@afn.ca>, McArthur, William <William.McArthur@sac-isc.gc.ca>, Mirabelli, Meaghan (she-elle) <Meaghan.Mirabelli@sac-isc.gc.ca>, mmurray@nan.ca <mmurray@nan.ca>, Molly Rasmussen <mrasmussen@fncaringsociety.com>, Musgrave, Sandra <sandra.musgrave@sac-isc.gc.ca>, Onyegbula, Cynthia <cynthia.onyegbula@sac-isc.gc.ca>, Rhoda Hallgren <rhallgren@csfs.org>, Robin Quachegan <rquachegan@nan.ca>, Robinson, Grant <grant.robinson@sac-isc.gc.ca>, Ross Perley <rossperley@hotmail.com>, 'Roxanne Cook' <rcook@denenation.com>, 'Ruby Miller' <Ruby.Miller@coo.org>, Russelle, Kelly <kelly.russelle@sac-isc.gc.ca>, Sabitova, Vanessa <Vanessa.Sabitova@sac-isc.gc.ca>, Sanderson, Mary-Lou <mary-lou.sanderson@sac-isc.gc.ca>, 'Shadelle Chambers' <Shadelle.Chambers@cyfn.net>, 'shirley bighead' <shirley_slfn@msn.com>, Simard-Chicago, Christine (she) <christine.simard-chicago@sac-isc.gc.ca>, 'Sinéad Dearman' <SDearman@oktlaw.com>, Steeves, Sarah <Sarah.Steeves@sac-isc.gc.ca>, 'Stephanie Wellman' <SWellman@afn.ca>, 'Steve Courtoreille' <Steve.Courtoreille@nptc.ca>, 'Tara Levi' <taralevi.mawiw@efned.ca>, 'Tarlton, Jonathan' <Jonathan.Tarlton@justice.gc.ca>, 'tmacgillivray@nan.ca' <'tmacgillivray@nan.ca'>, 'Veronica Marlowe' <vmarlowe@denenation.com>, 'Wendy Trylinski' <wtrylins@nan.on.ca>, Wilson-Clark, Samantha (she-elle) <Samantha.Wilson-Clark@sac-isc.gc.ca>, Wolfe, Isaac <isaac.wolfe@sac-isc.gc.ca>, 'Zachariah General' <Zachariah.General@coo.org>

Subject: Postponed - JPOC February 27, 2024

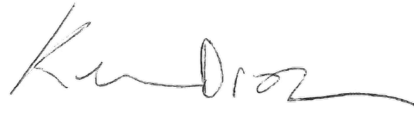
Dear JPOC Colleagues,

In consideration of the non-compliance motion pertaining to Jordan's Principle, the JPOC meeting scheduled for Tuesday February 27 will be postponed. The JPOC co-chairs will be in touch regarding future JPOC meetings.

Thank you,

**Jordan's Principle Correspondence - Correspondance du principe de Jordan
National Office - Bureau national**

This is **Exhibit “34”** to
the affidavit of Cindy
Blackstock sworn before
me this 27th day of
March, 2024

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

Kevin Droz
LSO#: 82678N



BC ASSEMBLY OF FIRST NATIONS

1004 Landooz Road
Prince George, BC V2K 5S3
Website: www.bcafn.ca

BCAFN SPECIAL CHIEFS ASSEMBLY
March 7 & 8, 2024
Online via Zoom

Resolution 07/2024

SUBJECT: ENSURING FREE, PRIOR AND INFORMED CONSENT FOR FNCFS LONG-TERM REFORM AND COMPENSATION DISTRIBUTION

Moved BY: JUDY WILSON, PROXY, SKAWAHLOOK FIRST NATION

SECONDED BY: CHIEF JAMES HOBART, SPUZZUM FIRST NATION

DECISION: CARRIED

WHEREAS:

- A. the First Nations Child and Family Caring Society (Caring Society) and the Assembly of First Nations (AFN) filed a discrimination at the Canadian Human Rights Tribunal in 2007 alleging Canada's inequitable provision of First Nations child and family services and its choice to not implement Jordan's Principle were discriminatory;
- B. the Canadian Human Rights Tribunal substantiated the discrimination in 2016 CHRT 2 and ordered Canada to immediately cease its discriminatory conduct towards First Nations children and families, including those who are members of First Nations in British Columbia (B.C.);
- C. consistent with the direction of the AFN Chiefs-in-Assembly (AFN resolution no. 85/2018) pursuant to the Canadian Human Rights Act, Canada has been ordered to pay \$40,000.00 per eligible victim for Canada's "willful and reckless" discrimination of the "worst order." In 2019 CHRT 30 and 2021 CHRT 7 as upheld by the Federal Court (T-1621-19 in 2021 FC 969);
- D. on December 31, 2021, two Agreements-in-Principle (AIP) were signed, providing the frameworks for negotiations of the Final Settlement Agreements (FSA) on (1) Long-Term Reform

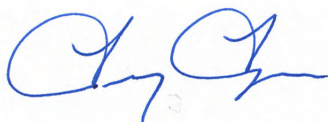
Certified copy of a resolution adopted on the 8th day of March 2024

Terry Teegee, BC Regional Chief

of the FNCFS Program, Jordan's Principle, and Indigenous Services Canada (ISC) and (2) Compensation for victims of Canada's discrimination;

- E. on April 3, 2023, the parties announced a revised FSA on compensation totaling \$23.34 billion, which was endorsed by the AFN Chiefs-in-Assembly (Resolution 04/2023); and approved by the Federal Court in a Settlement Approval Hearing on October 24, 2023;
- F. AFN resolution 40/2022 'Final Settlement Agreement on Compensation for First Nations Children and Families' calls on Canada to ensure Chiefs shall be provided with all available options and related supporting financial resources and materials to ensure First Nations can exercise their Free, Prior and Informed Consent on long-term reforms.
- G. the *United Nations Declaration on the Rights of Indigenous Peoples*, which the government of Canada has adopted without qualification, and has, alongside the government of B.C., passed legislation committing to implement, affirms:
Article 2: Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity.
Article 7(2): Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.
Article 19: States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.
Article 22(2): States shall take measures, in conjunction with Indigenous peoples, to ensure that Indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.
Article 40: Indigenous peoples have the right to access to and prompt decision through just and fair procedures for the resolution of conflicts and disputes with States or other parties, as well as to effective remedies for all infringements of their individual and collective rights. Such a decision shall give due consideration to the customs, traditions, rules and legal systems of the indigenous peoples concerned and international human rights;
- H. at the direction of the First Nations-in-Assembly, the AFN Social Development Sector has been mandated to advance First Nations control and jurisdiction over social development programs and services as the foundation for the wellbeing of First Nations children, families and communities;
- I. AFN Resolution 40/2022 directed Canada to fund the Assembly of First Nations National Advisory Committee (NAC) on First Nations Child and Family Services Reform and regional and other technical experts to inform the FSA;

Certified copy of a resolution adopted on the 8th day of March 2024



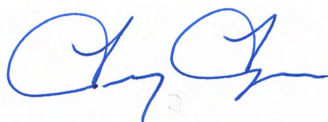
Terry Teegee, BC Regional Chief

- J. the Federal Court of Canada, with the approval of the AFN, appointed Stuart Wuttke, Derek Nepinak, Duke Peltier, David Sterns and Robert Kugler to serve on the Settlement Implementation Committee to oversee the implementation of the FSA on Compensation in November 2023;
- K. First Nations have been requested to provide input on the compensation distribution by the end of February 2024 without yet receiving a draft distribution protocol to review, inhibiting the ability to provide free, prior, and informed consent;
- L. AFN Resolution 28/2022 directed for the AFN to return to the AFN First Nations-in-Assembly to provide regular progress reports and seek direction on any outstanding implementation issues;
- M. after signing two Agreements-in-Principle and a Final Settlement Agreement on Compensation, Canada continues a pattern of non-compliance with CHRT orders; and
- N. the First Nations Child and Family Caring Society filed a non-compliance motion against Canada in December of 2023 in response to Canada's repeated failures to fully and completely implement Jordan's Principle.

THEREFORE BE IT RESOLVED THAT:

1. the BCAFN Chiefs-in-Assembly calls on the Assembly of First Nations to ensure that First Nations unceded Title, Rights and sovereignty are acknowledged and upheld in any negotiations related to children and families;
2. the BCAFN Chiefs in Assembly calls on the (AFN) Settlement Implementation Committee to provide the draft compensation distribution protocol prior to consultation, and to extend engagement timelines to allow for thorough consultation with Nations in B.C. and ensure free, prior, and informed consent;
3. the BCAFN Chiefs in Assembly calls on the AFN to immediately share copies of the draft Final Settlement Agreement and the Distribution Protocol and any rolling drafts with the First Nations Child and Family Caring Society, the National Advisory Committee and Regional Experts on a confidential basis for review and for AFN to meaningfully incorporate their recommendations for change;
4. the BCAFN Chiefs-in-Assembly calls on the federal government to provide funding for regional engagement on the draft compensation distribution protocol to ensure free, prior, and informed consent;

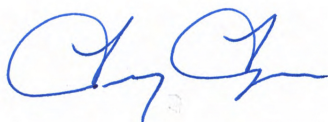
Certified copy of a resolution adopted on the 8th day of March 2024



Terry Teegee, BC Regional Chief

5. the BCAFN Chiefs-in-Assembly calls on the AFN to ensure direction and approval is sought from the AFN Chiefs-in-Assembly and the AFN Social Development Sector, and that such direction is adhered to in decision-making regarding long-term reform and compensation distribution; and
6. the BCAFN Chiefs in Assembly fully support the First Nations Child and Family Caring Society's December 2023 Jordan's Principle non-compliance motion, and direct the AFN to fully support the non-compliance motion including in its oral and written submissions.

Certified copy of a resolution adopted on the 8th day of March 2024

A handwritten signature in blue ink, appearing to read 'Terry Teegee', is written over a horizontal line.

Terry Teegee, BC Regional Chief