

Making a Request Through Jordan's Principle and the Inuit Child First Initiative

Atlantic Region Information Package 2021-2022



Contents

Eligibility/Who Can Apply	3
What Can be Covered under Jordan's Principle?	4
What Do I Need To Submit an Individual Request?	5
What is Substantive Equality and When/How Do I Include It?	6
APPENDIX A: Additional Details for Required/Supporting Documentation	7

Requests can be submitted to brigitte.white@qalipu.ca
or can be mailed or dropped off at
3 Church Street
Corner Brook, NL A2H 2Z4
709-634-2234

To submit a case under Jordan's Principle in Atlantic Region, or for more information

please contact: Indigenous Services Canada- Jordan's Principle Atlantic Region at

Tel: 1-833-652-0210 / Fax: 902-426-6158

~ OR ~

Completed Requests Can Be Submitted To:

sac.principedejordanatl-jordansprincipleatl.isc@canada.ca

A blue abstract graphic consisting of several overlapping, semi-transparent shapes that create a sense of depth and movement, located in the top left corner of the page.

What is Jordan's Principle?

Jordan's Principle makes sure all First Nations children living in Canada can access the products, services and supports they need, when they need them. Funding can help with a wide range of health, social and educational needs, including the unique needs of First Nations Two-Spirit and LGBTQIA children.

Jordan's Principle is named in memory of Jordan River Anderson, a young boy from Norway House Cree Nation in Manitoba.

Eligibility/Who Can Apply?

First Nations and Inuit children who reside in Canada are eligible from birth until the date of 19th birthday in NS, NB, NL and 18th birthday in PEI to be considered for products, services and supports if they meet any of the following:

- ☐ The child is registered or eligible to be registered under the Indian Act (as amended from time to time).
- ☐ The child has one parent/guardian who is registered or eligible to be registered under the Indian Act (as amended from time to time).
- ☐ The child is recognized by their Nation for the purposes of Jordan's Principle; or
- ☐ The child ordinarily resides on reserve (confirmation required yearly)
- ☐ The child is a citizen of self-governing organizations across Canada
- ☐ The child is under the age of majority in their province or territory of residence
- ☐ The child permanently resides in Canada

Individual Request

Requests for products, services and supports to meet the specific needs of a child can be made by:

- ☐ Parents or guardians caring for the child as identified above,
- ☐ A First Nations or Inuit child above 16 years of age, who meets the eligibility criteria, can apply for themselves.
- ☐ An authorized representative of the child, parent or guardian.

What Can be Covered under Jordan's Principle?

Jordan's Principle and the Inuit Child First Initiative aims to ensure there are no gaps in health, social and education programs, services and supports for First Nations and Inuit children. All requests, whether for an individual child or for a group of children, are reviewed on a case-by-case basis, with an understanding that each situation is unique.

Products, services and supports may range from health, social, cultural, and educational needs. The following provides some examples of products and services that may be funded through Jordan's Principle (Note: approvals are case-specific, based on the unique circumstances identified to support the request). For more information on what is covered under Jordan's Principle, we encourage you to reach out to your local Jordans Principle Service Coordinator or call the Atlantic Regional Office at 1-833-652-0210.

Case Example #1

A child resides on reserve but does not have a Status number. They have a medical appointment that they must travel to Moncton for. Travel expenses, including mileage, meals, and accommodation, would be eligible through Non-Insured Health Benefits (NIHB) if the child/escort had a Status number. By identifying this gap in accessibility, this case may be covered under Jordan's Principle to ensure the normative standard of care is provided to the child (see pg.7 for more information).

Case Example #2

A child has a medical appointment that they must travel to St. John's for. NIHB provides for the cost of the trip, including bus fare, meals and accommodation for the child and their escort. The child has a 3-year-old sibling, and the child's guardian is a single parent without a wide support network. The child has missed several appointments, as the parent is unable to find childcare for the younger sibling. With supporting documentation, Jordan's Principle may be applied to cover the bus fare and meals for the sibling to attend the trip under the provision of ensuring Substantive Equality, above the normative standard of care for the child (see pg. 7 for more information).

What Do I Need To Submit an Individual Request?

Note: The personal information collected by Canada provided in making a Jordan's Principle submission is protected in accordance with the Privacy Act.

- Child Name, Date of Birth, Indian Status Number/Inuit beneficiary number (if registered/enrolled), Address of Residence/Mailing Address, contact information (phone number, email)
 - If the First Nations Child is not registered:
 - Parent/Legal Guardian's Name, Date of Birth, Indian Status Number
 - *If the parent/legal guardian is not registered, then the paternal and maternal grandparents information may be required
 - Confirmation of Recognized Membership by their Nation; or Consent to v Communicate with a Nation Representative to confirm membership
 - *If applicable, please contact the Jordan's Principle to request the applicable forms at sac.principedejordanatl-jordansprincipleatl.isc@canada.ca
 - If the child lives on or off reserve (if applicable, please provide documentation indicating that the child is ordinarily resident on reserve)
- Parent/Legal Guardian's Name, Address of Residence/Mailing Address, contact information (phone number, email, etc)
- Parental/Guardian Consent:

This includes consent to submit the application (if not the parent/guardian) with the child's personal and/or health information. For verbal consent, please provide the parent/guardian's full name, address, and phone number and guardianship documentation where applicable.
- Funding information (cost estimates, invoices, receipts), frequency, and duration for service delivery
- Letters of support from educational, social, health professionals

The professional directly working with the child should clearly state, specific to their area of expertise/scope of practice, the diagnosis(es) or identified need, recommended intervention and treatment plan (where applicable), and how there is a gap in services.

 - Assessments or recommendations previously completed for the child that link the requested services to the identified needs of the child
- History of the request:

Has other funding been accessed prior to request? Is the funding insufficient, if so, how? Have you previously submitted to another program/service?
- Information/documentation to support substantive equality, culturally appropriate service provision, and/or safeguarding best interest of the child (See pg.7 and Appendix A/B for details).

Examples of supporting information could include:

 - a letter of support provided by a health/social/education professional directly involved in the child's circle of care
 - a verbal statement/testimony or letter of support from a family member/ Elder/community member; and/or
 - a verbal statement/testimony or letter describing the cultural significance of a requested product/service/support.

What is Substantive Equality and When/How Do I Include It?

When a request for products, services, or supports is beyond the normative standard of care, if applicable, it may be requested through substantive equality, the best interests of the child, and/or culturally appropriate services.

Normative Standard of Care

The Normative Standard of Care is the average or standard level of provincial health, social and education programs/services provided to support the health of the population. It is a guide for identifying the minimum level of care that a First Nations or Inuit child is entitled to receive in relation to any other child. This means that a gap in a government service/product/support exists when it is:

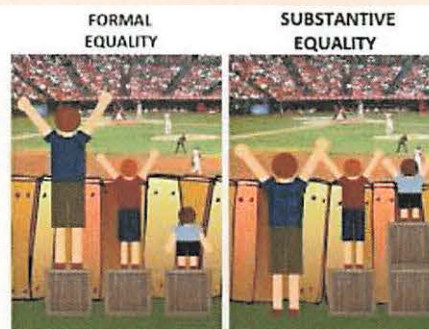
- ❑ *available to all other children; and*
- ❑ *is not accessible by a First Nations child*

Case Example #1 demonstrates examples of approved cases under the 'normative standard of care', showing a gap in a service/support that is normally available to other children.

Substantive Equality

Requests under that are "beyond the Normative Standard of Care" (*beyond what is normally available to other children*) may be approved when the case is applied through the lens of 'substantive equality'. This is the understanding that not all children start off from the same position in life due to the unique circumstances they may face, making it more difficult for some to reach the same level of success as others.

Treating everyone the same is only fair if they start from the same position. This lens takes into account the unique needs (and the unique services/supports to meet those needs) of a First Nations or Inuit child given circumstances such as historical disadvantage; inequalities; the lack of on-reserve or surrounding services etc.



Supporting Questions for Substantive Equality in a Request:

- *Would failure to provide the service continue the disadvantage experienced by the child or ethnicity?*
- *Would failure to provide the service result in the child needing to leave the home or community for an extended period of time?*
- *Does the child have increased needs for the service because of a historical disadvantage (i.e. impact of Indian Residential Schools, 60's Scoop, etc.)?*
- *Would failure to provide the service result in the child being placed at a significant disadvantage in terms of ability to participate in educational activities?*
- *Is the provision of support necessary in maintaining family stability (i.e. risk of child being placed in care; caregivers being unable to assume caregiving responsibilities)?*
- *Is the provision of support necessary to ensure access to culturally appropriate services or to avoid a significant interruption in the child's care?*
- *Does the child's circumstance of health condition, family, or community context (geographical, historical or cultural) lead to a different or greater need for services as compared to other children?*
- *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?*

APPENDIX A: Additional Details for Required/Supporting Documentation

1) Documentation/Information for Child

To support all requests, signed documentation is required from a health, social, or education professional *directly working* with the child/children that clearly indicates the diagnosis(es) or identified need, directly recommends the requested intervention, as well as the recommended frequency/duration (treatment plan), if applicable. This documentation should:

- be within the professional's area of expertise/scope of practice (i.e. requests for a medical or health intervention must be recommended by a health professional, whereas a child or family social service can be recommended by a social worker), bearing in mind community context and access to professionals, as noted below*;
- be from a professional within the child's circle of care (i.e. directly treating the child);
- include the registration/professional licensing number of the recommending professional, if applicable; and
- be consistent with the general care/wellness plan for the child, if applicable.

** Please note that community health, social and education providers are considered as qualified in most cases to provide an initial assessment of unmet needs of the child (or children). This is especially important to consider in cases where communities/families do not have timely access to specialized or additional subject-matter expertise (e.g. a National Native Alcohol and Drug Abuse Program (NNADAP) worker can provide a substance abuse recommendation in the absence of a physician or psychologist).*

This includes providing ONE or more of the following that links to the requested need for each child identified in the request:

- Health/education/social assessment, evaluation, report or summary (i.e. psychoeducational assessment, behavioural assessment, Occupational therapist report, Elder or Cultural Teacher etc.)
- Referral
- Prescription
- Official diagnosis with treatment plan
- Letter of recommendation from health/social/education professional involved in the child's/children's life that indicates the diagnosis(es) or identified need and directly recommends the requested product/support/service.*

Note: Please ensure you have obtained consent from parent/guardian to share information for each child with personal and/or health information submitted with the request, as it is required by ISC to process any request.

Letters of Recommendation from a health, social, or educational professional involved in the child's/children's life should include the following:

- It is preferable that the professional not use a generic letter. Given each child has unique needs, the letter of recommendation must speak directly about the child/children identified in the request.
- Date
- Professional's role in the child's life
- Professional's licensing number/credentials (if applicable)
- Nature of relationship to the child, including the length of time working with the child
- Diagnosis(es) and/or identified need
- Please include information to support evidence of a gap in services and/or substantive equality (See pg 7 of this document for more information).

- Direct recommendation of the requested intervention, which:
 - Indicates how provision of the request would directly address the child's health, social and/or educational identified need/diagnosis(es); and/or
 - Identifies the potential impacts on the child should the request not be provided.
- Giving an example is helpful to demonstrate how the request would address the child's need. The more specific the letter is, the better it demonstrates why the request is needed.
- The recommended intervention or treatment should be directly named in the letter. *For example, for a request for coverage of fees associated participation in a hockey team, the professional should not simply suggest that sports in general would be beneficial for the child, but should specify how participation on a hockey team specifically would address the child's diagnosis (es) or identified need(s).*
- Signature of the recommending professional

Types of Health/Social/Educational Assessments, Evaluations or Reports

- | | |
|---|--|
| ☑ Autism Assessment | • Occupational Therapist Assessment/Report |
| ☑ Behavioural Therapy Assessment | • Orthodontic Evaluation Summary |
| ☑ Dental/Orthodontic Treatment Plan | • Physiotherapy Report |
| ☑ Developmental Assessment Report | • Psycho-Educational Assessment |
| ☑ Educational Support Plan/Intervention | • Psychological Assessment/Report/Evaluation |
| ☑ FASD Assessment | • Psychology Record of Service |
| ☑ Hospital Report | • Rehabilitation Report |
| ☑ Individual Education Plan (IEP) | • Report Card |
| ☑ Neurodevelopmental Assessment | • Speech and Language Assessment/Report |
| ☑ Neuropsychological Assessment | • Student Support Plan |
| ☑ Mental Status Exam | • Trauma-Informed Safety Plan |
| ☑ Treatment Plan/Progress Report | |

Examples of who Can Provide a Referral or Letter of Recommendation

- | | |
|--------------------------------------|--|
| • Aboriginal Disability Case Manager | • Occupational Therapist |
| • Assistive Technologist | • Ophthalmologist |
| • Audiologist | • Optometrist |
| • Behavioural Consultant/Analysts | • Orthodontist |
| • Chiropractor | • Otolaryngologist |
| • Community Health Nurse | • Pediatrician |
| • Counselling Services | • Physical Therapist |
| • Dentist | • Physician/Doctor |
| • Early Childhood Interventionist | • Physiotherapist |
| • Educational Professional | • Psychiatrist |
| • Mental Health Nurse | • Psychological Associate |
| • Mental Health Therapist | • Psychologist (Clinical/Social/Educational) |
| • Midwife | • Psychotherapist |
| • Neuropsychologist | • Recreational Therapist |
| • Nurse/ Nurse Practitioner | • Speech-Language Pathologist |
| • Elder/Cultural Teacher | • Registered Social Worker |

Example of an Incomplete Letter of Recommendation	Example of a Complete Letter of Recommendation
<p><i>"I, recommend that this child participate in activities because it is beneficial for him to get exercise for both health and social reasons."</i></p> <p>*Unfortunately, this letter is very generic and vague with respect to the child, which makes it difficult for a reviewer to know what the link is between the child's needs and what is being requested</p>	<p><i>(Child's name) has been my patient/client since 2015. (Child's name) has been diagnosed with anxiety, which has worsened with age. He has already tried medication, and his parents have taken training to help him manage his anxiety on a daily basis, which has helped a lot, but there is still work to be done. As school psychologist, I have observed in working with (child's name) that since he has joined a soccer team and has been practising regularly, his anxiety has decreased considerably (ie. noting he is sleeping better, has a desire to engage others etc.), and he is concentrating better at school. This has also been noted by the case management team (i.e. teacher, medical professional, psychologist etc.) during regular case conferencing meetings. I strongly recommend that he continue participating in this activity. I have determined that it helps him manage his anxiety and do better in school.</i></p> <p>Signature of Service Provider (Name and title of Service Provider). Letter signed September 1, 2019</p>

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