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# Jordan's Principle



*Keewaywin: Our Way Home*  
— MANITOBA FIRST NATIONS ENGAGEMENT —

## Keewaywin Engagement Manitoba First Nations Jordan's Principle Implementation

Final Report – September 2017

PREPARED BY:



Assembly of Manitoba Chiefs  
EMPOWERING OUR NATIONS



Abinewiyag Bijiweewag  
First Nations  
Family Advocate Office  
"Bringing Our Children Home"





# GRANDMOTHERS COUNCIL STATEMENT OF ACTION ON CHILD WELFARE

## OGITCHITAKWEWAK KAGIIKWENAN

The gift of creation gifted to women by our Creator is a shared blessing and a responsibility, a responsibility to and for the future of our nations and a responsibility to care for, love and teach our children and grandchildren. These teachings provided by our Creator and our Mother Earth can only be taught by our mother.

1. We the grandmothers of our nations honour the gift, blessing and responsibility of life through our children and grandchildren and our responsibility to insure that our life as a people through our children is honoured and nurtured. We honour the laws of our language, culture, ceremonies and the natural laws of our land that guide our life—a life filled with beauty, responsibilities and purpose.
2. We the grandmothers of our people, with the support of our men, will not allow the removal of our children from our families and our nations.
3. We the grandmothers will gather the grandmothers of our nations. Through prayer, we will define the actions and processes necessary to ensure the safety and well-being of our children.
4. We honour this gift of life and our responsibility for our nations and stand together in unity and in strength with the gifts of language and ceremony provided by our Creator to take up our role as life givers, mothers, aunts and grandmothers. No external entity shall be allowed to remove our gifts from the shelter and love of our homes and nations.
5. Tunkasila, we humbly ask for your guidance, your blessing and your strength. Pidamiya ye, Mitakuye Owasin.



# EXECUTIVE SUMMARY

This report contains the results of the Assembly of Manitoba Chiefs First Nations Family Advocate Office *Keewaywin: Our Way Home, Manitoba First Nations Engagement on Jordan's Principle*. The report contains the main findings and recommendations from engagement sessions and meetings.

For over ten years, the Assembly of Manitoba Chiefs has had a mandate to advocate for the implementation of a broad approach to Jordan's Principle.

In 2015, the Truth and Reconciliation Commission of Canada published Call to Action #3 asking all levels of government to implement Jordan's Principle fully. In January 2016, the Canadian Human Rights Tribunal found the Canadian government failed to implement Jordan's Principle and ordered Canada to cease applying its narrow definition of it and to take measures to implement its full meaning and scope immediately. Additionally, Canada was ordered to reform the First Nations Child and Family Services Program.

In response, the federal government announced \$382 million in new funding to implement a "new approach" to Jordan's Principle in July 2016. Health Canada set up funding arrangements with First Nation organizations to hire regional service coordinators to assess needs, develop care plans and connect children and their parents with required services.

In September 2016, Manitoba Chiefs-in-Assembly passed a resolution for First Nations directives on Jordan's Principle, calling for the immediate implementation of the Canadian Human Rights Tribunal decision regarding the First Nations Child and Family Services Program and Jordan's Principle.

The Assembly of Manitoba Chiefs proposed to the federal government that Manitoba First Nations' input be included in the new approach, starting with a forum on Jordan's Principle.

Further input was gathered through four engagement sessions funded by Health Canada through the First Nations and Inuit Health Branch. However, as Indigenous and Northern Affairs Canada was already funding First Nations Child and Family Services reform engagement sessions, a Jordan's Principle component was included in those sessions already underway in order to leverage existing Assembly of Manitoba Chiefs' work and to offer a broader range of input for Jordan's Principle implementation.

The *Keewaywin: Our Way Home, Manitoba First Nations Engagement* is a First-Nations-led initiative to develop Jordan's Principle implementation options. First Nations must take the lead in designing and implementing Jordan's Principle based on First Nation original systems of child rearing. The Assembly of Manitoba Chiefs First Nations Family Advocate Office is confident report recommendations can be used to develop a range of First-Nation-led options to implement the full meaning and scope of Jordan's Principle in Manitoba.



*Keewaywin: Our Way Home*  
— MANITOBA FIRST NATIONS ENGAGEMENT —



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# INTRODUCTION

Jordan River Anderson was born with a complex genetic disorder. He lived his life in a hospital because of jurisdictional disputes over medical care costs between the Department of Indian Affairs and Northern Development, the Province of Manitoba and Health Canada. The federal government was responsible for his child welfare costs as his parents lived “on reserve.” If Jordan lived “off reserve,” his per diem costs would have been immediately covered by a non-Aboriginal child welfare agency.

First Nations leaders aware of Jordan’s plight began advocating for Jordan using political pressure. However, governments sat at a negotiating table for three years disputing and rejecting responsibility over itemized costs. First Nations leaders asked federal and provincial governments to adopt a “Child First” policy immediately. In honour of Jordan’s memory, this child first policy is called Jordan’s Principle (JP). JP ensures status Indian children living on reserve receive services without delay or disruption and governments sort out who pays afterwards.

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**“Let’s make Jordan’s Principle successful for the little boy Jordan who got this all started.”**

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For over ten years, the Assembly of Manitoba Chiefs (AMC) has had a mandate to advocate for full implementation of JP and has been consistent in seeking application of a broad approach to JP that applies to education, child welfare, health, child care, recreation and language and culture.

In 2015, the Truth and Reconciliation Commission (TRC) of Canada published its final report with Call to Action #3 requiring all levels of government to implement JP fully. On January 26, 2016, the Canadian Human Rights Tribunal (CHRT) found the Canadian government failed to implement JP, limiting First Nation access to government services available to other children. In its decision, *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada*, the CHRT ordered Canada to, among other directives, implement the full meaning and scope of JP and cease applying its narrow definition of JP. The CHRT decision also ordered Canada to reform the First Nations Child and Family Services (FNCFS) Program.

In July 2016, the federal government responded to the CHRT decision by announcing new funding to implement a “new approach” to JP to assess children’s needs and to ensure they are responded to quickly. The federal government confirmed equal care of First Nation children, announcing \$382 million in new funding over three years to implement the new approach to JP.

The new approach to JP is an initiative that addresses the needs of all First Nation children and helps to ensure that:

- Health and social services are not delayed, disrupted or prevented while they are being discussed or reviewed;
- Services are implemented in a timely manner; and
- Services will be provided despite jurisdictional service gaps or disputes over payment of needed services between federal departments, provincial and territorial governments and federal departments.





The expanded definition applies to all First Nation children and removes the eligibility requirement that a First Nation child living on reserve must have multiple disabilities needing various service providers.



Health Canada set up funding arrangements with First Nation organizations to hire regional service coordinators to assess needs, develop care plans and connect children and their parents with required services to remove the stress of navigating the system.

In September 2016, the AMC Chiefs-in-Assembly passed a resolution on First Nations directives for JP and a resolution calling for the immediate implementation of the CHRT decision regarding the FNCFS Program and JP.

While political will to respond to the CHRT ruling was welcomed, the new approach proposed was a unilateral decision—First Nations were not involved. The AMC proposed Manitoba First Nation input be included in the government's new approach, starting with a forum on JP. From December 12-13, 2016, two hundred and forty-two participants representing different First Nations, tribal councils, First Nations

service organizations and provincial/territorial organizations

attended a forum to discuss how Manitoba First Nations would design full implementation of JP and to identify current challenges in the child welfare system. The following are the recommendations from the Jordan's Principle Forum—First Nations Designing Full Implementation

1. First Nations must undertake further discussions, especially to obtain feedback and input from families, on the design and full implementation of JP by building upon findings outlined in this report, including:
  - Report guidelines and principles, as well as service and capacity needs;
  - Options for service organizations able to manage an added mandate to fill service gaps on an immediate or short-term basis, including creation of boards;
  - Different perspectives on the need to create a new First Nation entity designed to implement JP;

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**"Jordan's Principle is a much needed program; I'm so happy that it's here."**

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- Further discussions on Interdepartmental relationships within First Nations and with provincial and federal governments, as well as on interjurisdictional relationships, which are required because they are dependent upon what governance and service delivery of JP implementation looks like. Key features of these relationships provided in this report can be considered and built upon in those discussions; and
- Payment, billing, and funding matters require further discussion because they too are dependent upon what governance and service delivery of JP implementation looks like. Key features of these relationships can be considered and built upon. This includes reviewing existing funding models of Indigenous and Northern Affairs Canada (INAC) and First Nations and Inuit Health Branch (FNIHB), developing First Nation financial institutions and channeling funds in our control, establishing an aggregate funding entity, developing a First Nation centralized JP finance system and developing a First Nation compliance policy to align with JP.



2. Northern service delivery opportunities and specific concerns from Island Lake First Nations are considered and addressed in JP implementation.
3. First Nations immediate political action regarding the majority of federal funding going to Rehab Centre for Children (RCC) based on contravention of First Nation fundamental vision of full JP implementation.
4. Opportunities for First Nations to revise their proposals under the Jordan's Principle – Child First Initiative (JP-CFI).
5. Addressing services gaps and the need for full JP implementation requires an understanding of the inextricable connection between services and infrastructure (including facilities, equipment and supplies).
6. Recognize First Nation capacity strengths and that they are critical elements in JP implementation. Capacity that is lacking should not signify an inability to implement JP but should instead be viewed as an opportunity for governments to address gaps and make necessary investments for the full realization of First Nations' capabilities.
7. That INAC, FNIHB and other key resources be a part of further discussions to provide answers for our concerns. This could be particularly helpful in addressing third party management and co-management issues.



8. That AMC make this report and all other pertinent information available to all First Nations and provide ongoing sessions until First Nation funds are realized.

Forum participants asserted First Nations must lead JP implementation in Manitoba in design, mandate and delivery. During the forum, many participants asked that further discussion occur.

**“Indigenous and Non-Indigenous communities need to work together. I loved the engagement sessions!”**

The AMC is a member of the Regional Advisory Committee (RAC) on FNCFS, which has representatives from FNCFS agencies, the northern and southern authorities, Manitoba Keewatinowi Okimakanak (MKO), the Southern Chiefs' Organization (SCO), Manitoba and Canada. At a July 2016 RAC meeting, Canada announced that it had funding available for regional FNCFS Program reform. As a result, members of RAC developed a regional engagement work plan. The AMC made a submission for regional engagement on FNCFS reform that included engaging on JP. However, INAC stated that the JP component could not be included because Health Canada was administering funds for regional engagement on JP through FNIHB.

The AMC proposed to Health Canada that the AMC conduct regional engagement on JP with the Chiefs Task Force on Child and Family Matters agreeing to oversee regional engagement of JP.

At the November 28, 2016, AMC Executive Council of Chiefs (ECC) meeting, the ECC was asked to consider mandating AMC to conduct regional engagement on JP because AMC would already be engaging regionally on the FNCFS Program. Implementation of JP is intimately connected to FNCFS reform as many children on reserve are placed in care in order to receive services. Additionally, the AMC would be able to leverage FNCFS engagement (i.e. have leadership meet and discuss FNCFS and JP at the same Chiefs Review Committee, ECC and the Chiefs-in-Assembly meetings), and the AMC's mandate to engage on FNCFS reform is broad enough to ensure JP will apply to education, child welfare, health, child care, recreation, language and culture.

Funding for JP engagement though FNIHB covered four engagement sessions. As a result, a JP component was included in all FNCFS regional engagement sessions and meetings to offer a broader range of input for JP implementation.

The *Keewaywin: Our Way Home, Manitoba First Nations Engagement* is a First-Nations-led initiative to develop JP reform options that respond to the CHRT decision, Canada's acceptance of the decision, the TRC Calls to Action and AMC resolutions related to JP implementation. Engagement sessions involved First Nation citizens and leadership, FNCFS agencies and authorities and other key stakeholders, such as provincial and federal governments. During the engagement sessions, existing regional reports and recommendations were considered, including the *2014 Bringing Our Children Home Report* (see *Appendix A—BOCH Report Recommendations*) and the Province of Manitoba's Hughes Inquiry Report and AMR Planning & Consulting Report.

Engagement sessions began December 2016 and ended June 2017. The project plan included engagement sessions in 20 First Nations, four town hall sessions and a youth session, which were





open to the public and communicated through social media. Additionally, two CFS agency/authority sessions, where over seventy staff from CFS agencies/authorities attended, provincial and federal government sessions and meetings with the Chiefs Task Force on Child and Family Matters and Grandmothers and Grandfathers were completed.

The completion of planned engagement sessions and meetings presented a challenge due to time constraints. First Nation engagement sessions were scheduled and rescheduled; however, the AMC First Nations Family Advocate Office (FNFAO) successfully maintained a rigorous schedule and managed to complete all planned engagement sessions and meetings within the time identified in the proposal.

Manitoba has 64 First Nations, 63 of which are AMC members. However, only 20 First Nations participated in the engagement sessions. The AMC FNFAO received several requests from additional First Nations that wanted to participate in engagement sessions and received several requests from First Nations requesting further engagement in order to continue the dialogue on FNCFS reform and JP implementation. However, this was not possible due to time and funding constraints. Nevertheless, the AMC FNFAO is certain the sample size of engagement sessions and meetings is broad enough to represent Manitoba First Nations' issues, concerns and proposed approaches in order to provide

Canada with a good overall picture for FNCFS reform and JP implementation. The report recommendations from the FNCFS Regional Engagement sessions are available in *Appendix B—FNCFS Reform Regional Engagement Report Recommendations*.

At a February 24, 2017, meeting of the Three Grand Chiefs, the importance of staff from each organization working together when engaging Manitoba First Nations was discussed. The three Grand Chiefs reiterated the importance and need for working together, consistent with the November 2011 Political Unity Accord. As a result, Grand Chief Nepinak committed to ensuring a representative from MKO and SCO would participate in all future engagement sessions. Since then, AMC invited MKO and SCO representatives to participate. Additionally, the First Nations Health and Social Secretariat of Manitoba (FNHSSM) and Manitoba First Nations Education Resource Centre (MFNERC) were invited to participate in engagement meetings.

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**“Thank you for bringing this project up North. It will be beneficial for our First Nation people and service workers in all areas.”**

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# ENGAGEMENT PROCESS



The approach to regional engagement on JP implementation followed *Reconciliation in Child Welfare: Touchstones of Hope for Indigenous Children, Youth and Families (Touchstones of Hope)* developed by Cindy Blackstock of the First Nations Child and Family Caring Society and others.

In addition to using the *Touchstones of Hope* toolkit, *Keewaywin* engagement facilitators incorporated the "Planning for Alternative Tomorrows with Hope" (PATH) planning tool to help participants reflect upon where they are in terms of their current goals and dreams, their uniqueness, attributes and strengths and their aspirations for the future. During the PATH exercise, participants reflected upon the statement: "Indigenous children will be safe and living with dignity and respect, when..."



## TOUCHSTONES OF HOPE

*Touchstones of Hope* is a set of principles that guide the reconciliation process by fostering relationship building and providing opportunities to have respectful and truthful conversations about child welfare in order to create a new reality for Indigenous children. This includes concrete next steps for moving forward together so that all Indigenous children are healthy and living with dignity and respect. The engagement team participated in "train-the-trainer" for *Touchstones of Hope* in order to engage both Indigenous and non-Indigenous people effectively in a process of reconciliation through:

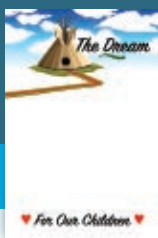
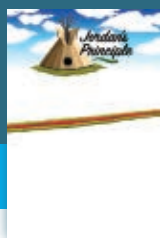
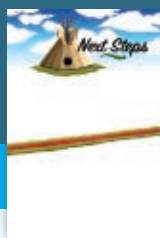
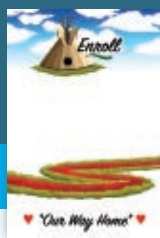
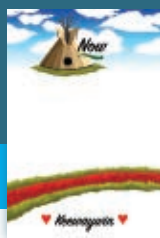
- *Truth Telling*—telling the story of child welfare as it has affected Indigenous children, youth and families;
- *Acknowledging*—learning from the past, seeing one another with new understanding and recognizing the need to move forward on a new PATH;
- *Restoring*—doing what we can to redress the harm and making changes to ensure it does not happen again; and
- *Relating*—working together respectfully to design, implement and monitor the new child welfare system.

Participants were asked to share how they saw JP implemented through the five principles of *Touchstones of Hope* and what it would mean for First Nations. The *Touchstones of Hope* principles include self-determination, culture and language, holistic approach, structural intervention and non-discrimination. *Touchstones of Hope* participants work on these guiding principles themselves; it is a self-driven sustainable practice. The *Touchstones of Hope* approach is a workable resource that people can implement in their own First Nations.

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**"The willingness of people will make Jordan's Principle a success."**

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## THE PATH EXERCISE

The PATH uses pictures and graphics to facilitate an alternative way of viewing what it is that participants want to achieve. It is a data-gathering tool that promotes storytelling, critical analysis and active engagement from participants. In the group process, participants discover ways to move towards a positive and possible goal by enrolling others, building strength and finding a workable strategy. The PATH process uses the following steps:

1. The dream
2. Dream indicators
3. Where are things now?
4. Who needs to enroll in the process?
5. Building strength to reach the dream
6. Short-term goals

Participants used the PATH process to define their dreams for JP implementation. They then defined first indicators that would show their dream is becoming a reality. With goals and goal benchmarks set, participants then discussed their current state—where things are now. The next step in the PATH process involved defining who will need to enroll in order to achieve their dreams. Participants then defined how to build and sustain strength over time as they work towards achieving their dreams. The final step involved identifying short and long-term goals that will help them to realize their dreams for JP implementation.



**"My people have a role to play in building the dream and making it a reality."**



## ENGAGEMENT SESSIONS

- Brochet
- Lac Brochet
- Skownan First Nation
- Rolling River First Nation
- Pine Creek First Nation
- Norway House Cree Nation
- Nisichawayasihk Cree Nation
- Split Lake Cree Nation
- Cross Lake Band of Indians
- Opaskwayak Cree Nation town hall





- Swan Lake First Nation
- Sandy Bay First Nation
- God's Lake First Nation
- Bloodvein First Nation
- Hollow Water First Nation
- Swan Lake First Nation
- Sayisi Dene First Nation
- Sakgeeng First Nation
- Fox Lake Cree Nation
- Long Plain, Dakota Tipi, Dakota Plains
- Youth
- Southern Authority
- Northern Authority
- Federal government
- Provincial government
- Winnipeg town hall
- Brandon town hall
- Thompson town hall
- Misipawistik Cree Nation

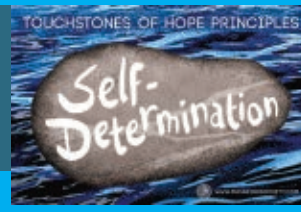


## ENGAGEMENT MEETINGS

The project included the following engagement meetings:

- Chiefs Task Force on Child and Family Matters
- Chiefs Oversight Committee, including AMC  
First Nations Women's Committee
- Grandmothers and Grandfathers





# PRESENTATION OF RESULTS

Data from both the *Touchstones of Hope* and PATH exercises is organized into the following categories.

- Holistic approach
- Structural interventions
- Non-discrimination
- Leadership, governance and self-determination, policies and laws and legislation
- Culture, language and traditions and traditional skill building
- Community-based programming and services, education and employment and training
- Sports and recreation, arts and music
- Housing, infrastructure and transportation
- Community relationships and connectedness
- Community healing and wellness, health and medicine (western model)

**“Live as a community  
and work as a team.”**



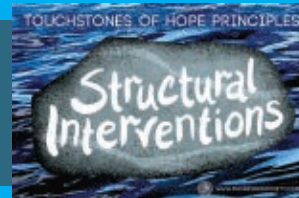
## HOLISTIC APPROACH

A holistic approach to JP implementation means involving the whole system, foregoing working in silos, to ensure government departments, First Nation organizations, First Nation leadership and community members tasked with caring for First Nation children in any capacity work together to achieve successful JP implementation. Additionally, programs and services offered under JP must meet the emotional, physical, mental and spiritual needs of the child.

Involve the entire system: health, education, housing, finance and CFS when designing JP programs and services. Involve the entire family (child, parents, aunts, uncles, grandparents, Elders, community members and leadership) to support the child and family. It takes a community to raise a child. Encourage youth councils in every First Nation to ensure our children and youth with special needs feel included.

Establish homecare, respite services, an assisted living centre and a children’s care centre with physiotherapy services. Models of care must focus on prevention and healthy living, with parents and those tasked with caring for children with special needs advocating for the children. Interpreters and patient advocates are needed at the local level to ensure seamless delivery of programs and services.





Providing for a child's mental and emotional well-being is equally important and an all-inclusive mental health facility with counselling and therapeutic services is needed. For spiritual and emotional support, First-Nation-based services and spiritual mentorship must be implemented. These would offer regular workshops, therapeutic sessions and sharing circles for individuals, families or groups. Community events for families and spiritual teachings to support the spirit will ensure families feel supported and included in the community.

A holistic approach must include client information sharing between healthcare and education professionals and First Nation support resources to ensure everybody tasked with caring for our children is fully informed about their needs. Non-Indigenous people working in child welfare may benefit from attending a JP awareness workshop prior to working in First Nations.

First Nations need to create an awareness campaign that focuses on educating community members about the challenges children with special needs face, and all First Nation members, including teachers and local RCMP, must be educated about how to best support children with special needs.



## STRUCTURAL INTERVENTIONS

Structural intervention in the context of JP implementation means changing the ways in which First Nation health and education services are delivered for children with special needs in order to ensure no children are left behind.

First Nations expressed concerns about accessing funding, whether it is because of JP-CFI program miscommunication, lack of proposal writing capacity, bureaucratic red tape or funding not flowing directly to First Nations. First Nations know their unique and specific needs; let us support them in meeting these needs.

Government program policies and funding must change to allow more flexibility as First Nations implement JP.

There must be unity among all CFS agencies, governments and local resources involved with JP and CFS to work collaboratively, to identify who needs the services, to identify service gaps and understand why they exist and to reduce duplication of work for better service alignment.

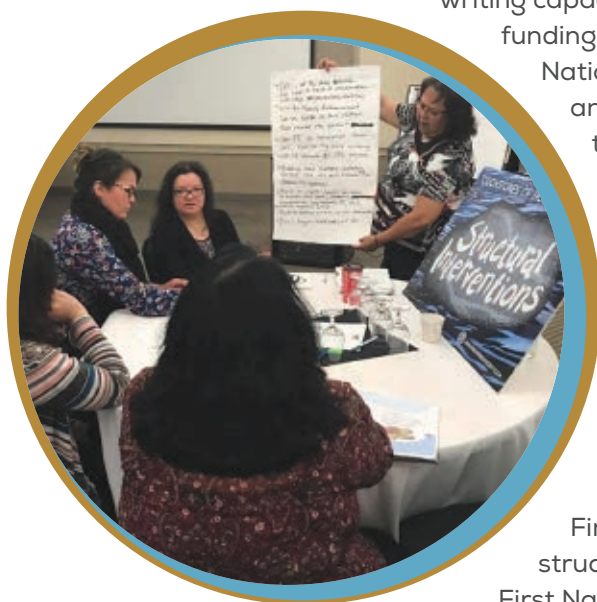
First Nations must develop, design and implement their own structural, program and service framework for JP implementation.

First Nations must create a community plan that includes future needs such as housing, schools and transportation; schedule community meetings to hear concerns and issues; highlight best practices and invite other First Nations who have experiences with JP and provide awareness workshops on JP.

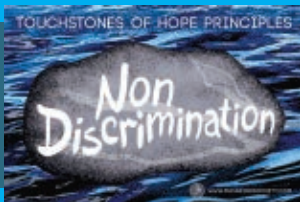
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**"I've learnt that Jordan's Principle is not only for children with severe medical issues but also includes children with learning and mental disabilities."**

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Ideally, First Nation citizens would be trained in these specialized fields to build capacity in First Nations. This would require education programs offered to our citizens to fill the gaps in service that currently exist and finding ways to encourage graduates to return to their First Nations to occupy these specialized fields.

Municipal health authority services must be brought into First Nations to complete assessments and offer services instead of our First Nation members making stressful and costly trips outside of their First Nations to access services.

Proper care requires that service providers coming into First Nations have some knowledge of the First Nations' language to effectively communicate with parents and learn the needs of the child. This includes improving medical services escort service where language interpreters are provided and providing cultural sensitivity training for health service providers working with our First Nations citizens and in our First Nations.



## NON-DISCRIMINATION

Non-discrimination in the context of JP implementation means providing health and education services and supports equal to provincial standards for First Nation children with special needs regardless if they live on or off reserve. Access to medical services and special education and educational resources for children with special needs and all children is a fundamental human right enjoyed by children living in urban settings. Access to medical services (the medicine chest) is also a treaty right.

Applying the principle of non-discrimination in JP implementation means building a JP centre in each First Nation so our families and children can access the same supports and services available to children living in cities. To make this possible, First Nation funding is needed to build facilities, plan and develop supports and services and implement programming. This includes committing to home-based education and home-based care if needed.

**“Get involved with youth and give them a voice.”**

Our First Nations need diagnostic assessments and specialists living and working in First Nations. Training programs for First Nation citizens in professions such as occupational therapists, physiotherapists, speech and hearing specialists, psychologists etc. will build First Nation capacity and allow parents to care for children on their First Nations, eliminating the need for family relocation to cities to access medical services and voluntary surrender of children into CFS care to access medical services.

Youth with special needs that are aging out of care require support past 18 years of age and the same





services and supports they received while under the age of 18 must continue into their adult lives. Providing life skills programming and access to independent living units will empower our young adults aging out of care to move toward independence. There must more opportunities for youth to help them carve out a career path and to prepare them mentally, emotionally and spiritually for adulthood.



## LEADERSHIP, GOVERNANCE AND SELF-DETERMINATION, POLICIES AND LAWS AND LEGISLATION

Self-determination means not having to convince any federal or provincial government what needs to be done in our First Nations or what is best for our First Nations. Self-determined Indigenous people will not have to fight government in order to live our Indigenous lives and will not have to fight government in order to have our voices heard. Guidance from government is acceptable; however, imposed federal and provincial laws or solutions must not supersede First-Nation-developed laws and protocols when considering JP implementation.

Indigenous people have forgotten our identities because of residential schools and non-kin foster care. Reclaiming our Indigenous identities and teaching First Nation citizens about their Indigenous identities is self-determination and the strength that will come from reclaiming our Indigenous identities will help us take the lead in implementing First Nation programs like JP.

Honouring the original treaties, including returning lands, resource sharing and recognition of self-determination and the treaty right to health will remedy the inherent poverty found in First Nations. First Nations are not an economically poor people once Canada decides to honour their treaty obligations and repeal Indian Act legislation specifically designed to oppress First Nations.

The TRC Calls to Action relating to child welfare have not been fully implemented; they must be addressed at a much quicker rate. The state of Indigenous child welfare today is a result of colonization and its policy for Indigenous people. Indigenous children, through government policy, have become commodities that feed several other systems besides the child welfare system, including the EIA, health and justice systems.

Making JP a law in Canada and drafting JP and CFS reform into First Nation constitutions is a step toward building the dream of self-determination in caring for our children. While First Nations have inherent jurisdiction over child welfare, they have not exercised it under the current provincial legislative regime. To exercise jurisdiction, First Nations must write their own laws relating to child welfare, including areas such as family law, health services and social services. There must be First Nation

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**“Change must happen to ensure the existence of our future generations of First Nations. It was a great engagement session.”**

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representation on health boards and health authorities, and First Nations must develop our own CFS governing board for JP implementation with a focus on prevention.

First Nation leadership must be involved in decision-making processes, advocating for the programs and services First Nation children living on and off reserve require in a shared vision with First Nation citizens. Promotion of JP implementation is a responsibility of First Nation leadership to their citizens. Implementation of JP programs and services must be a grassroots initiative that incorporates traditional beliefs and teachings.

Conducting research on program and service delivery options and best practices for JP implementation will provide a framework for First Nations as they develop and implement their own strategic plan for implementation of JP programs and services. A strategic plan must take into consideration each First Nations' unique needs. First Nations require access to proposal writers to access JP funds effectively.

Developing and maintaining a database for JP children and families would provide an understanding of the needs and supports required, addressing gaps in current programs to improve implementation of supports and services offered in First Nations.

An advocate role is required to ensure our voices are heard and stories are shared in the right places, such as Health Canada, and to ensure First Nation citizens receive the information available to them relating to JP implementation. There must be more awareness about the JP-CFI, many children are slipping through the cracks. Currently, some First Nations are pulling funds from existing services and resources to meet the needs of children covered under the JP-CFI, indicating the need for JP funding to begin flowing as it was designed to flow.

The child welfare system should provide assistance and support to keep First Nation families together and advocate for children and young adults with special needs instead of being so quick to apprehend children who simply need medical care. Voluntary surrender of First Nation children into CFS care just to access services and resources in cities is no longer a viable solution for children with special needs; there are too many Indigenous children unnecessarily surrendered into CFS care. It is unjust that

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**"I want to see the dream;  
I want to see the future  
for our children."**

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funding for special needs children is available to people outside of the First Nation (specialized medical group/foster homes) but not to First Nation parents or caregivers living on First Nations.

Bureaucratic red tape between governments prevent children from receiving proper and timely care and should never be the reason a child's care is delayed or denied. Children should have

access to resources and services whether they live on or off reserve. Federal and provincial funding commitments must be shared equally, keeping families together by providing children with special needs access to medical services and supports on reserve.

Parents who are full-time workers may not be able to access JP funding for their children. This must be remedied.

Social assistance payments must reflect the needs and location of the community. Food prices are higher in most northern First Nations and limit First Nation access to healthy, quality food.





Government must also understand that three years of JP funding does not provide enough time to implement comprehensive JP programs and services. Hiring JP staff and planning structure will take at least one year, and it will take at least two years to implement JP programs and services. The current budget for JP is inadequate; this includes the training, program activities and resource budgets. Additionally, there are concerns and questions about funding mechanisms. Funding must go directly to First Nation communities; First Nations have the capacity to hire their own support personnel.

Have our own First Nation citizens trained in all medical support, medical professional and special education teacher and assistant roles and those professionals serving in First Nations. First Nation citizens have a much better understanding of their First Nation's needs and possess a higher degree of cultural sensitivity and empathy because this is their lived reality, which allows them to offer the best possible care for children with special needs and support parents of children with special needs.

Most First Nations said, "We are doing what they can right now to support children with special needs with the limited resources available to us." With First Nation citizenship growing, the increase of children with special needs growing and funding dollars stagnant, their ability to meet the needs of their First Nation citizens is becoming unmanageable. However, some First Nations indicated they are already seeing many improvements in such a short amount of time since JP-CFI was announced.

One notable issue on First Nations is the inability to certify First Nation citizens as foster parents because of prior police records. There must be a mechanism in place to pardon police records to allow more First Nation citizens to qualify as foster parents, providing reformation is established and the police records are not related to child endangerment.

Our youth in the justice system may benefit from proper diagnosis prior to being placed in the justice system. The justice system must be educated about children and young adults with special needs. It must respect and understand that certain behaviors and life situations arise that directly relate to their special needs.



## CULTURE, LANGUAGE AND TRADITIONS AND TRADITIONAL SKILL BUILDING

Incorporate a cultural component into Jordan's Principle, focusing on preserving, restoring, and promoting First Nation languages and culture. A great effort was made through residential schools to try to eliminate Indigenous languages and culture and the same effort must be made to preserve and restore First Nation languages and culture. First Nations languages must be used throughout the school system, and programs and services that promote language learning and culture must be established for our children in their early learning years. This requires adequate funding to develop language and cultural programming in our schools and communities, including cultural camps and Elder visits

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**"We have strong elders  
in our community who  
want to pass down the  
culture and language to  
the younger generation."**

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to schools, as well as adequate transportation to and from cultural activities and adequate facilities to hold events.

Children with special needs are often isolated and access to traditional culture and cultural therapeutic services will ensure community inclusion, provide quality-of-life support and foster language and culture learning. Cultural summer and winter camps to teach fishing, horseback riding, canoeing, berry picking, medicine picking, trapping, smoking and tanning hides and to provide access to sweat lodges on ceremonial sites will restore our children's identity. For children with mobility issues, build specially designed cabins, boats and snowmobiles to meet those needs so all children can participate in cultural camps.

Provide cultural and traditional-care planning from prenatal to birth with care offered by a midwife at a community-birthing centre to ensure our mothers no longer have to leave their First Nation to give birth. Instead, our mothers would be in their own homes, with their family members and surrounded by traditional family practices.

First Nation languages on reserve are still used and traditional culture is still practiced. Train fluent First Nation citizens for JP advocacy roles and employ First Nation citizens for JP cultural roles to make good use of human resource personnel on reserve and create employment opportunities.

While traditional culture is still practiced on many First Nations, there is a need to build a permanent healing lodge and/or cultural centre in all First Nations to ensure traditional ways flourish. Incorporate traditional healers (naturopaths) into First Nation models of care.

Any model of care, whether traditional or western, requires food security—access to affordable, quality food and access to cultural food. Build green houses in First Nations; teach traditional food harvesting; develop honeybee, chicken and goat farming. Develop healthy snack program in schools.

Caregivers and service providers working in our First Nations must have knowledge of our cultural traditions and languages in order to provide the best service possible. Governments need to factor in culture and language requirements in education and training programs.



## **COMMUNITY-BASED PROGRAMMING AND SERVICES, EDUCATION AND EMPLOYMENT AND TRAINING**

Successful JP implementation means no further displacement of our people and loss of our children into CFS care because of inability to access health services and supports in our First Nations. This requires building health care facilities in every First Nation that will provide year-round services to cover basic health needs, including pharmacy, proper treatment during all medical procedures and medical aftercare, and that can accommodate and provide programs and services to children with specialized medical needs and continued care for youth aging out of care. With the high rate of diabetes in First Nations, each health facility would offer dialysis treatment with the option of setting up in-home dialysis.

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**"I hope to see the Dream come true and reshape our community."**

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If families must travel to cities to access medical services for their child, building additional medical receiving homes in cities eliminates the practice of hotel use for accommodation during medical appointments. A regional Jordan's Home would accommodate family members when a child is attending medical appointments or staying in a hospital.

Establish a JP resource centre in each First Nation that would provide a range of support services such as health, EIA, social services, child welfare, education, recreation and language and culture programs. Norway House Cree Nation (Jordan's First Nation) could serve as a hub for training professionals that would work in their home First Nations after completing training. The Society for Manitobans with Disabilities could facilitate training in First Nations. A career-based learning centre would provide services and supports, build First Nations' capacity and provide hands-on training to families with special needs children.

All centre decisions will be First-Nation based with committees collaborating to develop our own set of standards and practices. First Nation supports must be developed from a First Nation perspective; however, Western and First Nation learning systems could build off each system's knowledge. Post-secondary-educated First Nation members would support and assist with developing programming. Service providers working in the First Nation would be from the First Nation and qualified to work with special needs children. The centre would create employment opportunities within the First Nation and provide social services opportunities, such as life skills training and an independent living programming.

Annual JP conferences would allow First Nations to learn about programs and services, share best practices and evaluate benchmarks. Establishing a charitable foundation to provide support for families and children would ensure First Nation citizens have options available to them to seek support and services. Jordan River Anderson left behind a legacy for other children in similar situations and many children will receive the help that Jordan unfortunately did not receive. A JP festival each year would celebrate Jordan's life and legacy.

The education system and its institutions play a role in promoting and offering career and professional development options to ensure our community members become trained, qualified professionals, technicians, and educational assistants etc., filling speech therapy, occupational therapy, dentistry and optometry roles etc. within the First Nation and trained to work with special needs children. These occupations include, but are not limited to, mental health specialists, FASD specialists, autism specialists, sign-language-trained teachers and respite workers that provide services in the home, at school and in the First Nation. Creating a First Nations specialized resource pool will assist in securing these professions and addressing gaps in salaries on reserve compared to salaries offered in urban settings will assist in recruiting and retaining highly skilled and qualified medical and education professionals.

An Indigenous language-English bilingual advocate is an invaluable resource that will assist First Nation members in accessing services and resources. Having one-on-one access to a JP advocate who will help our families navigate the system and direct them to resources and support systems is





one helpful step in ensuring families stay together. The advocate will help families voice their concerns when families feel the healthcare professionals coming into the community are not spending adequate time with their children during assessments. To access services under JP, First Nations are being told to contact the RCC but when they do contact the centre, they are told to contact the Northern Region Health Authority instead. The process to access JP services must be communicated properly to ensure the child-first approach is successful, and an Indigenous language-English bilingual advocate will help remedy these situations.

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**“Very informative. Keep up the good work! There is help out there; we just have to ask and research.”**

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There is an increase in mental health issues, ADD, FASD, ADHD and autism diagnoses in children with special needs on First Nations. Diagnosing children early is critical in order to meet their needs with the appropriate resources and services and to assist them with the challenges they face. Currently, many First Nations do not have access to in-person psychologist visits to address the growing mental health issues on First Nations. This service is only available through Tele-health, and parents of children with mental health issues have stated Tele-health is ineffective in meeting their child’s needs.

Specialized education and training is needed for parents and foster parents and anyone who works with, teaches and/or cares for our diagnosed children and youth to ensure they understand the best way to care for and interact with our children and youth. Creating a parent council in schools for parents with children with special needs and parental support groups will offer children with special needs additional support to help them reach their full potential.

Schools must offer special education programs and services to assist children struggling with these diagnoses to ensure the children receive an equitable education. Additionally, there must be a government change in funding to allow for K-12 First Nation schools.

Provide specialized teaching resources and materials to the Aboriginal Head Start Program, daycares and schools in order to teach children with special needs effectively. First Nations lack technology and specialized resources in their schools that will assist children with special needs learn more effectively and provide them independence. This includes computer access, specialized computer programs for the hearing impaired, Braille readers, sensory classes and sign language programs.

An education campaign, awareness training, social media campaign and resource guide would help community members, parents, foster parents, peers and teachers understand the needs of children with autism, ADD, ADHD, FASD and other disabilities. Currently, children with autism, ADD, ADHD and FASD disorders are being suspended from school and they are not allowed to re-enroll because behavioral issues tied to their disorders are simply dismissed as rebellion or poor behavior, while they remain undiagnosed or misdiagnosed. An education

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**“Each child is a gift from the Creator.”**

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campaign will promote understanding and encourage empathy for children with special needs but will also assist caregivers and teachers in identifying these disorders in children. High school students could work with special needs children to earn education credits and create a culture of empathy within schools. This includes mentorship and apprenticeship training for young people to work alongside children, youth and adults living with special needs.

Many First Nations have positive community programs being developed and/or already operating,



such as a midwifery program and parenting programs to educate parents on the effects of Indian Residential School.



## SPORTS AND RECREATION, ARTS AND MUSIC

Society often forgets about children and adults with special needs living their lives on the periphery of community. However, funding for recreation, sport and arts and music programs brings them into community and improves quality of life. Children should have access to counseling and music, art or dance therapy through community and school programs.

Every First nation expressed the need for a rehabilitation centre, family-oriented recreation centre suited to children with special needs, swimming pool, playground, Skate Park, sports field, theatre, and a gym with proper equipment. Camps specifically designed for children with special needs will show the children they are important too. The camps would be equipped with bikes and other recreational equipment to meet the needs of the children. Children with special needs must play and have fun outside just like any other child. Create opportunities for First Nation children with special needs to participate in Special Olympics Team Manitoba.

A Big Brother or Big Sister program would provide mentorship opportunities for youth and friendship opportunities for children with special needs, fostering a culture of understanding and empathy in the community for children with special needs. Adults with special needs require employment opportunities; develop a trades program to assist adults in securing meaningful employment. Day programs for adults with special needs will ensure meaningful participation in community life.

Subsidize extracurricular programs for children with special needs. Parents of children with special needs are financially strained and providing extracurricular activity is not possible in most cases. Providing some financial assistance in the form of subsidy will provide children with special needs opportunities to engage in fun, therapeutic and life-affirming activities.

Provide children with special needs access to animal therapy programs and provide trained service animals to offer comfort, companionship and protection for the child.



## HOUSING, INFRASTRUCTURE AND TRANSPORTATION

To run a JP-CFI program effectively, First Nations require a central building to house the programs and services planned under JP, office equipment and staff. Repurposing existing infrastructure on First Nations is not an option for most First Nations already struggling with lack of housing and community building space.

Housing on reserves is already substandard with water, sewer and other public utilities unavailable in many First Nations. In First Nations with sub-standard housing, housing for special



needs children becomes even more inadequate. Addressing housing shortages, housing quality and water quality are critical infrastructure improvements needed on almost every First Nation. Medical issues arise from overcrowding and poor water quality. Addressing on-reserve housing issues includes building more homes and building retrofitted homes and group homes to meet the special medical needs for children covered under JP. Children must have access to special lifts at home, motorized wheelchairs and other equipment to improve quality of life.

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**“Ask your children  
about their dreams.”**

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First Nation housing is not the only infrastructure requiring upgrading. First Nation community buildings require better accessibility for children and First Nation members with mobility issues. This includes elevator access for multiple-floor buildings and wheelchair accessibility for all community buildings and school entrances.

Most First Nations lack basic infrastructure such as paved roads and walkways, creating further mobility issues for children and youth with special needs that require specialized devices to assist with their mobility. Handi-transit public transportation and wheelchair accessible school buses are essential in providing children with special needs the freedom to live outside of the four walls of their home. Handi-transit would be available for children attending medical appointments, participating in programs and accessing services, including shopping and play outings.

Airports, ambulance service, Emergency Medical Responders, cell phone and internet service, fire station and water truck services, recreation facilities, paved all-weather roads and road maintenance and homeless shelters—basic services most municipalities have access to—are visibly absent in most First Nations. With the rise of mental health issues on First Nations, 24/7 group homes and assisted living homes are needed for both youth and adults living with mental health issues.

Until medical services are available on First Nations, children with special needs will continue to travel to cities for medical appointments. Right now, there are many issues related to medical travel, including long medical travel wait times, missed appointments due to unreliable medical transport and children with special needs travelling by bus to their medical appointments when air travel would be less stressful for the patient. Additionally, delays occur in providing children with special needs medical

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**“It has been years since  
we sat in a circle as a  
community; we’re  
grateful for the  
engagement session.”**

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services when parents simply do not have the ability to pay medical travel costs out of pocket. If FNIHB paid medical travel costs upfront instead of parents paying costs out of pocket, this would certainly assist parents with special needs children in accessing the medical services their children need.

Some First Nations have healing lodges; however, these need to be open 24 hours, which requires staffing capability and a cultural component to JP funding.

Churches in some First Nations are empty most of the time. This represents an opportunity for First Nations to work with church clergy to find ways to utilize the building more efficiently, while building and strengthening this relationship.





## COMMUNITY RELATIONSHIPS AND CONNECTEDNESS

Caring for children with special needs requires community involvement. First Nations in close proximity to one another would benefit from yearly gatherings, where parents, caregivers and teachers who work with special needs children learn about caring for, teaching and supporting children with special needs, as well as receive support themselves because sometimes caring for children with special needs can overwhelm an individual.

Caregivers for children with special needs are asking for help. First Nation parents with limited resources are fighting to avoid voluntary placements of their children into CFS care in order to receive medical services. Funding for parents or caregivers for medical transportation, meals and support dollars—the same monies provided to foster parents if children are surrendered into CFS care—must be directed to parents of children with special needs living on reserve instead. Keep families together. Respite, nurse home visits, home care training, counselling and community supports must be put in place to help parents in their fight to keep their children, understanding that sometimes at home and surrounded by kin is the best environment for children regardless of less than perfect conditions.

Prevention must always supersede apprehension. Circle-of-Care models of care where the community, grandparents and extended family take care of children or help take care of children will help in preventing the high number of First Nation children voluntarily surrendered into CFS care to access medical services. Grandparents must have rights to the children in their families. If children must be placed into foster homes, information sharing between parents, grandparents and foster parents needs improvement.

Establish community programs that unite First Nation citizens towards the common goal of meeting the immediate needs of their First Nation, such as community gardens and chicken coops and community freezers where traditional harvested food will help address the issue of food insecurity.



## COMMUNITY HEALING AND WELLNESS, HEALTH AND MEDICINE (WESTERN MODEL)

Northern isolated Manitoba First Nations are the last to have access to services and resources, and many First Nations expressed concerns with cutbacks in NIHB medical coverage. Protect the treaty right to medical services, which includes reevaluating services provided by FNIHB and addressing funding cuts by FNIHB.

Proper professional assessments are needed to offer early diagnosis and to understand and establish the needs of the child so they can access services quickly. Doctors are too quick to prescribe drugs for mental health issues instead of addressing the root cause, and too often, young people are not being properly diagnosed.

Every First Nation expressed the need for quicker response times in moving from assessment to providing supports. Medical assessment teams and the medical service providers coming into First Nations must visit First Nations more than once per week or twice per month; First Nations require full-time doctors and medical professionals. Each First Nation must be equipped with a Medical Response Team, complete with trained staff and equipment.

Health services in some First Nations already have positive programs in place with community

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**“Thank you for helping,  
encouraging and sharing  
ideas for the betterment  
of our children. Great  
informative workshop!”**

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members certified in various fields and specializations, such as trained sign language teachers. These strengths must be built upon, with a concerted effort made to train further First Nation citizens in the specialized fields most needed.



## **PARTICIPANTS REQUIRED FOR SUCCESSFUL JP IMPLEMENTATION**

Participants defined who would need to enroll in order to achieve their dream for JP implementation.

### **LEADERSHIP, GOVERNANCE AND SELF-DETERMINATION, POLICIES AND LAWS AND LEGISLATION**

- INAC Minister and Department, Health Canada Minister and Department, Treasury Board, Prime Minister, Justice Minister and Department
- Chief and council, Grand Chief of AMC/MKO/SCO, tribal councils
- Provincial and municipal politicians
- Policy analysts
- Business and economic development departments
- First Nation lawyers
- Parole and probation officers

### **CULTURE, LANGUAGE AND TRADITIONS AND TRADITIONAL SKILL BUILDING**

- Elders
- Spiritual leaders
- Traditional healers
- Cultural teachers

### **COMMUNITY-BASED PROGRAMMING AND SERVICES, EDUCATION AND EMPLOYMENT AND TRAINING**

- RCMP, safety officers, band constables
- EMS, firefighters
- Environmental specialists
- Teachers and education assistants
- Universities
- High schools (career building)
- Child advocates
- EIA workers
- Post-secondary graduates
- Charitable organizations
- Public works
- Bus drivers
- Program directors, managers and staff
- Proposal writers
- Resources workers
- CFS workers and agencies
- Administrators
- Employment and training
- MFNERC

### **SPORTS AND RECREATION, ARTS AND MUSIC**

- Recreation directors
- Recreational department

### **HOUSING, INFRASTRUCTURE AND TRANSPORTATION**

- Housing director and authority

### **COMMUNITY RELATIONSHIPS AND CONNECTEDNESS**

- Youth
- Parents
- Children
- Grandparents
- Ministers and clergy
- Foster parents
- Media
- Volunteers
- Coaches
- Aunts/uncles
- Local businesses
- New community members/immigrants
- Children who have aged out of care
- Area First Nations



### **COMMUNITY HEALING AND WELLNESS, HEALTH AND MEDICINE (WESTERN MODEL)**

- Nurses
- Health care professionals
- Regional Health Authority
- Psychologists
- Doctors
- Facilitators for parents



### **SHORT-TERM GOALS**

Participants identified short-term goals that will help them move towards successful JP implementation.

#### **LEADERSHIP, GOVERNANCE AND SELF-DETERMINATION, POLICIES AND LAWS AND LEGISLATION**

Create a JP committee or board comprised of educators/leaders/service providers that will oversee JP projects, programs and services and have monthly meetings, moving towards incorporating the JP "Dream" into community planning.

Assign responsibility to First Nation citizens to work towards implementing parts of "The Dream."

Start compiling data about each First Nations' JP needs and create a central database for this information.

Develop a youth chief and council, parent council and Elder council to inform JP implementation options.

Network and collaborate with other First Nations who have successful JP programs and services in place to gather ideas and best practices.

Collaborate with AMC, MKO and SCO in implementing JP.

#### **CULTURE, LANGUAGE AND TRADITIONS AND TRADITIONAL SKILL BUILDING**

Develop a holistic healing strategy built from First Nation culture and involving Elders for guidance and support. Use an existing facility for a traditional healing centre until permanent structures can be built on all First Nations.

Establish mechanisms such as Grandmother Councils to implement kinship care on all First Nations. Current child welfare policy dismisses kinship care as a viable solution to the child welfare crisis on First Nations. There must be equal respect for traditional teaching and practitioners, including equal pay for traditional medical practitioners in comparison to western medical practitioners.

Create an "Adopt-a-Grandparent" program to work with parent and families in caring for children and youth with special needs.

#### **COMMUNITY-BASED PROGRAMMING AND SERVICES, EDUCATION AND EMPLOYMENT AND TRAINING**

Begin proposal writing and applying for JP funding. Many First Nations expressed the need for proposal writers and training in proposal writing. Effectively accessing JP funds and supports for community plans and programs can be hindered without this skill. Building this strength will provide First Nations opportunities to move to the next level in their community plans for JP implementation.



Re-establish a youth council and youth support network to find ways youth with special needs can contribute to their First Nation. Create community volunteer opportunities for youth, children and adults with special needs. Provide life skills classes, such as cooking, budgeting and hands-on parenting, utilizing First Nation citizens to provide the services.

Establish a community outreach worker for families and recruit volunteers to help parents of children with special needs. Create awareness of individuals with disabilities—a campaign on acceptance and inclusion.

Participants expressed the need for an effective communication network—a JP Information Centre with JP Service Coordinators on each First Nation, where information about JP-CFI and supports can be easily assessed. There is a lack of information flow through; a media campaign is needed to spread awareness about JP implementation and to assist First Nations in assessing JP funding. Advertise JP information events through door-to-door visits, radio coverage, social media, a website and print material.

Identify the medical and service professionals needed on First Nations, educating First Nation citizens in these professions and then retaining First Nation post-secondary graduates to work in First Nations. Develop a statistics database to identify children with needs defined under JP, forecasting future program and services needs based on these statistics and implementing those programs and services needed.

Begin planning for cultural camps and family retreats, life skills programs, planned parenting and maternal health classes, parenting classes and support groups and addictions treatment services.

Invite different facilitators into First Nations for train-the-trainer workshops and provide health care aid and home care worker training for First Nation citizens. Hold annual career fairs with professionally employed First Nation citizens who have completed their education and who are working in their career of choice—have them share their success stories.

## **COMMUNITY RELATIONSHIPS AND CONNECTEDNESS**

Create a newsletter to share information about the Keewaywin Engagement Sessions and its outcomes as Manitoba First Nations move towards JP implementation. The AMC FNFAO scheduled engagement sessions in 20 First Nations. While this was sufficient to gather data, it is not sufficient in terms of information sharing for the additional 43 First Nations advocated for under AMC.

Create an Elders list and protocol and create a volunteer program for youth, where Elders work with youth to mentor, teach life skills and teach traditional parenting and traditional cultural practices.

Build strong family foundations, defining the roles and responsibilities of men/women, family and community members with knowledge from Elders. These roles and knowledge of these roles have broken down because of residential schools, and First Nations must foster these aunt, uncle and grandparent relationships again.

## **COMMUNITY HEALING AND WELLNESS, HEALTH AND MEDICINE (WESTERN MODEL)**

Work with community clergy so spiritual services are available in hospitals and healthcare centres 24 hours a day.

Create an awareness campaign about mental health wellness/emotional wellbeing to be provided in health centres and hospitals. The first step in tackling these issues is understanding them.

# RESULTS SUMMARY

## Where are Things Now?

- ▶ Availability of Jordan's Principle Funding
- ▶ Midwifery Programs
- ▶ Pow Wow & Drum Programming
- ▶ Wheelchair Accessible Bus
- ▶ Community Newsletters
- ▶ Awareness Campaigns of Autism, ADHD & FASD
- ▶ Increased Awareness Regarding Jordan's Principle
- ▶ Parenting Programs
- ▶ Culture & Language Camps
- ▶ Traditional Healing Lodges
- ▶ Recognition of Community Member Achievements
- ▶ Community Members certified in Various Health Fields & Specializations

## Short-term Immediate Actions

- ▶ Creation of Jordan's Principle Committee: Educators, Leadership & Service Providers
- ▶ Proposal Writing & Applying for Jordan's Principle Funding
- ▶ Recreation Opportunities for Children, Youth & Adults with Special Needs
- ▶ Community Shuttle
- ▶ Elder and Youth Mentorship Program
- ▶ Information Sessions on What is Offered Through Jordan's Principle Child First Initiative
- ▶ Creation of Central Database to Compile Data on First Nation Needs
- ▶ Community Volunteer Opportunities for Youth with Special Needs
- ▶ Empowering & Encouraging Youth, Building on their Gifts Through Sports
- ▶ Independent Housing
- ▶ Promotion of Traditional Parenting & Cultural Practices
- ▶ Community Gardens and Community Freezers

### RESPECT

Community Relationships and Connectedness



Sports, Recreation, Arts & Music

### HUMILITY



### HONESTY

## Long-term Gradual Actions

- ▶ Establishment of Jordan's Principle Resource Centre
- ▶ Rehabilitation Centre & Family Oriented Recreation Centre
- ▶ Respite Services & Home Care Training
- ▶ Quicker Response Times Transitioning from Assessments to Providing Supports
- ▶ Resource Sharing & Recognition of Self-Determination



# OUR GOAL

**Indigenous Children Will  
Be Living With Dignity  
And Respect When...**

## LOVE

**Leadership, Governance  
& Self-determination,  
Policies, Laws &  
Legislation**



**Housing,  
Infrastructure &  
Transportation**

## COURAGE



**Community  
Healing &  
Wellness, Health  
& Medicine  
(Western Model)**

## TRUTH



## WISDOM

**Community-based  
Programming & Services,  
Education, Employment and  
Training**

- ▶ No Loss of our Children due to Inability to Access Health Services & Supports in First Nations
- ▶ Day Programming for Adults Living with Special Needs
- ▶ FNIHB Paying Medical Travel Cost Upfront versus Parents Paying Costs out of Pocket
- ▶ Prevention Always Superseding Apprehension
- ▶ Each First Nation Equipped with a Medical Response Team



- ▶ All Weather Paved Roads
- ▶ Honouring Original Treaties
- ▶ Entrenched Federal Government Funding for Jordan's Principal Child First Initiative
- ▶ Creation of First Nations Specialized Resource Pool & Addressing On/Off Reserve Salary Gaps
- ▶ Increased Annual Funding for Recreation, Sports, Arts & Music Programs
- ▶ Infrastructure in Every First Nation to House Programs & Services Offered Through Jordan's Principle Child First Initiative
- ▶ Equal Funding Foster Parents are Offered When Children are Surrendered into CFS Care for Parents & Caregivers
- ▶ Full-time Doctors and Medical Professionals in Every First Nation Community
- ▶ Making Jordan's Principle Law in Canada & Drafting Jordan's Principal & CFS Reform into First Nations Constitutions
- ▶ Early Diagnosis of Children to meet Their Needs with Appropriate Resources and Services
- ▶ Music Therapy Program On First Nations
- ▶ Jordan's Principle Centre of Excellence
- ▶ Keeping Families Together
- ▶ Animal Therapy Programs





# CONCLUSIONS



The state of Indigenous child welfare today is a result of colonization and its policy for Indigenous people. Indigenous children, through government policy, have become commodities that feed several other systems besides the child welfare system, including the EIA, health and justice systems.

Honouring the original treaties, including returning lands, resource sharing and recognition of self-determination will remedy the inherent poverty found in First Nations. First Nations are not an economically poor people once Canada decides to honour their treaty obligations.

The requirement that Indigenous children with special needs living on reserve get surrendered into CFS care just to receive medical services indicates a failing and discriminatory CFS system whose preference is the easy solution of apprehension, rather than the more difficult and costly solutions needed to prevent child apprehension at all costs.

Children with complex medical needs and children born into poverty are often apprehended first. Poverty and lack of adequate housing and basic services on First Nations present further challenges for parents with special needs children, increasing the likelihood children will be surrendered into CFS care. This indicates poverty is one root cause for the high numbers of Indigenous children in CFS care.

The Child First Approach to JP implementation must be broad in scope, covering not only children with complex physical medical needs, but also children with mental health needs and learning disabilities. The Child First Approach must also include access to adequate and appropriate education. There is a glaring lack of educational supports and services available to children with special needs, which creates one more layer of challenges children with special needs must contend with as they grow into youth and adults with special needs.

First Nations must take the lead in designing, mandating and implementing JP based on the "child first approach." This will include incorporating First Nation original systems of child rearing, education and nurturing of spirit in order to break cycles of past failed child-welfare policy and to restore spiritual, physical, mental and emotional health and well-being.

Practicing our own parenting values, culture, ethics, and enacting our own child protection laws provide the basis for reclaiming self-determination in caring for our children. Customary care practices will ensure children stay with their families and remain connected to their language and culture.

Federal funding dollars for First Nations is inadequate. Education, health services and social program quality and availability, recreation and cultural program availability and community infrastructure suffer as a result. This amounts to discrimination, the outcomes of which are higher rates of poverty, poorer health and education outcomes and increased child apprehension rates.

There exists an adversarial relationship between First Nation parents and the child welfare entity. This may be due, in part, to past and present child-welfare policy that never was completely altruistic.

The *Keewaywin* reports are nothing less than a solid response to the TRCs Call to Action relating to JP implementation and CHRTs decision ordering Canada to implement the full scope and meaning of JP and to do so immediately. A new reality for Indigenous children in terms of child welfare is long past due.

# RECOMMENDATIONS

1. Restore First Nations' jurisdiction of children, especially in areas such as family law, health services and social services, and draft JP implementation into First Nation constitutions.
2. Deconstruct a child welfare system whose preference is the easy solution of child apprehension, rather than the more difficult and costly solutions needed to prevent child apprehension at all costs.
3. Establish a JP resource, program and service medical centre in each First Nation to build capacity and to equip First Nations as they seek to end voluntary surrender of children into CFS care related to receipt of medical services.
4. First Nations take the lead in designing and implementing a JP system based on First Nation original systems of child rearing, education and nurturing of spirit in order to promote spiritual, physical, mental and emotional health and well-being.
5. Educate and train First Nation people living on First Nations, establishing a professional workforce dedicated to caring for and providing services for children with special needs. Until this capacity is built, ensure non-Indigenous service providers have knowledge of First Nation cultural practices and languages.
6. Create an education and awareness campaign about the challenges children with special needs face and how to best care for them and create a resource booklet outlining how to navigate the CFS system and access supports and services under the JP program.
7. Provide basic human rights to Indigenous children and families living on reserve in terms of adequate housing, medical services, resources and education and employment opportunities.
8. Inject infrastructure funding for all First Nations—poverty is one root cause for the high number of Indigenous children in care.
9. Funnel prevention dollars towards bodies independent of the CFS system to minimize any real or perceived conflict of interest in agencies tasked with both child apprehension and child protection.
10. Design a new funding model to support a model of care based on prevention, reunification and strengthening of families, directing prevention funding dollars to Manitoba First Nations, rather than to agencies, to allow First Nations to build their visions for JP implementation.
11. Establish customary care/kinship care in all First Nations to ensure Indigenous children stay with their families and in their First Nations.
12. Develop a range of First-Nation-led options to implement JP using recommendations contained in this report.



## APPENDIX A — BOCH REPORT RECOMMENDATIONS

1. Change funding models to support a model of care based on prevention and strengthening and reunification of families, rather than apprehension.
  - Reunification and strengthening of families is the first priority for CFS with the understanding that child safety is paramount. Only once all alternatives have been exhausted will any removal from extended family and First Nation be considered.

### PROVINCIAL GOVERNMENT RECOMMENDATIONS

- Establish an immediate end to the CFS system as it currently functions.
  - Reorganize the Leadership Council with equitable decision-making at the table, with 80 percent First Nations representation at the decision-making table to reflect the proportion of First Nations children and families currently impacted by the system.
  - Establish a Youth Advisory Council within each of the existing Authorities to advise on policy change, system enhancements and decision making to ensure youth needs are met.
  - Change funding models to support a model of care focused on prevention.
2. Establish a First Nations advocate for families to:
    - Ensure children are not placed in care for experiencing unique needs due to medical, behavioral or mental health reasons;
    - Ensure children who have been through traumatic experiences receive full supports for a minimum of one year before any consideration of Voluntary Placement Agreements with CFS agencies;
    - Advocate for children and families to receive other services within and external to the First Nation;
    - Ensure family reunification by providing guidance and support to parents on their healing path; and
    - Ensure access to healing supports for children and other family members to deal with CFS system involvement and to help support families to move forward together.
  3. Protect cultural identity
    - Engage Elders, Grandmothers and youth to further define the First Nations Rights of the Child and determine the best methods to reach out to children.
    - Direct every organization, school, youth initiative, community program, as well as all services and supports provided to First Nations children, youth and families to respect and uphold the First Nations Rights of the Child as determined by our Elders, Grandmothers and youth.



#### 4. Relearn traditional parenting ways

- Uphold Ogitchitakwewak Kaykikaywin and the role of the Ogitchitakweg and support the establishment of a formal Grandmothers Council that will reclaim these important roles and share the teachings with every First Nation.
- All First Nations members take back responsibility for teaching our children, youth, young mothers, young fathers and parents to care for all children based on original ways.
- This effort will require planning, development and coordination of appropriate activities within our First Nations to support families in reclaiming responsibility for our children and learning our original ways of parenting that are focused on protecting and loving our children.

#### 5. Respond to the youth voice

- The AMC and Manitoba First Nations Youth Advisory Committee carry out consultation with young people to identify ways to meet their spiritual, emotional, physical, mental, social and environment needs.
- Every First Nation bring together First-Nation-based resources including leadership, Elders, Grandmothers, Education, Social Assistance, Housing and Child Welfare to explore alternatives for young people in the First Nation that will meet the needs indentified and focus on collaboration, resource sharing, communication and volunteering.

#### 6. Promote First Nations solutions to keep children home

- Mandate authorities and agencies to develop new service-delivery models such as Customary Care, Receiving Homes and Family Healing Homes to ensure children remain in the First Nation. These will focus on culture and identity, family access, education, social networks, connectivity and regular visits with parents, grandparents, extended family and siblings.

#### 7. Transition to a First Nation system for CFS

- That the Grand Chief meet with the University of Manitoba President to support the Indigenous Social Work program according to initiatives being proposed by Michael Hart (University of Manitoba professor, Canada research Chair in Social Work and Indigenous Knowledge) and by the Aboriginal Social Workers organizations.
- Support the establishment of the College of Aboriginal Social Workers to ensure the Social Work Profession Act reflects First Nations perspectives, beliefs, values and practices in the Code of Ethics adopted.

#### 8. Revitalize original systems of lifelong supports

### SHORT-TERM RECOMMENDATIONS

- The AMC facilitates all existing resources to come together with the guidance and support of Elders and Grandmothers to plan, develop, and implement collaborative supports that will help parents and children to meet their spiritual, emotional, physical and mental health needs, such as:



- FAS prevention and support;
- Mental Wellness services and support;
- Family/community supports in the home so parents can focus on healing after losing their children;
- Land-based education and family services; and
- Long-term programs for Indian Residential School, 60s Scoop and intergenerational survivors that include healing, coping and reconnection with self, family, First Nation and culture.

### MID-TERM RECOMMENDATIONS

- The AMC work with CFS agencies to ensure all policies and practices reflect the importance of family connections. This will require collaboration between First-Nation-based projects and redirection of Enhancement Funds to orient and support such collaboration.

### LONG-TERM RECOMMENDATIONS

- The AMC and First Nations Health and Social Secretariat of Manitoba work on establishing healing centre hubs, building on the Grandmother Turtle Lodge so that every First Nation has access to cultural healing interventions.

#### 9. Focus on First Nation determinants of health

- First Nations leadership adapts housing policies to meet family reunification needs first and to keep children on the First Nation.
- Support the expansion of the Eagle Urban Transition Centre to include supports for youth and families involved with CFS and to establish an Eagle Urban Transition Centre in Northern Manitoba inclusive of all services.

#### 10. Revolutionize justice system practices

- Examine legislation such as in Ontario, which recognizes Customary Care by First Nations in their CFS Act and Saskatchewan to see how it is working and how it is supporting First Nations to reclaim responsibility for their children and prepare options for leadership to pursue.
- The AMC collaborate with the University of Manitoba Centre for Human Rights Research and evaluate the legal aid system in relation to the services provided to First Nations clients dealing with CFS.

# APPENDIX B –

## FNCFS REFORM REGIONAL ENGAGEMENT REPORT RECOMMENDATIONS

1. Restore First Nation jurisdiction of children.
2. Deconstruct a child welfare system whose preference is the easy solution of child apprehension, rather than the more difficult solutions needed to prevent child apprehension at all costs.
3. Provide basic human rights to Indigenous children and families living on reserve in terms of adequate housing, medical services, community resources and education and employment opportunities.
4. Establish customary care/kinship care in all communities to ensure Indigenous children in need of CFS protection stay with their families and in their communities.
5. Establish a Grandmothers Council in each community to take an active role in FNCFS reform and in implementing and guiding development of customary/kinship care.
6. Restore traditional culture practices and language in our families and communities
7. Change justice system practices to include restorative justice options.
8. Eliminate poverty on reserves to prevent, in part, the high numbers of Indigenous children in CFS care.
9. Inject infrastructure funding for all First Nation communities –poverty is one root cause for the high number of Indigenous in care.
10. Design a new funding model to support a model of care based on prevention, reunification and strengthening of families.
11. Funnel prevention dollars towards bodies independent of the CFS system to minimize any real or perceived conflict of interest in agencies tasked with both child apprehension and child protection.
12. Direct prevention funding dollars to Manitoba First Nations, rather than to agencies, to allow communities to build their visions for child welfare that focus on models of care based on prevention, reunification and strengthening of families.
13. First Nations must take the lead in designing and implementing a system based on First Nation original systems of child rearing, education and nurturing of spirit in order to break cycles of past failed child-welfare policy and to restore spiritual, physical, mental and emotional health and well-being.
14. Develop a range of First-Nation-led options to reform FNCFS using recommendations contained in this report.





# Jordan's Principle



*Keewaywin: Our Way Home*  
— MANITOBA FIRST NATIONS ENGAGEMENT —



Assembly of Manitoba Chiefs  
EMPOWERING OUR NATIONS



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