

# National Perspectives to Close Gaps

Caring Across the Boundaries:

Bridging Knowledge Gaps, Services and Policies to  
Support First Nations Peoples Child Welfare & Health,  
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# Jordan's Principle

Under Jordan's Principle children would no longer face delays or disruptions in essential medical and health services while governments determine who will pay the bill.

# **Jordan's Principle Honours a First Nations child from Norway House Cree Nation, Manitoba**

Jordan was born with complex medical needs and languished in hospital for two years while federal and provincial gov'ts disagreed on who should pay for his at-home-care. Jordan died in hospital, having never spent a day in a family home.

# Jordan's Principle Ensures:

- Jurisdictional disputes do not prevent FN children from receiving care otherwise guaranteed to all Canadian children.
- Necessary care is not delayed or disrupted by jurisdictional disputes.
- Jurisdictional disputes are not resolved at the expense of children.

# Important Facts

- 3 to 5 times more FN children are taken out of their communities than other Canadian children.
- The average funding is 22% lower per child than provincial funding for non-Indigenous children.
- There are an estimated 27,000 children in gov't care today – that amounts to 1 in 10 FN children who are in gov't care.

# Additional Facts

- According to the Wen:de Report (2005) FN child welfare is under funded by \$109.3 million per annum.
- Child maltreatment costs Canadians \$16 billion annually.
- The World Health Organization reports that for every dollar spent on preventative care for children \$5-\$7 are saved through reduced use of future services.

# What Needs to be Done to Ensure Implementation of Jordan's Principle across Canada:

The characteristics of the FN child population drive the implementation requirements of Jordan's Principle. These include:

Poverty.

High disability rates and incidences of health problems.

Lone parent households.

Inadequate nutrition.

Substandard housing.

Violence, racism and discrimination.

# What is Required:

First Nation children with complex medical needs require a wide range of health related services and supports. These include a complex variety of speech, occupational, psychological, palliative, neurological, psychological, behavioral, social and pediatric expertise and caregiving.

They also require special medical supplies, equipment, transportation and pharmaceuticals depending on the severity of their disability, along with early diagnosis and assessments to ensure early identification of special conditions or needs.

# The Role of the Gov't of Canada:

- To provide social and health programs to children and their families.
- To provide direct agreements with provincial, territorial and Aboriginal organizations for community based programming.
- To deliver innovative programs for at-risk FN children.

# The Barriers to Accessing Support Services:

- There is limited access on-reserve to support services.
- Jurisdictional variations in decision making and eligibility for services varies based on interpretation of eligibility.
- New authorities need to be developed to better address the special needs requirements of Aboriginal children.
- There is lack of coordination inter-departmentally and “stove piping” occurs.
- The story needs to be told in a business case manner to better make the case for adequate funding from Treasury Board because support services are severely under funded.

## **Gaps and Challenges**

- **Need to identify best practices.**
- **Need flexible funding options.**
- **Prevention is required.**
- **Capacity and training is required.**
- **There are service gaps on-reserve.**
- **Jurisdictional disputes between federal/provincial.**

## **Strategies for Change**

- **Dialogue is needed for creative solutions in areas of shared responsibility.**
- **Get community input to analyze needs.**
- **Need structured dialogues for authority renewal.**
- **Need high level involvement at ADM, Ministerial levels not just technical.**
- **Do case studies, research and evaluation to pilot and show case new approaches.**

# The Priorities are:

- **Jurisdictional issues between INAC and Health Canada need to be clarified.**
- **Resources need to be leveraged to address unmet needs.**
- **Political will and engagement of federal/provincial parties is required to resolve jurisdictional issues.**
- **Increased funds are required to develop new models based on a holistic needs based delivery model.**
- **There needs to be more efficient use of existing resources in order to focus on the gaps in services.**

# **Priorities (Continued):**

- **Prevention is required.**
- **Infrastructure and Maslow's Hierarchy of needs must be addressed.**
- **Capacity building and training dollars are required at the community level.**
- **There needs to be consistent application across the board from region to region to address supports and needs.**
- **One-stop resource centres are required something like the Disability Consulate concept/model**

# To Address Jurisdictional Issues:

- A political strategy is required that is solutions based designed to educate, provide statistics, nurture letter writing campaigns and general public awareness.
- Need to build alliances with disability groups.
- Conduct public education campaigns via e-mail, websites, campaigns to key MP's.
- National Aboriginal political campaigns via AFN resolution at their Annual General Assembly.
- Develop a cost/benefit analysis based on a strong business case for government investment in children.

# Fundamental Principles for Support Services:

- **Must be First Nation driven,**
- **Must include First Nation People with Disabilities,**
- **Children must come first,**
- **There must be parental/community involvement,**
- **Be culturally appropriate,**
- **Focus on strengths,**
- **Inclusion/equality/universality,**
- **Local capacity focused,**
- **Delivery by First Nation people,**
- **Holistic and community based,**
- **Partnership/shared responsibility,**
- **Financial transparency,**
- **Prevention/early intervention and ECD,**
- **Proactive versus reactive,**
- **OCAP – Ownership, Control, Access and Possession.**

# **What is Required to Address These Issues Nationally:**

- Improvement of the ed., economic & social status of the least privileged group - Aboriginal Children and their families.**
- Introduction of intervention measures through better health & prevention practices for Aboriginal children and their families.**
- Legislation & regulations that are geared towards early childhood development and healthy environments for Aboriginal children.**

# **What is Required to Address These Issues Nationally:**

- **Public education regarding the predisposition of environmental hazards, poverty & potential for special needs in Aboriginal children .**
- **Fostering better informed and strengthened families and communities.**
- **Reduce and control the use and abuse of drugs and alcohol to lower FAS/FAE rates among Aboriginal children.**
- **Better accountability by government jurisdictions (federal/provincial) in terms of role and responsibilities in providing services to Aboriginal people – children and their families.**

# Next Steps:

- **Capacity and training with a focus on disability and complex needs.**
- **Holistic and coordinated services that concentrate on the child first .**
- **Agree to joint solutions.**
- **Focus on gaps.**

# **The Solutions are Not One Size Fits all:**

## **Strategies must be characterized by:**

- Coordination,**
- Collaboration,**
- Education,**
- Participation,**
- Be social and physically supportive,**
- Adequately resourced,**
- Address the self-government goals of the Aboriginal populations of Canada.**

# In Summary:

- National data gathering is required to track at risk populations and document the needs of Aboriginal children.
- The cost of government inaction must be correlated with the savings for immediate and long-term intervention.

# For More Information:

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